

How COVID Patients Were Over-Treated to Death

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✓ Fact Checked

STORY AT-A-GLANCE

- › Around the U.S., COVID-19 patients are being killed by inappropriate medical protocols, and they have no say-so in the treatment they receive. They've literally been stripped of their patient rights
- › COVID patients are refused basic drugs like antibiotics and steroids. They're even denied basic nutrition and fluids, which amounts to a war crime. Instead, COVID patients are over-treated with remdesivir, narcotics and mechanical ventilation, a combination that more often than not results in death
- › Hospitals are paid by the government for COVID tests, COVID diagnoses, admission of COVID patients, use of remdesivir and ventilation, and COVID deaths. This payment scheme has created a kind of institutionalized killing machine, where hospital revenue is tied to patients dying in-hospital with a COVID label, be it true or false
- › The Canadian press reports that COVID-19 patients are often given excessive doses of medications such as opioids, benzodiazepines and anticholinergics that could result in a lethal overdose, and in the U.K., senior care homes have been accused of killing off COVID patients with midazolam, a powerful sedative
- › Collectively, patient neglect, mistreatment, overtreatment and the COVID jabs have resulted in massive disability and death. Deaths among working age Americans (18 to 64) as of the third quarter of 2021 were 40% higher than prepandemic rates. Compare that to the 15.4% increase seen between 2019 and 2020, which was reported as the highest life insurance payout increase in 100 years

Something truly unthinkable is happening in America's hospitals. Around the country, COVID-19 patients are being killed by inappropriate medical protocols, and they have no say-so in the treatment they receive. They've literally been stripped of their patient rights.

They're refused basic drugs like antibiotics and steroids. They're even denied basic nutrition and fluids, which amounts to a war crime under Rules 53¹ and 118² of the Geneva Convention, which state you may not starve a person and you must provide basic necessities even to prisoners.

Instead, COVID patients are over-treated with dangerous and ineffective therapies like remdesivir, narcotics and mechanical ventilation, a combination that more often than not results in death. Many doctors who understand the importance of early and appropriate treatment are perplexed and horrified by what they're seeing, and for good reason. It's truly beyond comprehension at this point.

A Case of Medical Kidnapping for COVID Bounty?

Perhaps the most shocking example I've come across is the case of a perfectly healthy man involved in a car accident. In a talk with Stew Peters on Rumble, Benjamin Gord claims to have been given an unknown knock-out drug by the attending EMT and woke up on life support in a COVID ward.

He pulled out the vent all by himself, as he was unharmed from the accident. When he demanded to know why he'd been placed on mechanical ventilation, the shocked staff told him he was being treated for COVID.

In other cases, patients have been put on COVID standard care even though they came in for something else. Patients are also being denied release and are basically held as prisoners in the hospital. Many are refused the right to deny treatment.

On the other hand, they're forced to accept do-not-resuscitate orders that they don't want. There are also reports of COVID patients being given potent central nervous

system respiratory depressants otherwise known as "euthanasia cocktails" – combinations of sedatives like morphine, fentanyl and midazolam.³

The medical kidnapping and mistreatment of patients against their will has become so widespread, human rights attorney Thomas Renz asked the Truth for Health Foundation to set up a medical advisory team, called the COVID Care Strategy Team, to help families physically liberate their loved ones from hospitals where they're kept captive.⁴

Incentivizing the Killing of Patients

While one can speculate about the ethics of hospital administrators and doctors all day long, one of the most obvious answers to how this could have happened is that hospitals are receiving massive incentives to over-treat COVID patients to death. In the simplest terms, every patient has what amounts to a \$100,000+ bounty on their head. Hospitals receive bonus payments for:^{5,6}

- **COVID testing and COVID diagnoses** – Hospitals receive a 20% "bonus" on top of the standard cost for the treatment of a COVID patient⁷
- **Admission of a "COVID patient"**
- **Use of remdesivir** – The U.S. government actually pays hospitals an additional bonus when they use remdesivir,^{8,9,10} and that's in addition to the 20% upcharge. Remdesivir was developed as an antiviral drug and tested during the Ebola breakout in 2014. Results were beyond disappointing. In the early months of 2020, the drug was entered into COVID trials.¹¹

Those trials were also beyond disappointing.^{12,13,14} Not only was the drug ineffective against the infection but it also had significant and life-threatening side effects, including kidney failure and liver damage.¹⁵ Despite its clear dangers and lack of effectiveness, the U.S. Food and Drug Administration authorized remdesivir for emergency use against COVID in May 2020,¹⁶ and then gave it full approval in October 2020.¹⁷

- **Use of mechanical ventilation**, which CMS whistleblowers claim kill 84.9% of COVID patients within as few as 96 hours,¹⁸ typically due to barotrauma¹⁹ (trauma to the lungs from the elevated pressure).
- **COVID deaths** — In August 2020, former director of the U.S. Centers for Disease Control and Prevention, Robert Redfield, agreed hospitals had a financial incentive to overcount COVID deaths.²⁰

According to Renz, hospitals are raking in a minimum of \$100,000 extra for each and every "COVID patient" when they follow the directive to only treat with remdesivir and ventilation. On the other hand, hospitals that refuse to follow this deadly protocol and use things like ivermectin, antibiotics and steroids forfeit all government payments.

Still, financial incentives dictating drug treatment don't explain why some hospitals are now withholding basic nutrition and fluids, quite literally torturing — starving — the patients to death. Such cases make it clear that death simply must be the desired outcome. Why else would you withhold food and water?

Initially, these COVID incentives were justified as a way to make sure hospitals would not be financially destroyed by the pandemic as they were losing revenue from routine care and elective surgeries they could no longer provide.²¹

Now, however, it seems this payment scheme has created a kind of institutionalized killing machine, where hospital revenue is tied to patients dying in-hospital with a COVID label, be it true or false.

Excessive Drugging of COVID Patients

Other countries are reporting similar trends. The Canadian press reports that COVID-19 patients are often given excessive doses of medications such as opioids, benzodiazepines and anticholinergics that could result in a lethal overdose.²²

In the U.K., senior care homes have been accused of killing off COVID patients with midazolam, a powerful sedative. In April 2020, 38,352 out-of-hospital prescriptions for

midazolam were issued, while the monthly average for the five years before was only 15,000, which is explained in detail in the above video.

"Midazolam depresses respiration and it hastens death. It changes end-of-life care into euthanasia," retired neurologist Dr. Patrick Pullicino told MailOnline.²³

And speaking of euthanasia, at the end of 2021, the government of New Zealand OK'd "voluntary euthanasia" by lethal injection for COVID patients if the doctor believes the COVID patient won't recover.²⁴ The doctor performing the euthanasia gets paid \$1,087 by the government for this service.²⁵

Deadly Prevention

Everywhere you look, the focus seems to be on maximizing the death toll, not saving lives. That includes the COVID jabs, which are touted as the only way to prevent serious infection and death. Yet data from the U.S. Department of Defense suggest the jabs are causing unprecedented injuries and deaths. The Defense Medical Epidemiology Database (DMED) data were obtained by Renz from DOD whistleblowers, and was released on the Renz Law website.²⁶

“ Let me be crystal clear. These vaccines are injuring and sometimes even killing our military, and those in the public that are buying the 'safe and effective' marketing. These numbers prove it beyond a shadow of a doubt. ~ Thomas Renz, attorney at law ”

The data show that, compared to the previous five-year averages, miscarriages were up 279% among DOD personnel in 2021, breast cancer went up 487%, nervous system disorders 1,048%, male infertility 350%, female infertility 471%, ovarian dysfunction 437% and on and on. As noted by Renz during U.S. Sen. Ron Johnson's "COVID-19: A Second Opinion" panel:²⁷

"The Whistleblower data, this DMED database, has provided a control group of sorts. It's military records dating back several years that supply medical codes for various medical issues that our military face such as cancers, miscarriages, neurological disorders etc.

These records provided by three military doctors ... show a historical baseline of what the health of the American military was like before 2021, the year the COVID vaccine was released. What you see is quite disturbing.

From 2016 to 2020 all variations of medical conditions stay consistent. But in 2021, when the variable of the vaccine is mandated, the spike in cancers, miscarriages, infertility, you name it, jumps by factors of hundreds to thousands of percent.

Let me be crystal clear. These vaccines are injuring and sometimes even killing our military, and those in the public that are buying the 'safe and effective' marketing. These numbers prove it beyond a shadow of a doubt."

Pentagon's Response – An Even Bigger Story

In response to the leaked DMED data, the Pentagon is now claiming that "a glitch" in the database resulted in incomplete data sets being shown for the five years Renz is using as a baseline. The real medical diagnoses for 2016 through 2020 are far higher, they claim, and that made the 2021 numbers appear falsely elevated.

According to Maj. Charlie Dietz, a task force public affairs officer for the DOD, the DMED was taken offline "to identify and correct the root cause of the data corruption." Once the supposed "missing" medical diagnoses were added back in, the reported number of diseases and injuries for 2021 were 3% LOWER than 2020, and the lowest it's been in six years. As reported by The Blaze:²⁸

"Where those true numbers existed, why they weren't in the system for five years, what exactly was in the system, and why the 2021 numbers were accurate according to the DOD account remain a mystery.

However, one by one, the military public health officials have been adding back random numbers to the 2016 through 2020 codes. I'm told by Renz and two of the whistleblowers that throughout the past week, they have queried the same data again, and in most of the ICD categories, they have found that the numbers from 2016 through 2020 were 'increased' exponentially to look as though 2021 was not an abnormal year.

This has been done without any transparency, any press release, any statement of narrative, and sloppily in a way that makes the already unbelievable narrative simply impossible to believe.

In addition to believing that every epidemiological report for five years was somehow completely tainted with false data ... we would have to believe that the minute they discovered this from Renz, they suddenly discovered the exact numbers. A five-year mistake fixed overnight!"

Incompetence, Corruption, Both – or Worse?

Making this clown show even more indefensible is that the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) has admitted that they've been monitoring the DMED data from the start.²⁹

Either way you slice it, we have a serious problem. If the DoD just now discovered corrupted data in the DMED, then there's incompetence in its ranks. And if ACIP was looking at the DMED data and kept pushing for vaccination despite alarming safety signals, then ACIP is incompetent – or worse.

If there's nothing wrong with the database and the numbers Renz initially obtained were accurate, then people within the DOD are falsifying data to cover up COVID job injuries and sacrificing our military to protect Big Pharma profits – an action that, if true, seems dangerously close to treason.

As noted by Steve Kirsch,³⁰ founder of the COVID-19 Early Treatment Fund, the DOD's "explanation" for the discrepancy in its 2021 injury statistics is just riddled with holes.

First of all, they've not explained why 2016 through 2020 data were affected, yet 2021 was not.

Secondly, they've not explained how they were able to correct "underreporting" of health problems in 2016 through 2020. How did they know there was underreporting? And why didn't they fix it earlier? Thirdly, and perhaps most importantly:

"Only symptoms that were elevated by the vaccine were affected; that's impossible for a computer glitch to have caused that ... That makes their 'corruption' explanation hard to explain. Very hard to explain."

Pfizer Warns Investors of Possible Business Impacts

Meanwhile, Pfizer appears poised for the emergence of bad news. In its fourth quarter earnings release and risk disclosure,^{31,32} the company admits that "the possibility of unfavorable new preclinical, clinical or safety data and further analyses of existing preclinical, clinical or safety data or further information regarding the quality of preclinical, clinical or safety data, including by audit or inspection" could impact earnings.

They also note challenges related to public confidence, concerns about clinical data integrity, and prescriber and pharmacy education as potential risks, and that's in addition to the possibility that COVID-19 might "diminish in severity or prevalence, or disappear entirely."

All-Cause Deaths Soared in 2021

Collectively, patient neglect, mistreatment, overtreatment and the COVID jabs have resulted in massive disability and death. In early January 2022, OneAmerica, a national mutual life insurance company based in Indianapolis, reported deaths among working-age Americans (18 to 64) as of the third quarter of 2021 were 40% higher than prepandemic rates — and they're not dying from COVID.

Compare that to the 15.4% increase seen between 2019 and 2020. In December 2021, Fortune magazine reported this as the highest life insurance payout increase in 100 years.³³ Well, they ain't seen nothing yet, as the saying goes. OneAmerica CEO Scott Davidson said:³⁴

"We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica. The data is consistent across every player in that business.

And what we saw just in third quarter, we're seeing it continue into fourth quarter, is that death rates are up 40% over what they were pre-pandemic. Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic. So, 40% is just unheard of."

At the same time, OneAmerica has also noticed an uptick in disability claims. Initially, there was a rise in short-term disability claims, but now most claims are for long-term disabilities. The company expects the rise in claims will cost them "well over \$100 million," an unexpected expense that will be passed on to employers buying group life insurance policies.

Globally, the life insurance industry was hit with claims amounting to \$5.5 billion in the first nine months of 2021, which is when the COVID jobs were most aggressively rolled out. During all of 2020, the height of the pandemic, claims only reached \$3.5 billion.³⁵ According to one insurance broker cited by Reuters, the industry was caught off-guard, as they expected the mass vaccination campaign to result in lower payouts in 2021. Reuters also reports that:³⁶

- The Dutch insurer Aegon, which does two-thirds of its business in the U.S., saw U.S. claims rise from \$31 million in 2020, to \$111 million 2021
- U.S. insurers MetLife and Prudential Financial also reported an increase in claims for 2021 compared to 2020 and prepandemic years

- Reinsurer Munich Re raised its 2021 estimate of COVID-19 life and health claims from 400 million euros to 600 million euros

Treat COVID Symptoms Immediately and Aggressively

We live in heartbreaking times —so much unnecessary pain, suffering and death. The fact that so many of these atrocities are occurring in our hospitals make the situation all the more disconcerting. This, truly, is not the time to go to the hospital unless your life depends on it.

That's the last place you want to be right now, for any reason. It's beyond tragic, but you simply cannot count on hospitals to give unconflicted care like you could in the past, and that could lead to your premature demise.

Your best alternative is to be prepared. Create a "COVID survival kit," much like you would a tornado or hurricane kit, so you can spring into action and treat yourself immediately at first symptoms. Perhaps it's the common cold or regular influenza; maybe it's the much milder Omicron, but since it's hard to tell them apart, your best bet is to treat all cold/flu symptoms as you would treat earlier forms of COVID.

And, remember, this advice applies for those who have gotten the jab as well, since you're just as likely to get infected — and perhaps even more so. Early treatment protocols with demonstrated effectiveness include:

- The Front Line COVID-19 Critical Care Alliance's (FLCCC's) [prevention and early at-home treatment](#) protocol. They also have an [in-hospital protocol](#) and [long-term management guidance for long-haul COVID-19 syndrome](#). You can find a listing of doctors who can prescribe ivermectin and other necessary medicines on the [FLCCC website](#)
- [The AAPS protocol](#)
- Tess Lawrie's [World Council for Health protocol](#)
- [America's Frontline Doctors](#)

Based on my review of these protocols, I've developed the following summary of the treatment specifics I believe are the easiest and most effective.



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