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Registered nurse Alisha Thiebert cares for COVID-19 patients in a makeshift ICU (Intensive Care Unit) at Harbor-UCLA Medical Center on Jan. 21, 2021, in Torrance, Calif. (Mario Tama/Getty Images)

PREMIUM **HEALTH CONDITIONS**

The Truth Is Coming Out About COVID Deaths

By Joseph Mercola | March 1, 2022 Updated: March 2, 2022 A A Print

Hospitals receive payments for testing every patient for COVID, every COVID diagnosis and every 'COVID death,' as well as any time they use remdesivir and mechanical ventilation.

Early on in the COVID pandemic, people suspected that the deaths attributed to the infection were exaggerated. There was plenty of evidence for this. For starters, hospitals were instructed and incentivized to mark any patient who had a positive COVID test and subsequently died within a certain time period as a COVID death.

At the same time, we knew that the PCR test was unreliable, producing inordinate amounts of false positives. Now, the truth is finally starting to come out and, as suspected, the actual death toll is vastly lower than we were led to believe.

COVID Deaths Have Been Vastly Overcounted

In the video above, Dr. John Campbell reviews recent data released by the U.K. government in response to a Freedom of Information Act (FOIA) request. They show that the number of deaths during 2020 in England and Wales, where COVID-19 was the sole cause of death, was 9,400. Of those, 7,851 were aged 65 and older. The median age of death was 81.5 years.

During the first quarter of 2021, there were 6,483 deaths where COVID-19 was the sole cause of death, again with the vast majority, 4,923, occurring in seniors over 65.

A total of 346 died from COVID-19 alone during the second quarter of 2021, and in the third quarter, the COVID death toll was 1,142. Again, these are people with no other underlying conditions that might have caused their death.

So, in all, for the 21 months covering January 2020 through September 2021, the total COVID-19 death toll in England and Wales was 17,371 – a far cry from what's been reported. As of the end of September 2021, the U.K. government reported there were 137,133 deaths within 28 days of a positive test, and these deaths were therefore all counted as "COVID deaths."

In a January 19, 2022, press conference, U.K. health secretary Sajid Javid admitted that the daily government figures are unreliable as people have been and continue to die from conditions unrelated to COVID-19, but are included in the count due to a positive test.

He also admitted that about 40% of patients presently counted as hospitalized COVID patients were not admitted due to COVID symptoms. They were admitted for other conditions and simply tested positive.

COVID Has Primarily Killed Those Close to Death Anyway

Campbell also points out that of the 17,371 people who had COVID-19 as the sole cause of death, 13,597 were 65 or older. The average age of death in the U.K. from COVID in 2021 was 82.5 years. Compare that to the projected life expectancy in the U.K., which is 79 for men and 82.9 for women. This hardly constitutes an emergency, least of all for healthy school- and working-age individuals.

Campbell then goes on to review data on excess deaths from cancer. Estimates suggest there have been an extra 50,000 cancer deaths over the past 18 months – deaths that normally would not have occurred. Delayed diagnosis and inability to receive proper treatment due to COVID restrictions are thought to be primary reasons for this.

As noted by Campbell, when we're looking at excess deaths, we really need to take things like age of death into account. COVID-19, apparently, killed mostly people who were close to the end of life expectancy anyway, so the loss of quality life years isn't particularly significant.

That needs to be weighed against the deaths of people in their 30s, 40s and 50s who have died from untreated cancer and other chronic diseases, thanks to COVID restrictions.

CDC Highlights Role of Comorbidities in Vaxxed COVID Deaths

In the U.S., data suggest a similar pattern of exaggerated COVID death statistics. Most recently, U.S. Centers for Disease Control and Prevention director Dr. Rochelle Walensky cited research showing that 77.8% of people who had received the COVID jab yet died from/with COVID also had, on average, four comorbidities.

"So, really, these are people who were unwell to begin with," Walensky said. But while Walensky points to this study as evidence that the COVID shot works wonders to reduce the risk of death, the exact same pattern has been shown in the unvaccinated. People without comorbidities have very little to worry about when it comes to COVID.

> ***"COVID is a lethal risk only for the sickest among us, and that's true whether you're 'vaccinated' or not."***

For example, a 2020 study found 88% of hospitalized COVID patients in New York City had two or more comorbidities, 6.3% had one underlying health condition and 6.1% had none. At that time, there were no COVID jabs available.

Similarly, in late August 2020, the CDC published data showing only 6% of the total death count had COVID-19 listed as the sole cause of death. The remaining 94% had had an average of 2.6 comorbidities or preexisting health conditions that contributed to their deaths. So, yes, COVID is a lethal risk only for the sickest among us, just as Walensky said, but that's true whether you're "vaccinated" or not.

Most COVID Deaths Likely Due to Ventilator Malpractice

In addition to the issue of whether people die "from" COVID or "with" a SARS-CoV-2 positive test, there's the issue of whether incorrect treatment is killing COVID patients. By early April 2020, doctors warned that putting COVID-19 patients on mechanical ventilation increased their risk of death.

One investigation showed a staggering 80% of COVID-19 patients in New York City who were placed on ventilators died, causing some doctors to question their use. U.K. data put that figure at 66% and a small study in Wuhan found 86% of ventilated patients died. In an April 8, 2020, article, STAT News reported:

> ***"Many patients have blood oxygen levels so low they should be dead. But they're not gasping for air, their hearts aren't racing, and their brains show no signs of blinking off from lack of oxygen.***
>
> ***That is making critical care physicians suspect that blood levels of oxygen, which for decades have driven decisions about breathing support for patients with pneumonia and acute respiratory distress, might be misleading them about how to care for those with COVID-19.***
>
> ***In particular, more and more are concerned about the use of intubation and mechanical ventilators. They argue that more patients could receive simpler, noninvasive respiratory support, such as the breathing masks used in sleep apnea, at least to start with and maybe for the duration of the illness."***

> ***The HFNCs are often combined with prone positioning, a technique where patients lay on their stomachs to aid breathing. Together, they've helped UChicago Medicine doctors avoid dozens of intubations and have decreased the chances of bad outcomes for COVID-19 patients, said Thomas Spiegel, MD, Medical Director of University of Chicago Medicine's Emergency Department. The proning and the high-flow nasal cannulas combined have brought patient oxygen levels from around 40% to 80% and 90% ..."***

How to Use Prone Positioning at Home

You can also use prone positioning at home if you struggle with a cough or have trouble breathing. If you're struggling to breathe, you should seek emergency medical care. However, in cases of cough or mild shortness of breath being treated at home, try to avoid spending a lot of time lying flat on your back.

Guidelines from Elmhurst Hospital suggest "laying [sic] on your stomach and in different positions will help your body to get air into all areas of your lung." The guidelines recommend changing your position every 30 minutes to two hours, including:

- Lying on your belly
- Lying on your right side
- Sitting up
- Lying on your left side

This is a simple way to potentially help ease breathing difficulties at home. If you or a loved one is hospitalized, this technique can be used there too.

Hospital Incentives Are Driving Up COVID Deaths

You might wonder why doctors and hospital administrators insist on using treatments known to be ineffective at best and deadly at worst, while stubbornly refusing to administer anything that has been shown to work, be it intravenous vitamin C, hydroxychloroquine and zinc, ivermectin or corticosteroids.

At the time, emergency room physician Dr. Cameron Kyle-Sidell argued that patients' symptoms had more in common with altitude sickness than pneumonia. Similarly, a paper by critical care Drs. Luciano Gattinoni and John J. Marini described two different types of COVID-19 presentations, which they refer to as Type L and Type H. While one benefited from mechanical ventilation, the other did not.

Despite that, putting COVID patients on mechanical ventilation is "standard of care" for COVID across the U.S. to this day. Without doubt, most of the early COVID patients were killed from ventilator malpractice, and patients continue to be killed – not from COVID but from harmful treatments.

Better Alternatives to Ventilation Exist

Mechanical ventilation can easily damage the lungs as it's pushing air into the lungs with force. Hyperbaric oxygen treatment (HBOT) would likely be a better alternative, as it allows your body to absorb a higher percentage of oxygen without forcing air into the lungs. HBOT also improves mitochondrial function, helps with detoxification, inhibits and controls inflammation and optimizes your body's innate healing capacity.

Doctors have also had excellent results using high-flow nasal cannulas in lieu of ventilators. As noted in an April 2020 press release from doctors at UChicago Medicine:

> ***"High-flow nasal cannulas, or HFNCs, are non-invasive nasal prongs that sit below the nostrils and blow large volumes of warm, humidified oxygen into the nose and lungs.***
>
> ***A team from UChicago Medicine's emergency room took 24 COVID-19 patients who were in respiratory distress and gave them HFNCs instead of putting them on ventilators. The patients all fared extremely well, and only one of them required intubation after 10 days ...***

The most likely answer is because they're protecting their bottom line. In the U.S., hospitals not only risk losing federal funding if they administer these treatments, but they also get a variety of incentives for doing all the wrong things. Hospitals receive payments for:

- COVID testing for all patients
- COVID diagnoses
- Admitting a "COVID patient"
- Use of remdesivir
- Use of mechanical ventilation
- COVID deaths

What's worse, there's evidence that certain hospital systems, and perhaps all of them, have waived patients' rights, making anyone diagnosed with COVID a virtual prisoner of the hospital, with no ability to exercise informed consent. In short, hospitals are doing whatever they want with patients, and they have every incentive to maltreat them, and no incentive to give them treatments other than that dictated to them by the National Institutes of Health.

As reported by Citizens Journal, the U.S. government actually pays hospitals a "bonus" on the entire hospital bill if they use remdesivir, a drug shown to cause severe organ damage. Even coroners are given bonuses for every COVID-19 death.

A Bounty Has Been Placed on Your Life

"What does this mean for your health and safety as a patient in the hospital?" Citizens Journal asks. Without mincing words, it means your health is in severe jeopardy. Citizen Journal likens government-directed COVID treatments to a bounty placed on your life, where payouts are tied to your decline, not your recovery.

> ***"For Remdesivir, studies show that 71–75% of patients suffer an adverse effect, and the drug often had to be stopped after five to 10 days because of these effects, such as kidney and liver damage, and death,"*** **Citizen Journal writes.**

"Remdesivir trials during the 2018 West African Ebola outbreak had to be discontinued because death rate exceeded 50%. *Yet, in 2020, Anthony Fauci directed that Remdesivir was to be the drug hospitals use to treat COVID-19, even when the COVID clinical trials of Remdesivir showed similar adverse effects.*

In ventilated patients, the death toll is staggering ... [attorney Thomas] Renz announced at a Truth for Health Foundation Press Conference that CMS data showed that in Texas hospitals, 84.9% percent of all patients died after more than 96 hours on a ventilator.

Then there are deaths from restrictions on effective treatments for hospitalized patients. Renz and a team of data analysts have estimated that more than 800,000 deaths in America's hospitals, in COVID-19 and other patients, have been caused by approaches restricting fluids, nutrition, antibiotics, effective antivirals, anti-inflammatories, and therapeutic doses of anti-coagulants.

We now see government-dictated medical care at its worst in our history since the federal government mandated *these ineffective and dangerous treatments for COVID-19, and then* created financial incentives *for hospitals and doctors to use only those 'approved' (and paid for) approaches.*

Our formerly trusted medical community of hospitals and hospital-employed medical staff have effectively become 'bounty hunters' for your life.

Patients need to now take unprecedented steps to avoid going into the hospital for COVID-19. Patients need to take active steps to plan before getting sick to use early home-based treatment of COVID-19 that can help you save your life."

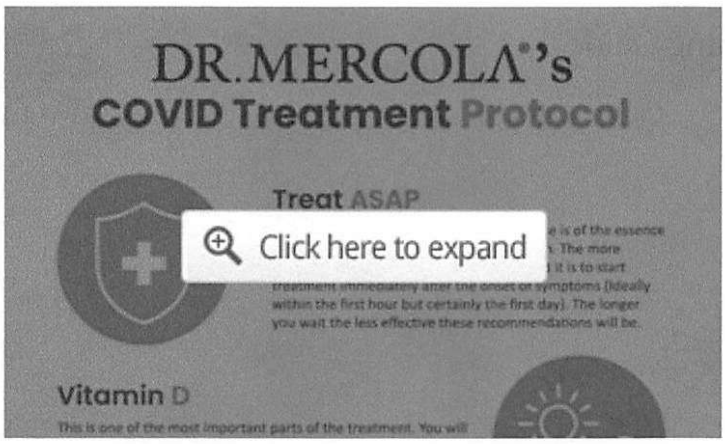
Treat COVID Symptoms Immediately and Aggressively

Considering the uncertainties around diagnosis, it's best to treat any cold or flu-like symptoms early. At first signs of symptoms, start treatment. Perhaps it's the common cold or a regular influenza, maybe it's the much milder Omicron, but since it's hard to tell, your best bet is to treat symptoms as you would treat earlier forms of COVID.

Considering how contagious Omicron is, chances are you're going to get it, so buy what you'll need now, so you have it on hand if/when symptoms arise. And, remember, this 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 Laurie'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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