

Hospital Data and Care Cannot be Trusted

Take control of your life

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Global Research, January 27, 2022

[Pandemic Blunder Newsletter](#) 26 January
2022

Region: [USA](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

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By now almost everyone has heard about terrible conditions in hospitals as they face very high levels of COVID patients at the same time that they likely have lost staff because despite being fully vaccinated, they have COVID and are not working. Just proving that vaccines and booster shots do not work to prevent infection and its transmission.

How trustworthy is all this bad news?

Number of COVID patients and deaths

There are two issues to consider: First, let us consider the number of COVID patients that hospitals say they are dealing with and, not so incidentally, making lots of money from.

There is now a large fraction of hospital patients being classed as COVID that are better seen as *incidental* COVID cases. This means that come into hospitals for a host of ordinary reasons; they are tested for COVID. Even though most may be asymptomatic they test positive. Hospitals then treat these as COVID patients in every respect. This greatly burdens hospitals. Their eventual outcomes depend on how treatment for the main reason they got admitted are successful. Remember that omicron, now the dominant form of COVID, for the vast majority of people does not produce serious health problems.

When we hear about high numbers of COVID deaths in hospitals what is not clear is whether they have died from COVID or the other medical problems they went to the hospital for. It seems that COVID deaths are being greatly overblown, especially compare to data from other countries.

The truth is we cannot trust any of the COVID hospital data in number of cases or deaths.

It is true that some [reporters and pundits](#) have claimed that this picture is overly pessimistic because the hospitalization numbers include people who are simply hospitalized with COVID, rather than for COVID. These “incidental” patients who just happen to test positive

while being treated for something else clearly inflate numbers and explain why hospital ICUs are jammed up.

In some places, the proportion of such cases seems high. UC San Francisco recently said [a third of its COVID patients](#) “are admitted for other reasons,” while the Jackson Health System in Florida [put that proportion at half](#). In [New York State](#), COVID “was not included as one of the reasons for admission” for 43 percent of the hospitalized people who have tested positive.

Other countries have [produced](#) data noting the same phenomenon of “incidental” COVID cases. In data [published recently by the UK National Health Service](#), 33% of the 8,321 COVID-positive cases in England on December 28 were admitted to the hospital for a different reason.

The number of Covid patients on ventilators in England dropped to a six-month low as the pressure of omicron on the [NHS](#) peaks, official figures show.

A total of 524 people were in hospital recently receiving breathing support, marking the lowest daily toll since mid-July and seven times lower than at the height of the second wave this time a year ago.

With around 14,500 patients in hospital with the virus across England, it means just 3.7 per cent are ill enough to need mechanical ventilation, the smallest share since the pandemic began.

Vaccinated versus unvaccinated

Another issue deserving attention is whether you can trust hospital data about how many of their COVID patients are unvaccinated. Most reports from US hospitals say the number is very high. Can you trust this?

Turns out that if patients do not have an official card saying they have been vaccinated they are most likely to be counted as non-vaccinated. Hospitals do not research state or federal databases to determine whether a patient has been vaccinated.

Of relevance is that the US is unique in not giving official credit for natural immunity obtained from prior COVID infection. So, many hospital patients may have had a very good reason for not taking an experimental vaccine shot. Yet they have natural immunity that countless studies have found is better in all respects than vaccine immunity.

Again, US data is quite contrary to data from other countries that show nearly all hospitalized COVID patients have been fully vaccinated, and in some countries, like Israel, they also have received booster shots. Or, that they have proven natural immunity.

Remember also that according to CDC rules if people die from legitimate COVID disease within two weeks of getting a vaccine shot they are counted as unvaccinated.

Hospital treatment of COVID patients

As previous articles have considered, hospitals are hamstrung by the decision to follow federal government guidelines, such as those from NIH and CDC. They are using what the

government has sanctioned and NOT using what many frontline doctors use very successfully. In a nutshell, this means hospitals are not using cheap, safe and FDA approved generics like ivermectin as well as a number of vitamins and supplements found effective.

Are true COVID patients (not the incidental ones) still dying from late state COVID infection? Yes. But we know from medical research and some examples in hospitals that ivermectin's anti-inflammatory property can work to clear up lung problems.

Here are data comparing omicron versus delta variants worth considering relative to the current hysteria over what hospitals are dealing with:

One [study](#) showed that only 17.6% of patients required supplemental oxygen therapy versus 74% during the delta wave. Only 1.6% required mechanical ventilation (vs 12.4%) and there was an 11% decline in those who required admission to the ICU. The median length of stay of omicron hospitalizations was three days, while it was seven under delta.

Conclusions

Sadly, the worse thing that Americans can do is go to the hospital for treatment if they have incidental, asymptomatic or symptomatic COVID.

What is the alternative?

First, routinely take any of a host of vitamins and supplements (such as vitamin D and quercetin) to boost your immune systems so that it can naturally fight any COVID virus.

Second, take ivermectin as a prophylactic to prevent getting serious COVID infection.

Third, find one of the many frontline doctors who are very successfully treating COVID patients with safe and proven protocols. They are a very credible medical alternative to hospital treatments.

As a last smart move, should you find yourself in a hospital make sure you do not take remdesivir or any either of the two new antiviral drugs from Pfizer and Merck that, like vaccines, have not been proven safe in the short or long term. Admittedly, rejecting what hospital doctors want to give you is a challenge; you need an advocate like a close friend or family member. And you should invoke patient centered care that all hospitals say they strongly support, that gives you the right to control you care. Think carefully about leaving an emergency room and getting admitted into the hospital.

Also, if hospitalized, try and sneak in ivermectin to take as soon as possible.

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