



Iatrocide: Lethal Ventilators

Written by Simon Lee, Science Officer

Iatrocide- The act of killing a patient by medical treatment.

iatro- + -cide , from Greek iatros (healer) + Latin -cide (killing).

In the early days of the "pandemic" there was a lot of talk about ventilators. Were there enough? Could we get more? Should we 3D print our own? Should companies re-tool their factories to make more? This media narrative was not consistent with the real science of the situation.

Ventilation is NOT a treatment for alleged respiratory viruses. Mechanical ventilation is not, and never has been, recommended treatment for respiratory infection of any kind. According to Dr Matt Strauss:

"Ventilators do not cure any disease. They can fill your lungs with air when you find yourself unable to do so yourself. They are associated with lung diseases in the public's consciousness, but this is not in fact their most common or most appropriate application."

Dr Strauss went on to explain that:

"There has never been a placebo randomised control trial of putting people on ventilators versus letting them struggle on. We therefore do not, strictly speaking, know whether those who survive their time on ventilator may have survived anyway, or whether some would-be survivors died because they were committed to a ventilator."

Dr Thomas Voshaar a Pulmonologist and chairman of the Association of Pneumatological Clinics was also concerned:

"When we read the first studies and reports from China and Italy, we immediately asked ourselves why intubation was so common there. This contradicted our clinical experience with viral pneumonia."

The patient has to be sedated during ventilation so in addition to not breathing on their own they are also not able to eat and drink. Too much oxygen administered at too high a pressure can cause terminal failure of the lungs as pointed out by Dr Voshaar:

"Invasive ventilation is fundamentally bad for patients. Even if the ventilator is optimally adjusted and the care is perfect, the treatment brings with it many complications. The lungs are sensitive to two things: excess pressure and excessive oxygen concentration in the air supplied."

The WHO, CDC, ECDC and NHS all recommended "Covid" patients be ventilated instead of using non-invasive methods. This was not a medical policy designed to best treat the patients, but rather to reduce the hypothetical spread of "Covid" by preventing patients from exhaling aerosol droplets and preventing staff from inhaling them.



Putting someone on a ventilator who is suffering from influenza, pneumonia, chronic obstructive pulmonary disease, or any other condition which restricts breathing or affects the lungs, will not alleviate any of those symptoms. In fact, it will almost certainly make it worse, and will kill many of them.

Rather than treating respiratory infections, ventilators actually cause them. The cough reflex is suppressed in order to insert the ventilator tube into the trachea so sedated patients cannot clear their airways. The resultant fluid build-up and bacterial growth can eventually cause serious bacterial infection. This condition is called "Ventilator-associated pneumonia" (VAP) which studies show affects up to 28% of all people put on ventilators and kills 20-55% of those infected.

Mechanical ventilation is also damaging to the physical structure of the lungs causing "ventilator-induced lung injury", which is often serious and can even result in death. Forcing air in and out of the lungs can physically damage the lungs irreparably. Even if it doesn't kill patients, it can cause long-term damage and substantially reduced quality of life. One study found that, even after recovering, 58% of ventilated patients died within the next year.

Experts estimate 40-50% of ventilated patients die, regardless of their disease. Around the world, between 66 and 86% of all "Covid patients" put on ventilators died. According to Dr Paul Mayo:

"Putting a person on a ventilator creates a disease known as being on a ventilator."

This policy was negligence at best, and potentially deliberate murder at worst. This misuse of ventilators could account for some of the increased mortality in 2020/21. The UK's NHS, with their March 19th 2020 protocol actually called mechanical ventilation the "preferred" option over non-invasive ventilation or other oxygen therapies.

A study of Covid patients hospitalised between 1 March 2020 and 4 April 2020 was conducted by New York State's largest health system. Among the 2,634 patients whose outcomes were known, the overall death rate was 21%, but it rose to 88% for those who received mechanical ventilation. In other words, most patients died after being placed on a mechanical ventilator.

In spite of these facts Dr Anthony Fauci was pushing for "covid" patients to be treated with ventilators and was calling for an additional 30,000 ventilators for New Yorkers suffering from "covid".

New York Governor Andrew Cuomo also reiterated the need for thousands of ventilators claiming that "we're following the data and the science." In reality the data and science showed that most people who were placed on a ventilator died.

Mechanical ventilators work by forcing air into the lungs of critically ill patients who can't breathe well on their own. These patients have to be sedated and have a tube stuck into their throat.



An article published in The Wall Street Journal in December 2020 revealed American physicians admitted to ventilating patients who did not need it as a step in their protocol. It wasn't done as a treatment that was likely to benefit the patient, but rather as a callous way of attempting to stop the spread of "covid".

According to research, prior to the "pandemic", between 30% to more than 40% of ventilator patients died. As the "pandemic" continued, hospitals in the US reported death rates in some cases of about 50% for ventilated "covid" patients.

Recognising that complications from ventilator use can occur, some Intensive Care Units ("ICUs") did start to delay putting "covid" patients on ventilators until the last possible moment, when it is truly a life-or-death decision.

Dr. Udit Chaddha (interventional pulmonologist with Mount Sinai Hospital in New York City) stated:

"There had been a tendency earlier on in the crisis for people to put patients on ventilators early because patients were deteriorating very quickly. That is something that most of us have stepped away from doing. We let these patients tolerate a little more hypoxia [oxygen deficiency]. We give them more oxygen. We don't intubate them until they are truly in respiratory distress."

Now hospital treatment for the most critically ill is more like it was before the "pandemic". Doctors hold off longer before placing patients on ventilators. Patients get less powerful sedatives, and doctors check more frequently to see if they can stop the drugs entirely and they reduce how much air ventilators push into patients' lungs with each breath.

We need genuine independent investigations with consequences to determine exactly who was responsible for these ventilator induced deaths and to prevent protocolists from ever killing one patient to hypothetically save others in the future. Charges of murder would seem completely reasonable and appropriate under the circumstances.

References

- 1) Never Forget: April 2020 Study Found That Most New York Covid Patients on Ventilators Died While Fauci and Cuomo Pushed for More Ventilators-The Expose Rhoda Wilson June 26, 2022.
- 2) Doctors in USA admit they killed Patients during the Pandemic by putting them on Ventilators-The Expose Rhoda Wilson January 24, 2023.
- 3) Hospitals Retreat from Early Covid Treatment and Return to Basics-The Wall Street Journal, 20 December 2020.
- 4) Did Protocolists Euthanise Covid-19 Patients with Ventilators and Sedatives "To Save Other Patients", >50% kill rate? Up to 70% of covid-19 Deaths Due to Ventilators-By James Lyons-Weiler.



5) COVID19: Are ventilators killing people?-OffGuardian Kit Knightly.