

M. Bryant

NYC Show Notes

Opening Comment:

The dimensions and importance of the media reports coming out of New York City in Spring 2020 can't be overstated as the alleged onslaught of Covid-related illnesses and supposed 'wave of covid deaths' in NYC hospitals became the circuit breaker for the entire mass hysteria that engulfed the United States. The NYC story was 'code red' for national lockdowns and suspension of civil liberties across the country.

Mainstream news outlets reported overwhelmed hospitals, dead bodies being piled into trucks, lines of people anxiously waiting outside hospitals and various science fiction scenarios which struck terror into the hearts and minds of Americans as they sat glued to their televisions looking at these horrifying images.

There's just one minor problem with this narrative- it's entirely false- it turns out that the Spring 2020 cataclysmic scenario of a deadly pathogen besieging New York City was a complete fabrication.

Further evidence and hospital data has come to light which paints a picture in direct contrast to this apocalyptic story portrayed by the mainstream media.

First a look at:

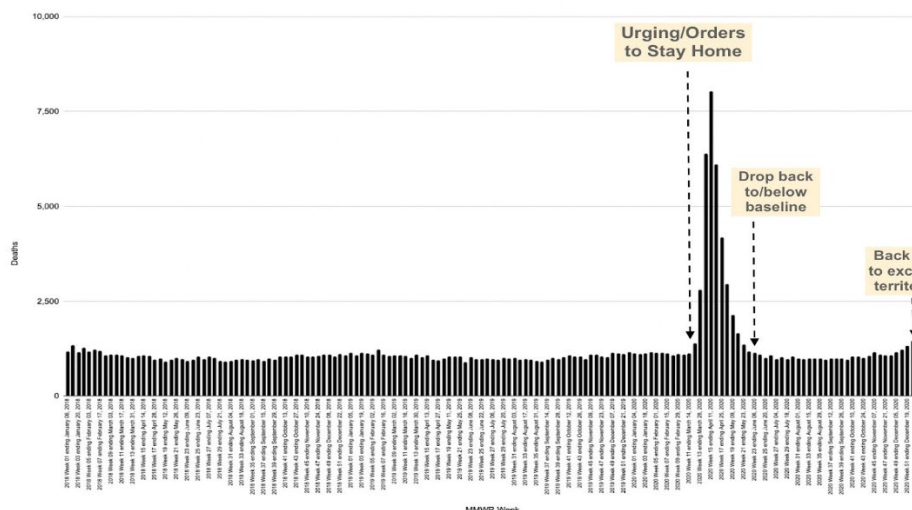
1. Overall NYC All-Cause Mortality Spring 2020:

In spring 2020, the U.S. saw a 48,000-death increase in weekly deaths occurring in hospitalized inpatient. 1/3 of that spike was in a city where <3% of the country's pop. live New York "went first" in implementing harmful protocols and policies- if you throw a pandemic in Des Moines Iowa no one will notice.

NYC Weekly All-Cause Mortality:

New York City Weekly All-Cause Mortality

CDC WONDER



Of the ~78K US ACM excess in April 2020, NY/Tri-State accounted for ~60%.

-NYC All-Cause Mortality Weeks 12-22 2019 v. 2020:

NYC April Mortality 2009-2022:

2009- 4,248
2010- 4,143
2011- 4,258
2012- 4,332
2013- 4,371
2014- 4,624
2015- 4,449
2016- 4,446
2017- 4,348
2018- 4,422
2019- 4,342
2020- 24,687
2021- 5,391
2022- 4,272

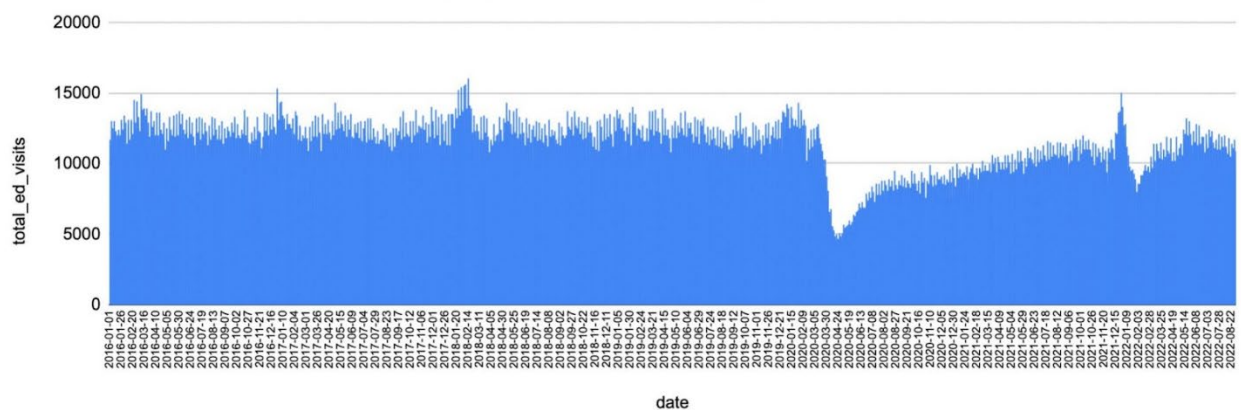
A specific look at 3 hospitals:

2. Actual Data NYC- ER's, Hospital Bed Usage- 3 hospitals as examples- NY-Presbyterian, Maimonides, Elmhurst:

Overall- New York City's emergency rooms were not overwhelmed in spring 2020. They were busier during the 2017-2018 flu season than they were at any point between lockdown orders and January 2022.

NYC Hospital Daily Emergency Department Visits: 1/1/2016 - 9/1/2022

Source: Obtained via FOIA from the New York City Department of Health & Mental Hygiene



We were told that Elmhurst hospital was the epicenter of the epicenter of the 'Covid Emergency' as it was overrun by patients suffering from a mysterious novel respiratory virus- the data disagrees with the media narrative;

One year ago, the Elmhurst Hospital Center was dubbed "coronavirus ground zero" by an emergency room physician—being the hardest-hit hospital not only in New York, but in the country.

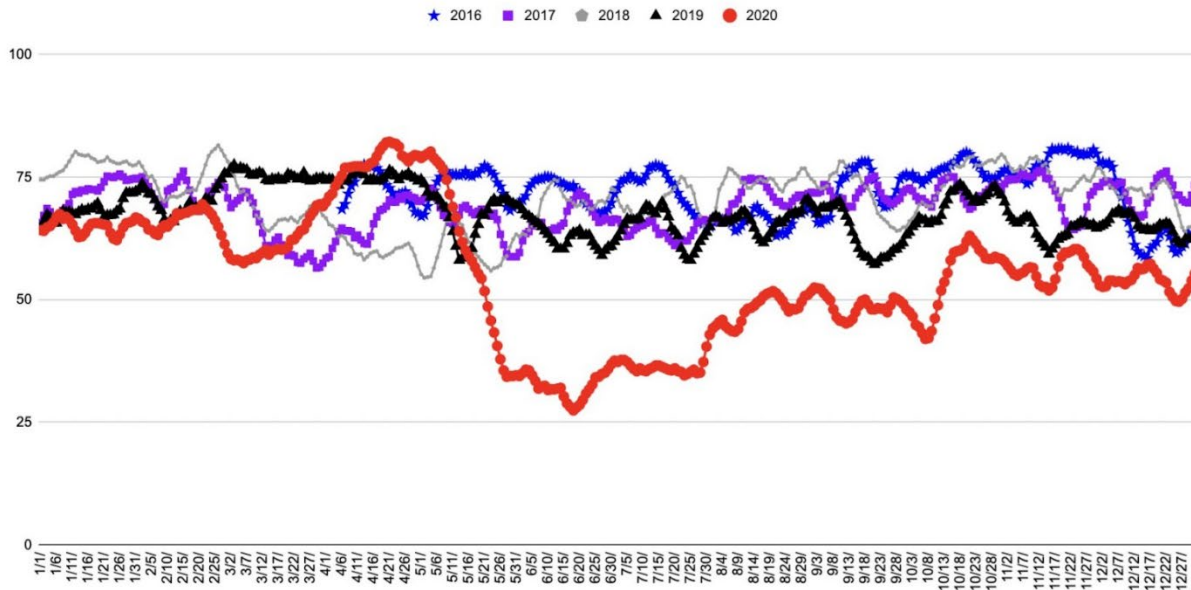
"The hardest hit hospital in the country"- "It was almost like a war"

Yet no journalist thought to corroborate these claims about a public hospital by requesting the data from NYC Health and Hospital?

-Elmhurst ICU Occupancy Data:

Elmhurst Hospital Queens, ICU Occupancy (7D Avg) - 4/1/2016 thru 12/31/2020

Obtained via FOIL from NYC Health & Hospitals | @ewoodhouse7



-Elmhurst ED Visits- 2016-2022:

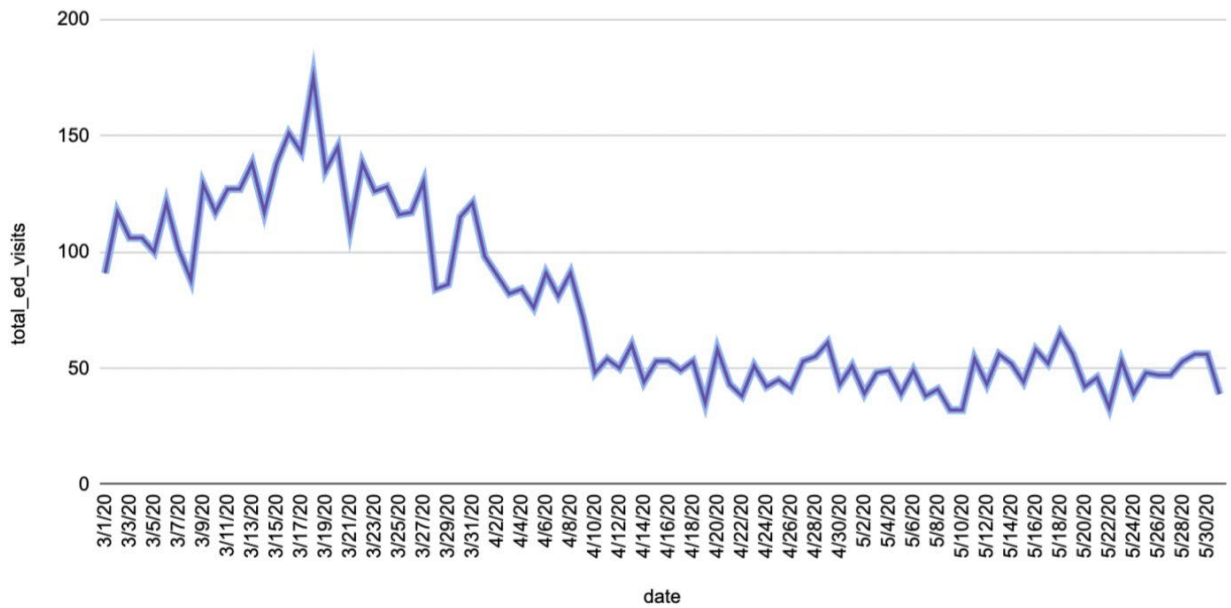
NYC HEALTH + HOSPITALS ELMHURST HOSPITAL - Emergency Department Visits - 2016 through 2022 Quarterly Reports

	# of Emergency Department Visits
January - March 2016	36,330
April - June 2016	33,752
July - September 2016	32,600
October - December 2016	33,925
CY 2016 Total	136,607
January - March 2017	32,471
April - June 2017	33,227
July - September 2017	31,180
October - December 2017	34,472
CY 2017 Total	131,350
January - March 2018	33,633
April - June 2018	31,732
July - September 2018	30,154
October - December 2018	29,750
CY 2018 Total	125,269
January - March 2019	28,064
April - June 2019	27,999
July - September 2019	27,039
October - December 2019	29,094
CY 2019 Total	112,196
January - March 2020	29,115
April - June 2020	8,980
July - September 2020	15,462
October - December 2020	15,673
CY 2020 Total	69,230
January - March 2021	16,934
April - June 2021	22,072
July - September 2021	25,682
October - December 2021	33,332
CY 2021 Total	98,020
January - March 2022	24,088
April - June 2022	30,520
July - September 2022	30,128
October - December 2022	Not Available
CY 2022 Total	84,736
2016 TO 2022 TOTAL	757,408

-Elmhurst Daily ED Visits 3/1/20-5/30/20

Elmhurst Hospital (Zip code 11373), Daily ED Visits (Any Reason), 3/1/2020 - 5/30/2020

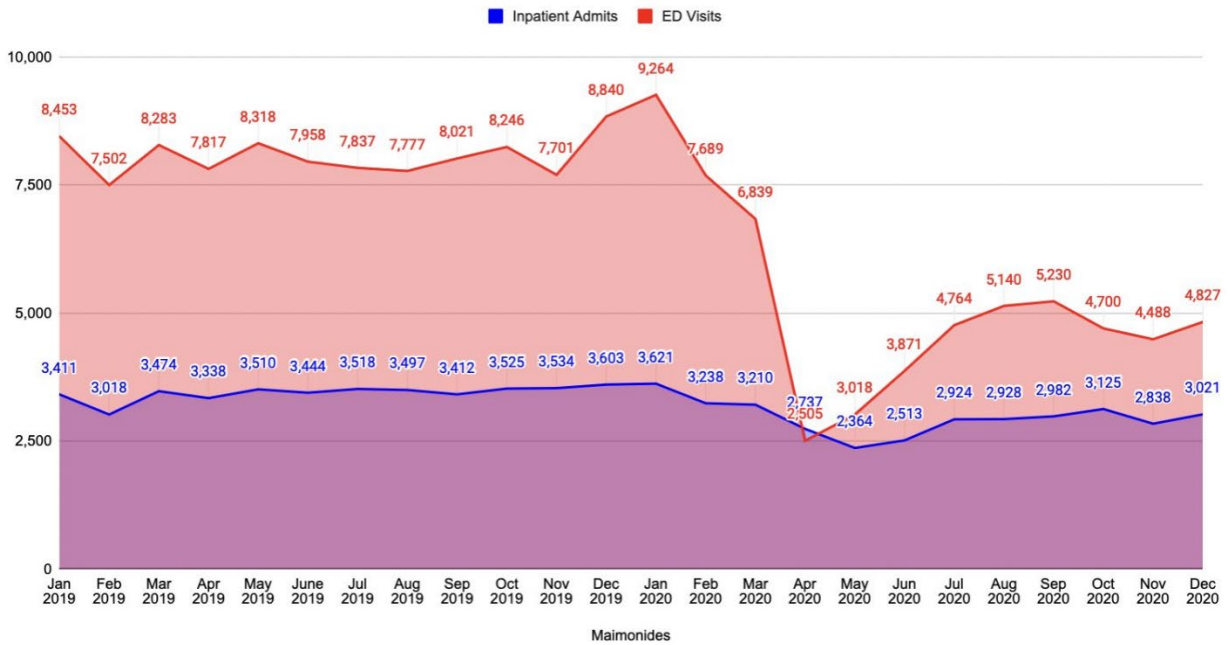
Source: NYC DOHMH



-Maimonides:

MAIMONIDES MEDICAL CENTER

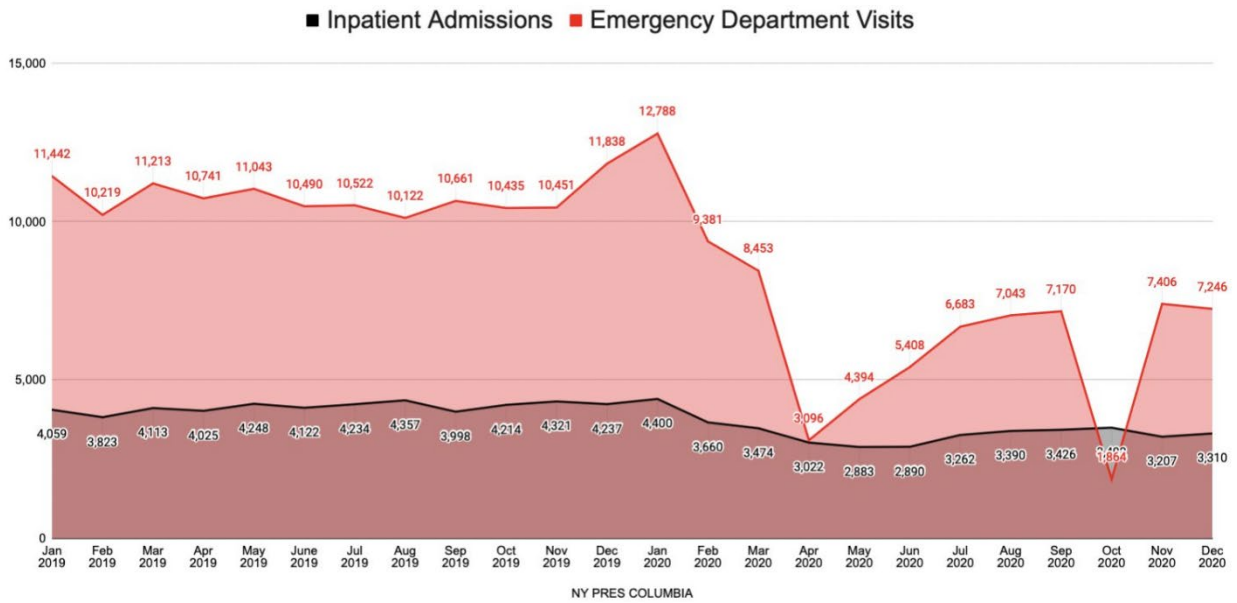
Statewide Planning and Research Cooperative System (SPARCS)



-NY Presbyterian Columbia:

NEW YORK-PRESBYTERIAN COLUMBIA

Statewide Planning and Research Cooperative System (SPARCS)

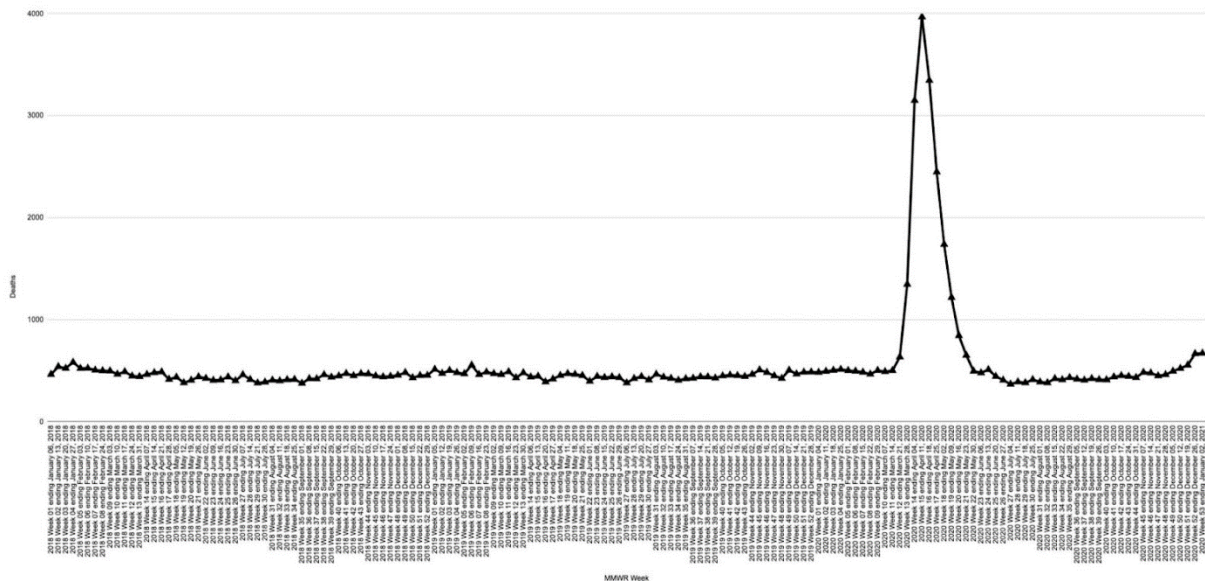


NYC hospital EDs were not overrun with patients, dropped 60%, yet saw an additional 15,000 deaths in inpatient vs 2019 in 12 weeks

-NYC hospital inpatient mortality data- give numbers here:

NYC Weekly Mortality, Hospital Inpatient (Jan 2018 - Dec 2020)

Source: CDC WONDER

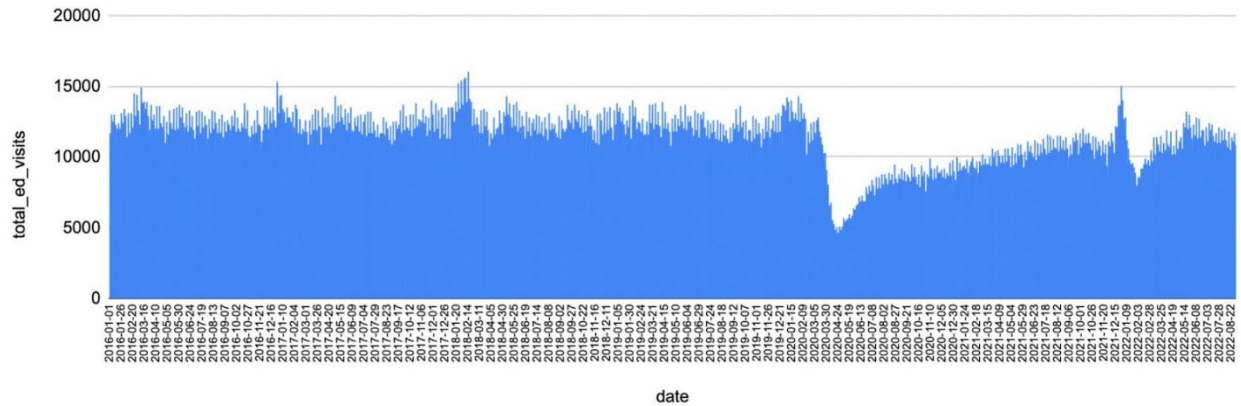


No notable increase in hospital inpatient mortality until week 12. Then bombs went off. “Viral pathogens don’t operate like bombs.”

-NYC ER Visits 2016-2022- Mariana Trench in Spring 2020:

NYC Hospital Daily Emergency Department Visits: 1/1/2016 - 9/1/2022

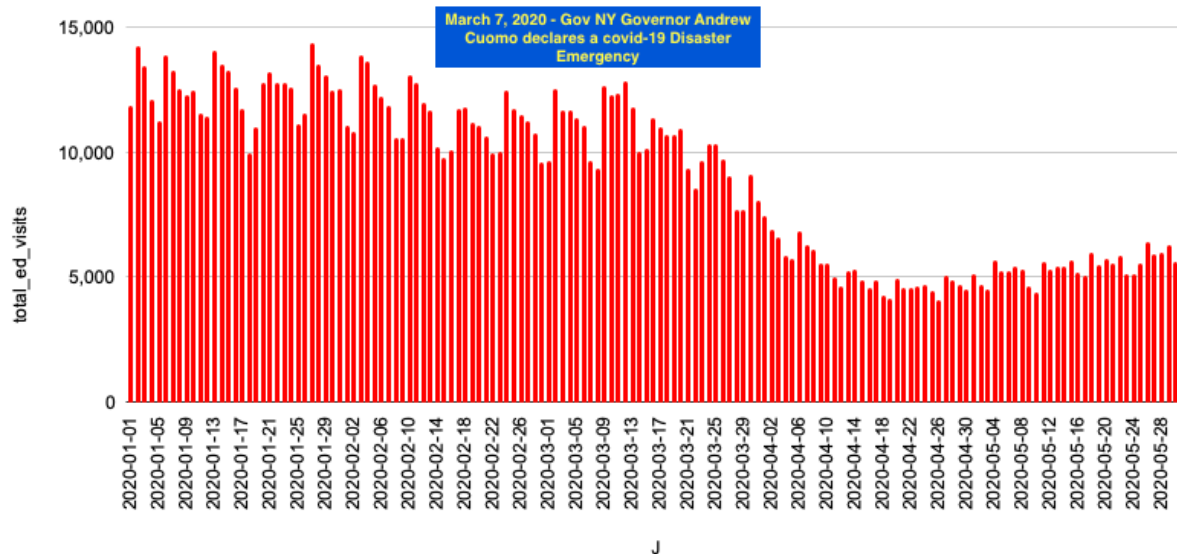
Source: Obtained via FOIA from the New York City Department of Health & Mental Hygiene



-NYC ER Visits 1/1/20-5/31/20:

NYC Daily Hospital ER Visits: 1/1/2020 - 5/31/2020

Source: Obtained via FOIA from the New York City Department of Health & Mental Hygiene

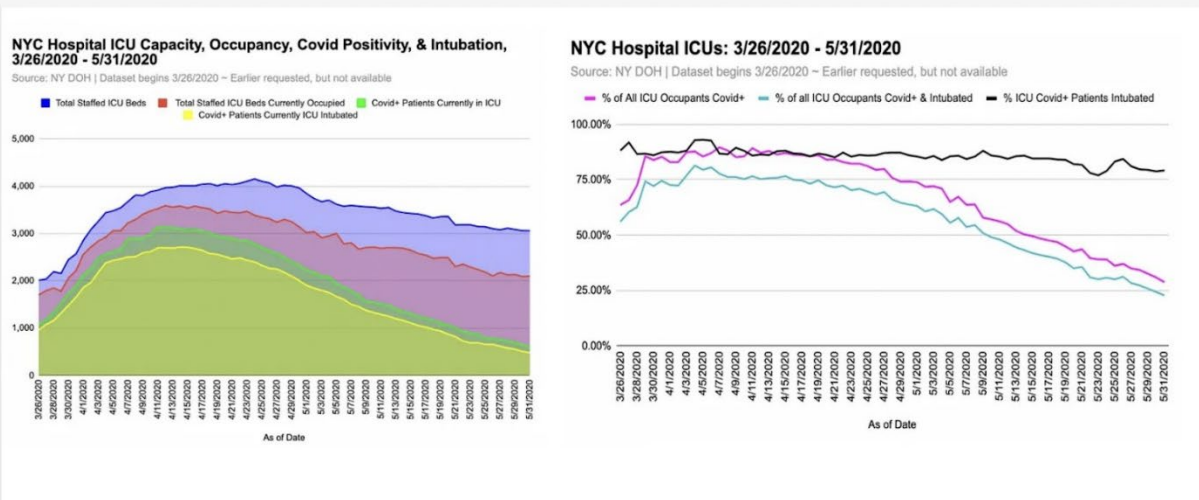


3. Ventilator/Drug Usage:

People were killed en masse via intubation with accompanying medications and other measures. Investigators found nearly half of patients diagnosed with “COVID-19” develop a secondary **ventilator-associated bacterial pneumonia**.

"Medication Utilization in patients in New York Hospitals During the COVID-19 Pandemic"

Illustrates intubation usage:



What drugs were being used in NYC hospitals?

These include midazolam, propofol and fentanyl drugs which suppress respiration. Isn't that the opposite of what you'd give to someone with low o2 sats?

These drugs were among the most sought after in hospital intensive care units around the country where claiming that shortages of these medicines are putting lives of Covid-19 patients at risk.

The very drugs and procedures that were killing them.

Fast forward, April 2020:

"A group of prominent medical practitioners and experts has issued an appeal to capital punishment states to release their stocks of essential sedatives and paralytics that they hoard for executions."

<https://www.theguardian.com/us-news/2020/apr/13/death-penalty-states-coronavirus-stockpiled-drugs>

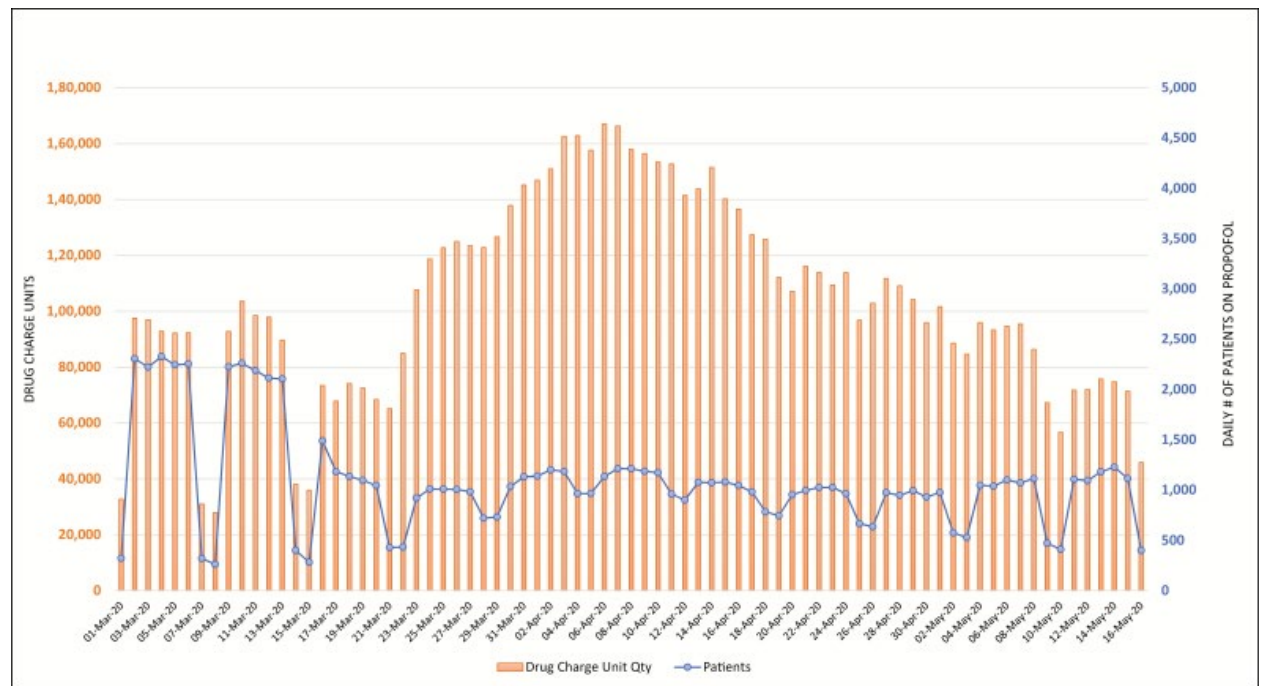
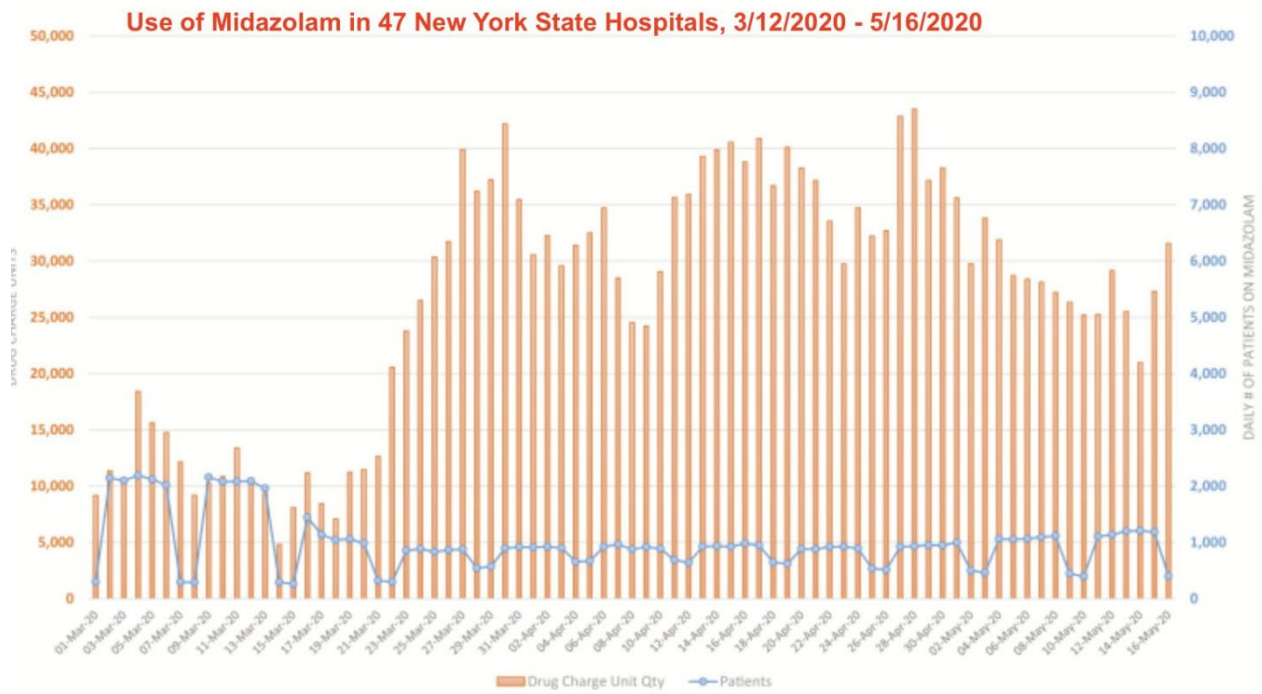
<https://nurseslabs.com/hurricane-katrina-deadly-choices-memorial-medical-center/>

"Medication Utilization in patients in New York Hospitals During the COVID-19 Pandemic"

Drug utilization trends for 7 medications used to treat patients with suspected or confirmed COVID-19 at 47 New York hospitals (March - April 2020)

<https://pubmed.ncbi.nlm.nih.gov/32712675/>

Trends in daily count of patients who received midazolam at the study hospitals and corresponding net charge-unit quantities from March 1 through May 16, 2020:



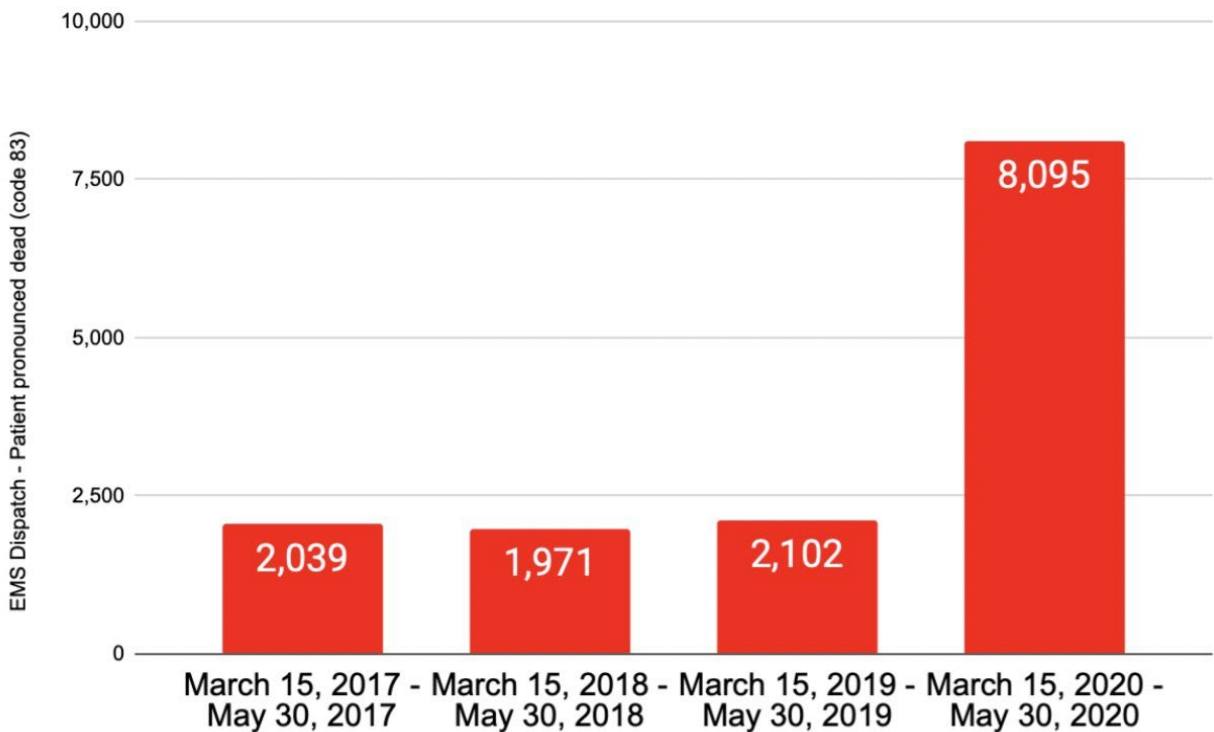
Trends in daily count of patients who received fentanyl at the study hospitals and corresponding net charge-unit quantities from March 1 through May 16, 2020.

4. Locations of Deaths- hospitals, nursing homes, at-home:

Per city EMS dispatch data, in spring 2020, there was a 29% DECREASE in ambulance dispatches arriving at hospitals. This is consistent with the plummet in emergency dept and patient admission volumes.

NYC EMS Ambulance Dispatch Data: Patient Pronounced Dead (code 83, incident date)

<https://data.cityofnewyork.us/Public-Safety/EMS-Incident-Dispatch-Data/76xm-jjuj/data> | Jessica Hockett, PhD

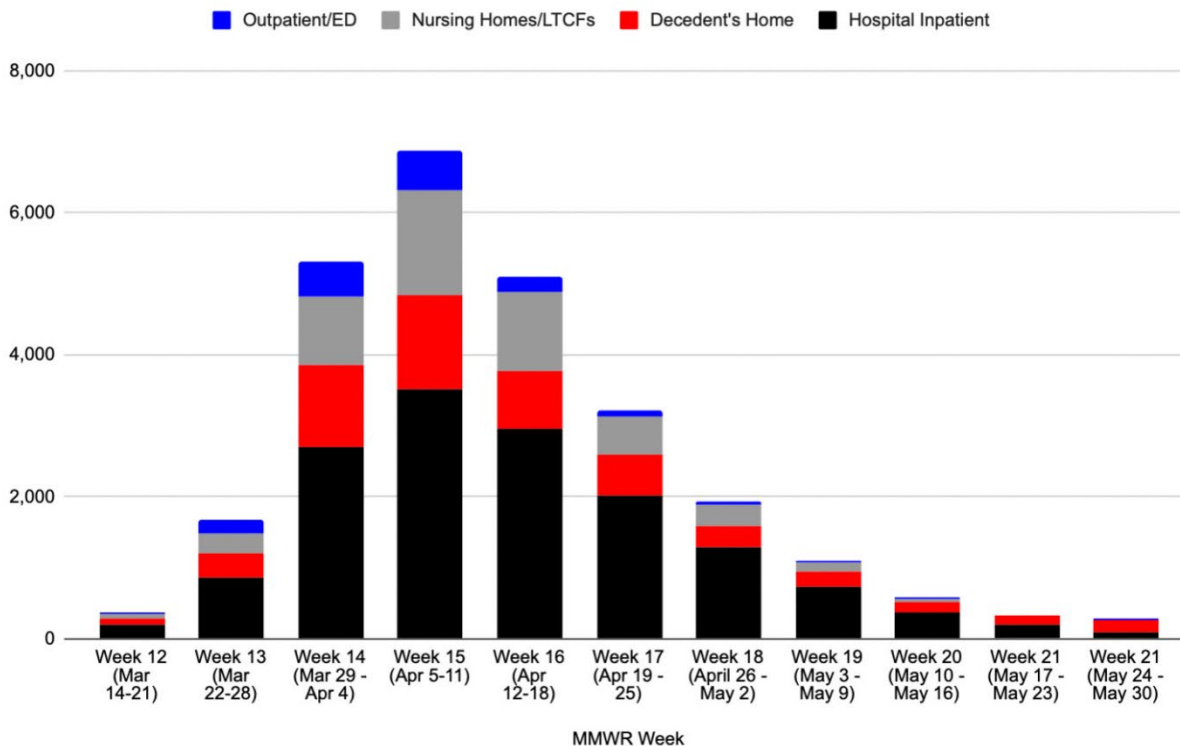


Meanwhile, there was a 285% INCREASE in patients pronounced dead.

Proportional data for place of death weeks 12-22 NYC- hospital, home, nursing home;

New York City Proportion of Increase in 2020, weeks 12-22*, for Deaths Occurring in Hospital Inpatient, Outpatient/ED, Home, & Nursing Home/LTC Facility

CDC WONDER | *as compared to the same weeks in 2019



CDC WONDER reports 7 Places of Death, with each death appearing in only one category. Inpatient saw the most deaths by far. Nursing Homes and Decedent's Home were comparable until early May 2020. As to cause, heart-related deaths were the biggest driver – no surprise given what doctors were observing at the time. Numerous studies also speak to this phenomenon.

Post-spike, nursing Home as place of death dips to below normal. Hospital Inpatient returns to baseline, then rises some in winter. Deaths at Home didn't return to prior levels. Deaths at home did have return to baseline spiked multiple times throughout the pandemic response.

MASSIVE increase in 2020 for deaths at home among ages 15-44. This wasn't respiratory related.

5. Underreported At Home Deaths:- “Stay Home, Save Lives”

One possible answer is that people are now afraid to call for an ambulance when they have a cardiac arrest. This caused an excess of 1,250 deaths in the week of 5 April. They will all be “due to covid 19” though none were tested.

April 8, 2020 -- Last week Angioplasty.Org conducted a poll of interventional cardiologists that revealed a 50% or more drop in the number of people receiving emergency treatment for heart attacks in many hospitals. Physicians have been speculating why this might be. In an article in the New York Times this week, Yale cardiologist Dr. Harlan Krumholz cited our poll and asked, "Where Have All the Heart Attacks Gone?"

EMTs, paramedics, and fire inspectors of the Fire Departments of NYC most recent figures of cardiac arrests occurring at home are striking: for the week from March 30-April 5, 2020, there

were 1,990 cardiac arrest calls, four times as many as the same period a year earlier; and of those, 1,429 could not be revived, an eight-fold increase over 2019. The arrests were greater in number than normal, and far more lethal.

These were being coded as Covid-19 even as the Office of the Chief Medical Examiner admitted that autopsies and COVID tests are not being carried out in most cases.

At any other time these people would have been treated promptly, opened via angioplasty in a catheterization lab, saving those lives.

Over a two week period in April 2020, the city's fire officials said more than 2,192 NYC residents died in their homes, compared to 453 during the same time period last year. On average there are 25 deaths in home per week in NYC- last Tuesday for example there was 256.

People were made to be afraid to go to hospitals lest they get infected with the "killer virus." This means when they are in the early stages of cardiac arrest, stay at home and some don't make it.

NYC officials stated that they WILL NOT be conducting tests on these at home deaths nor will they be doing any diagnostics on the cadavers.

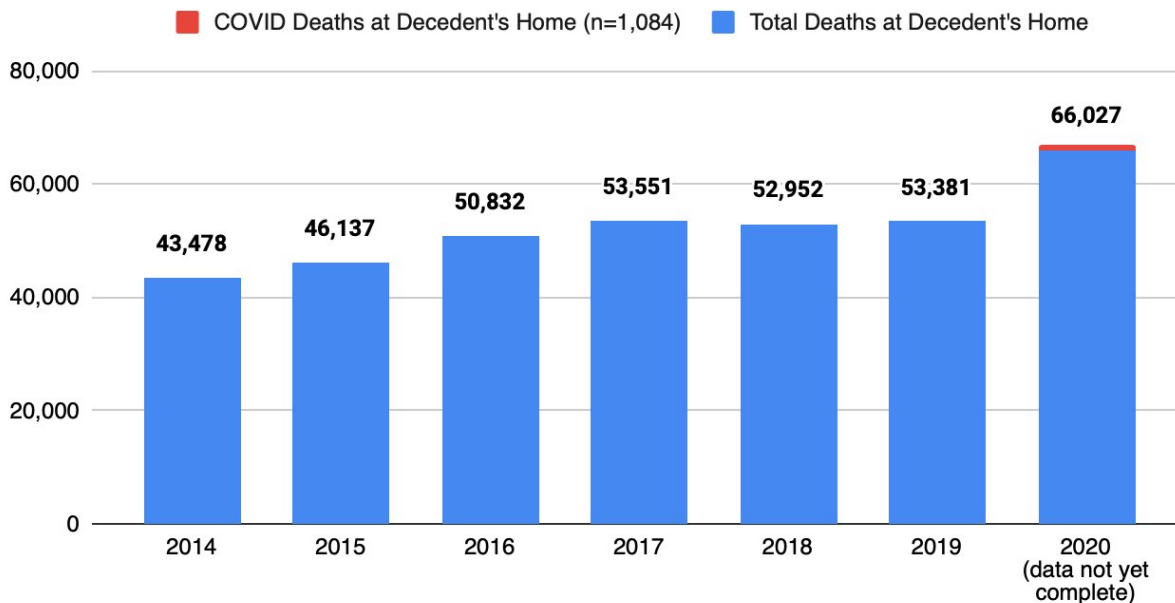
NYC officials confirmed they will count "suspected COVID-19 deaths" in their C19 death tally. Stephanie Buhle, a spokeswoman for the New York City's Health Department, confirmed the change in protocol.

"The Office of the Chief Medical Examiner (OCME) and the NYC Health Department are working together to include in their reports deaths that may be linked to COVID but not lab confirmed that occur at home."

New York City experienced a staggering 5,300-death increase in deaths occurring at home in spring 2020, vs. the same weeks in 2018 and 2019.

U.S. Deaths at Decedent's Home: Ages 15-44

Source: CDC Wonder Database | CDC Weekly Provisional Deaths



Massive spike in cardiovascular disease at-home deaths that began in spring 2020.

Heart doctors knew what was happening - and why. Some tried to sound the alarm, including in the New York Times.

<https://www.nytimes.com/2020/04/06/well/live/coronavirus-doctors-hospitals-emergency-care-heart-attack-stroke.html>

Calls to EMS service show fear mounting as federal, state, & local officials issued statements and advisories to the public, hospitals, and care homes. That is, calls classified as Non Life-Threatening Incidents rose before those classified as Life-Threatening Incidents

Closing Comments:

The evidence illustrates that there were no overwhelmed hospitals and there was no sign of "lurking deadly virus" in New York City before human interventions took hold- in early 2020.

We only see deaths rise AFTER the city starts shutting down and administrative diktats and never-before-seen hospital protocols are put in place. It's important to stress that during this time there were NO THIRD-PARTY WITNESSES TO WHAT WAS HAPPENING TO PATIENTS IN HOSPITALS.

This was not the natural work of a respiratory condition. This wasn't a novel pathogen that was killing people, it was health despotism enforced by health bureaucrats and carried out by health professionals.

This is what happens when you terrorize people through a mass hysteria campaign, lockdown society and mandate doctors and nurses to withhold or abandon known treatment protocols for pneumonias or respiratory illness, in favor of unknown and harmful protocols.

Final Question:

This question is rarely asked- Who were those 15,000 "extra" people that died in NYC hospitals in those 10-12 weeks? Why/how did they come to the hospitals?

The majority were people from the most vulnerable, lowest levels of society- the most fragile of the elderly and the disabled- people who largely lived in institutional settings who were brought to the hospitals, the people in society who have already been disappeared and are voiceless -- and they never left.