

Hospitals and unvaccinated Covid patients

“If you are vaccinated, fully vaccinated, the chance of you getting seriously ill or dying from COVID is effectively zero. If you look at the people that are being admitted to hospitals, over 95 percent of them are either not fully vaccinated or not vaccinated at all. And so these vaccines are saving lives. They are reducing mortality.”

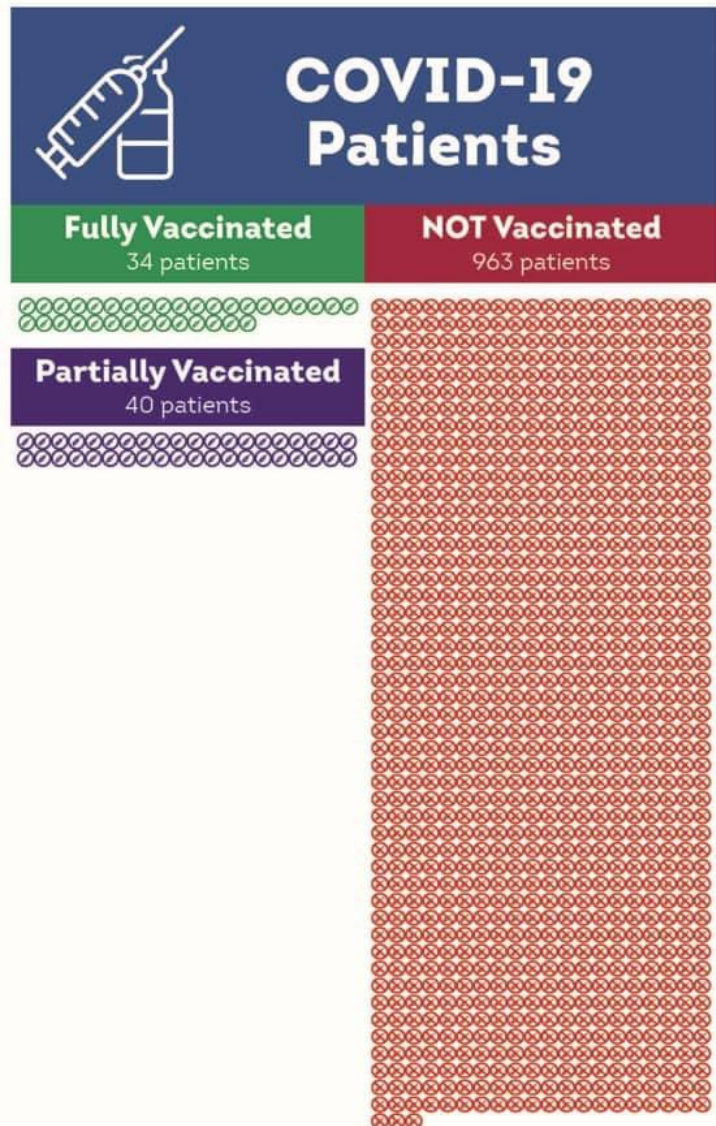
— Gov. **Ron DeSantis**, July 2021

Lindsey Graham, a Republican senator from South Carolina—who had received two doses of vaccine—suffered a short-lived COVID infection with mild sinusitis. “I am very glad I was vaccinated,” he said, “because without vaccination I am certain I would not feel as well as I do now. My symptoms would be far worse.”

— Dr. Paul Offit, Labels Matter: Breakthrough Infections, January 2, 2024

“the vaccine works but some people aren’t taking it. The ones that get very sick and go to the hospital are the ones that don’t take the vaccine. But, it’s still their choice. And if you take the vaccine you’re protected. Look, the results of the vaccine are very good. And, if you do get it, it’s a very minor form. People aren’t dying if they take their vaccine.”

— **Donald Trump**, December 22, 2021 https://www.reddit.com/r/HermanCainAward/comments/11w7wk5/rhermancainaward_daily_vent_thread_march_20_2023/
Candace Owens Donald Trump Interview Unequivocal Support of Covid Vaccines Dec 22, 2021 DailyWire podcast.



April 1 - August 18, 2021
Based on PeaceHealth Oregon hospital records

hospital graphics (other than Peace Health) from www.reddit.com/r/HermanCainAward/
Peace Health data covers the period immediately after rollout of vaccination. No vaccine is 100% effective, especially for those who are immune compromised, but they protect most people against severe disease. Wearing a seat belt does not guarantee you can't be harmed in an accident, but it dramatically reduces risk, especially in combination with an air bag.

https://news.yahoo.com/cdc-unvaccinated-seniors-50-times-140224283.html?_guc_consent_skip=1698871646

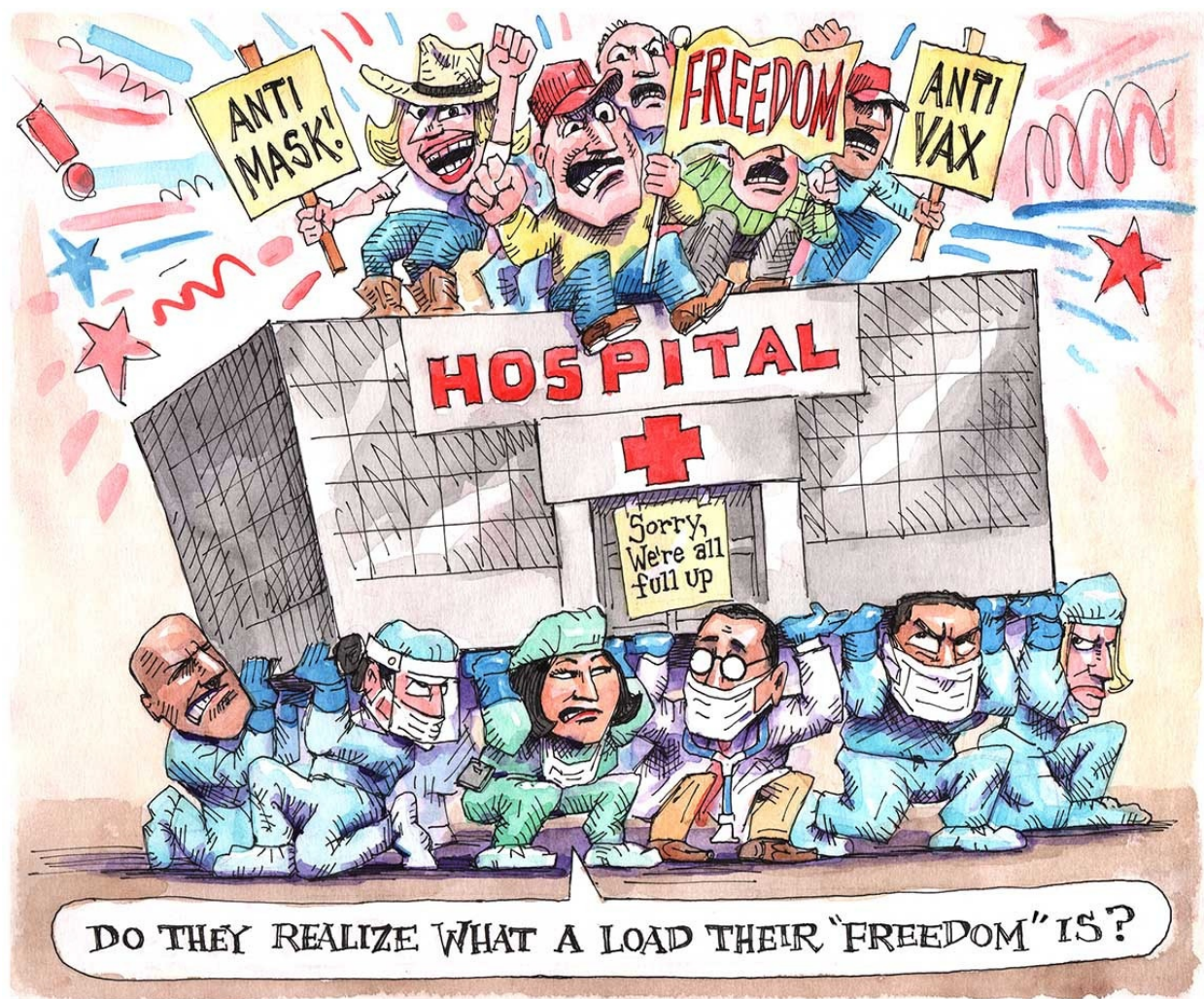
CDC: Unvaccinated seniors 50 times more likely to be hospitalized than those with boosters

The Hill

January 21, 2022

Adults ages 65 and older who are not vaccinated against COVID-19 are nearly 50 times more likely to be hospitalized than seniors who have received a full vaccine course and a booster shot, according to data released by the Centers for Disease Control and Prevention (CDC).

The data shows that unvaccinated seniors are 49 times more likely to go to the hospital than those that have been boosted. Similarly, unvaccinated adults ages 50-64 are 44 times more likely to go to the hospital compared to their vaccinated and boosted counterparts, [according to the data](#).



data from the Omicron surge, early 2022

note that most of the patients in ICU or worse, intubated, were the unvaccinated

Some of the iatrophobes (fear of doctors) fell for the lie that ventilation was the cause of death for severely impacted patients, when the opposite was true — ventilation is a treatment for those whose lungs have already been damaged by infection to the point that it is unfortunately required. Blaming ventilators for these deaths reverses cause and effect.

“If you don’t trust doctors and science to keep you from getting sick, why the hell are you clogging up hospitals trusting them to cure you?”

Place	In ICU			Ventilated only		
	# Unvax	# Vax	% Unvax	# Unvax	# Vax	% Unvax
Catawba	15	1	94%	14	0	100%
Munson	27	6	82%	10	0	100%
Jennie Stuart	9	1	90%	6	0	100%
Sanford	57	7	89%	46	5	90%
U Kentucky	24	8	75%	13	2	87%
Indiana U	12	2	86%	5	2	71%
Deaconess	48	11	81%	25	4	86%
UAB	36	12	75%	22	8	73%
West Ten	36	6	86%	21	1	95%
Monument	8	1	89%	6	1	86%
Owensboro	10	0	100%	7	0	100%
WakeMed	22	3	88%	14	0	100%
Atrium	N/A	N/A	N/A	140	13	92%
Prisma	N/A	N/A	N/A	33	4	89%
MUSC	34	8	81%	14	3	82%
Tennova	20	3	87%	7	1	88%
Houston	13	2	87%	4	1	80%
Asante	11	1	92%	2	0	100%
Total	382	72	84%	389	45	90%

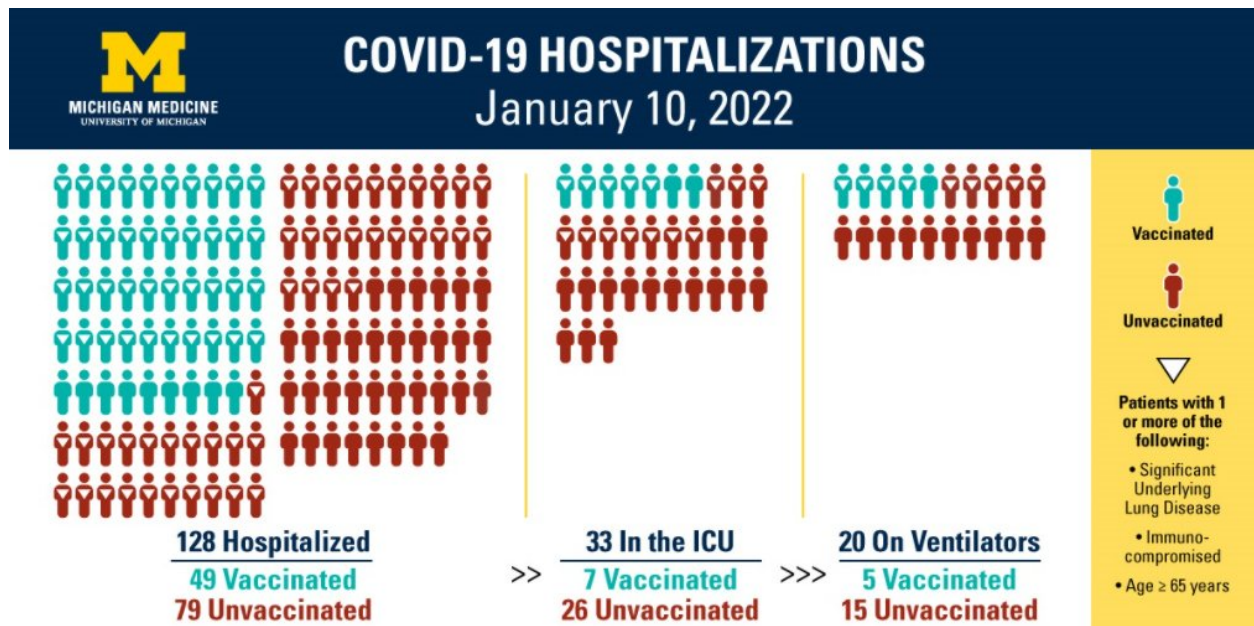
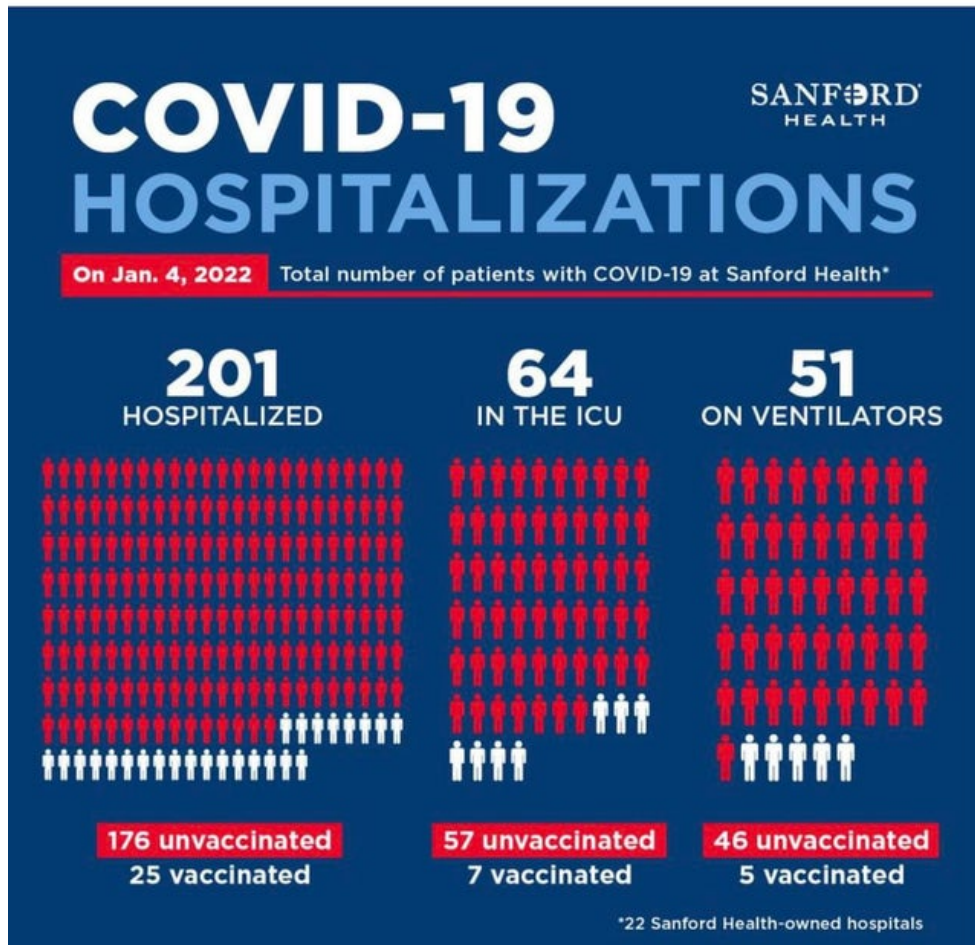


Sanford Health ✓

Jan 4 • 🌐



Here are the latest numbers of patients hospitalized due to COVID-19. Getting vaccinated can help protect against COVID-19 infe... See More



Overwhelming majority of ICU patients in Switzerland unvaccinated, show data.html
<https://lenews.ch/2022/01/26/overwhelming-majority-of-icu-patients-in-switzerland-unvaccinated-show-data/>
 26/01/2022 By [Le News](#)

On 25 January 2022, a study published by Zurich University Hospital found that **97% of Covid-19 ICU patients since the start of Switzerland's Covid-19 vaccination campaign were unvaccinated.**

The study evaluated hospital data from 964 Covid-19 patients who were treated in intensive care units in Swiss hospitals in the nine months since the start of Switzerland's vaccination campaign. Of these **only 33 (3%) were vaccinated with one of the two mRNA vaccines approved in Switzerland (Moderna and Pfizer). The other 931 (97%) were unvaccinated.**

In addition, **the overall condition of the vaccinated patients was better than that of the unvaccinated Covid-19 patients at the time of admission to intensive care.** They had fewer lung problems, were less likely to need mechanical ventilation, had less impairment of their heart and circulatory function and suffered less from coagulation and kidney dysfunction. This resulted in an average length of stay six days shorter than among unvaccinated patients.

Matthias Hilty, a senior ICU physician, said that the data show impressively that vaccination against Covid-19 with mRNA vaccines has **saved high-risk and seriously ill patients from the most serious forms of the illness.**



Owensboro Health

1d · 🌐



This graphic illustrates the number of patients in Owensboro Health hospitals as of 8 a.m. today that tested positive for COVID-19.





Prisma Health

6d • 🌐



COVID-19 hospitalizations across Prisma Health hospitals as of Wednesday, Jan. 5.

... See More

COVID-19 hospitalizations

January 5, 2022

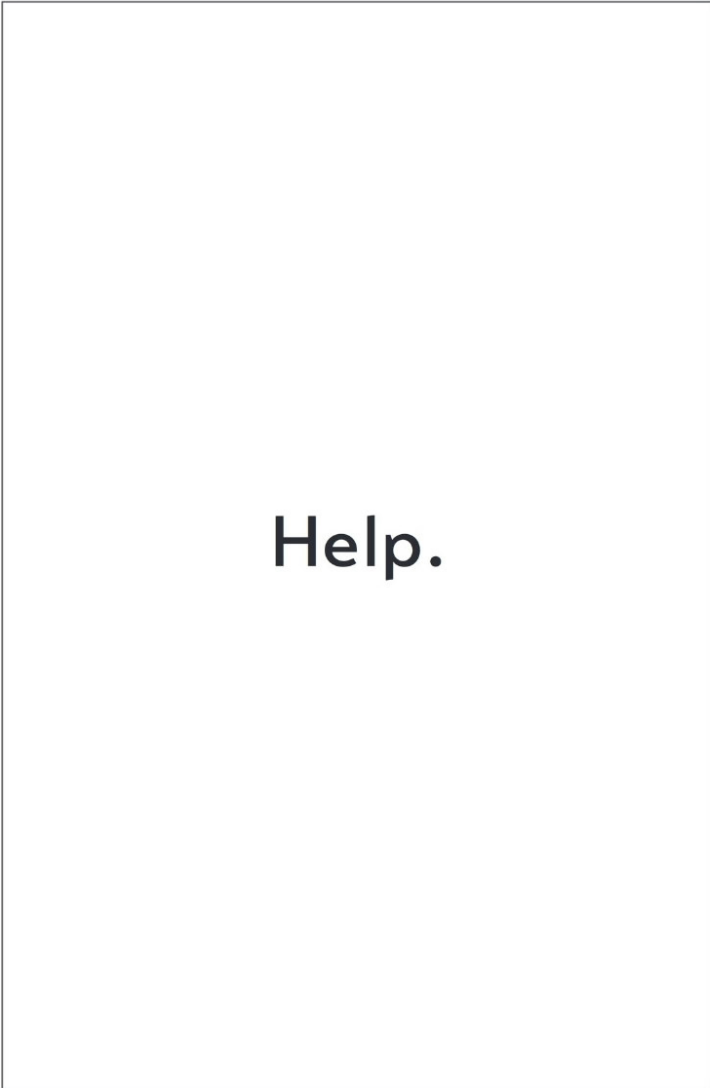


416 Hospitalized*
79 Vaccinated (19%)
337 Unvaccinated (81%)



33 Ventilated*
4 Vaccinated (12%)
29 Unvaccinated (88%)

Vaccinated with active COVID
 Vaccinated, no longer positive
 Unvaccinated with active COVID
 Unvaccinated, no longer positive



We need your help. We now have more COVID-19 patients in our hospitals than ever before.
And the overwhelming majority are unvaccinated.

This is preventable. The best way to avoid serious illness is the vaccine. So, get vaccinated and get your booster. And keep taking all of the standard precautions like social distancing, washing your hands, and of course, mask up — even if you're vaccinated. If you do feel sick, get tested for COVID-19 at your local pharmacy, urgent care or physician's office. Not the ER. Then please encourage neighbors, friends and family to take all these steps, too.

We need you to care as much as we do.



We're heartbroken. We're overwhelmed.

Our doctors, nurses and people working in health care are doing everything we can to take care of you when you're sick. And yet every day we're seeing avoidable illness and death as a direct result of COVID19.

The situation is critical.

Our emergency departments are overfilled, and we have patients in every bed in our hospitals. This pandemic has strained our operations and demoralized many people on our teams. Care in our hospitals is safe but our ability to provide it is threatened. At any time you or a loved one might need our support. Heart attacks. Car accidents. Cancer. Stroke. Appendicitis. Now, an ominous question looms: will you be able to get care from your local community hospital without delay? Today, that's uncertain.

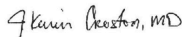
How does this happen in 2021 – almost two full years since this deadly pandemic began? How can we as a society stand by and watch people die when a simple shot could prevent a life-threatening illness? Your access to health care is being seriously threatened by COVID19. We need to stop the spread!

Today we ask you to:

- Get vaccinated + get your booster
- Wear a mask (even if you're vaccinated) + socially distance
- If you feel sick, get tested for COVID-19
- Encourage neighbors and loved ones to take these steps

We're in this together, and we can only finish it together.

J. Kevin Croston, MD
Chief Executive Officer
North Memorial Health




Gianrico Farrugia, MD
President and Chief Executive Officer
Mayo Clinic



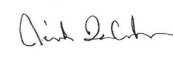
James Hereford
President and Chief Executive Officer
Fairview Health Services



Kenneth Holmen, MD
President and Chief Executive Officer
CentraCare



Jennifer DeCubellis
Chief Executive Officer
Hennepin Healthcare



Marc Gorelick, MD
President and Chief Executive Officer
Children's Minnesota



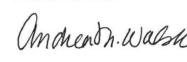
Penny Wheeler, MD
Chief Executive Officer
Allina Health



David Herman, MD
Chief Executive Officer
Essentia Health



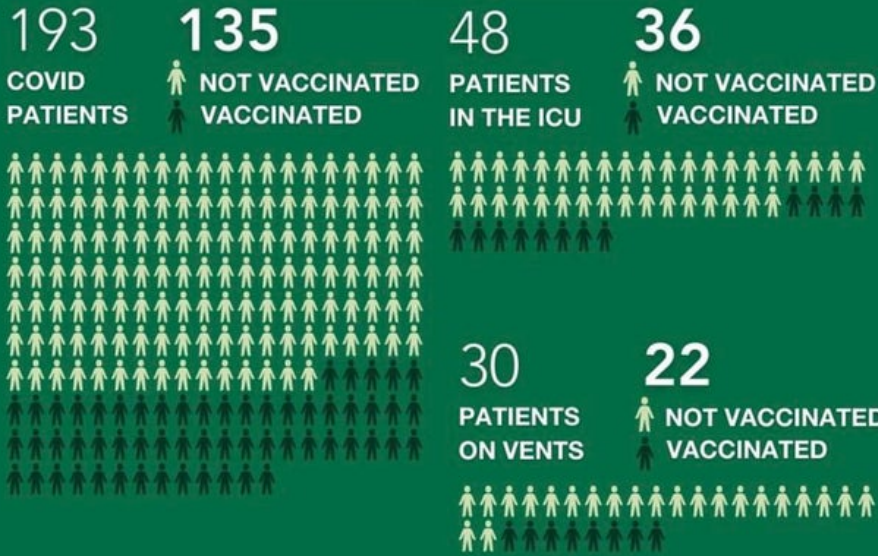
Andrea Walsh
President and Chief Executive Officer
HealthPartners



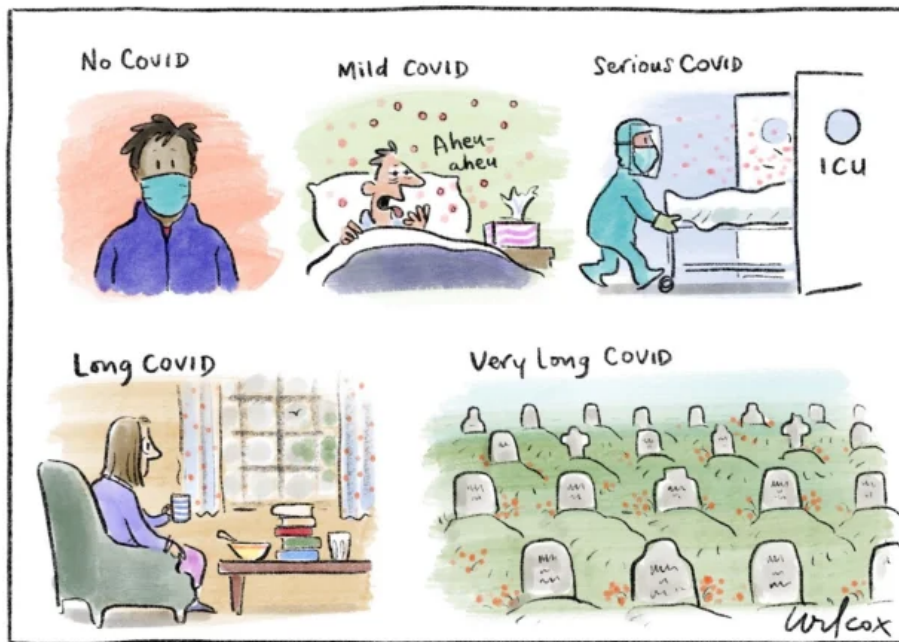


As of Tuesday, January 11, UAB Medicine has 193 COVID-19 hospitalizations. Of those hospitalizations, 58 are vaccinated, 13... See More

COVID-19 HOSPITALIZATIONS JANUARY 11, 2022



UAB MEDICINE





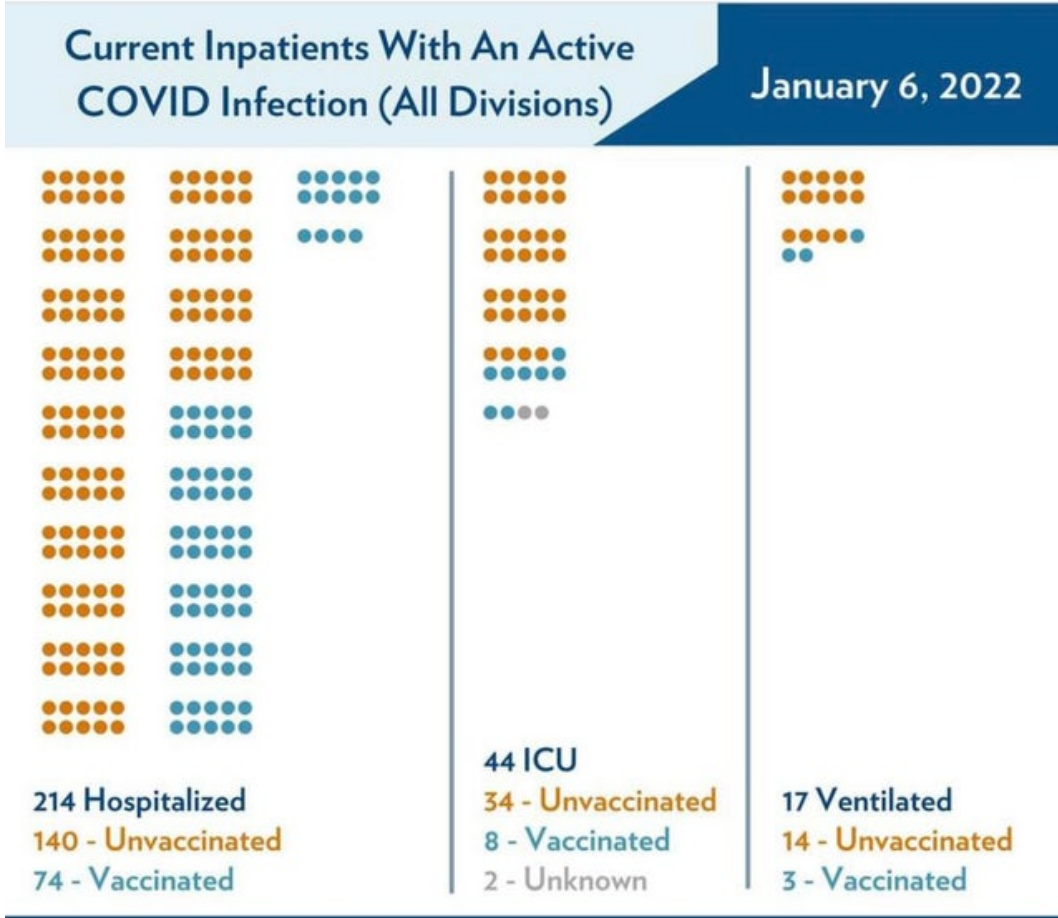
MUSC Health ✓

5d · 🌐

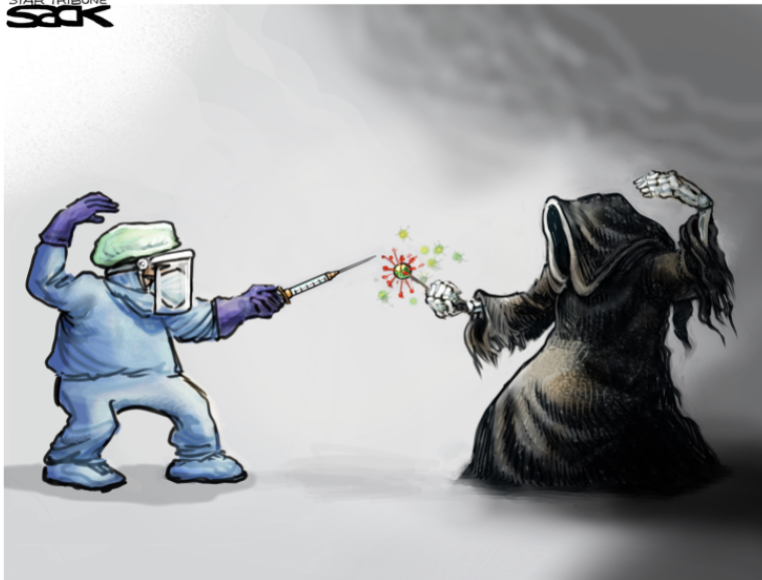


Here's today's overview of hospitalized #COVID patients.

... See More



STAR TRIBUNE
SCK

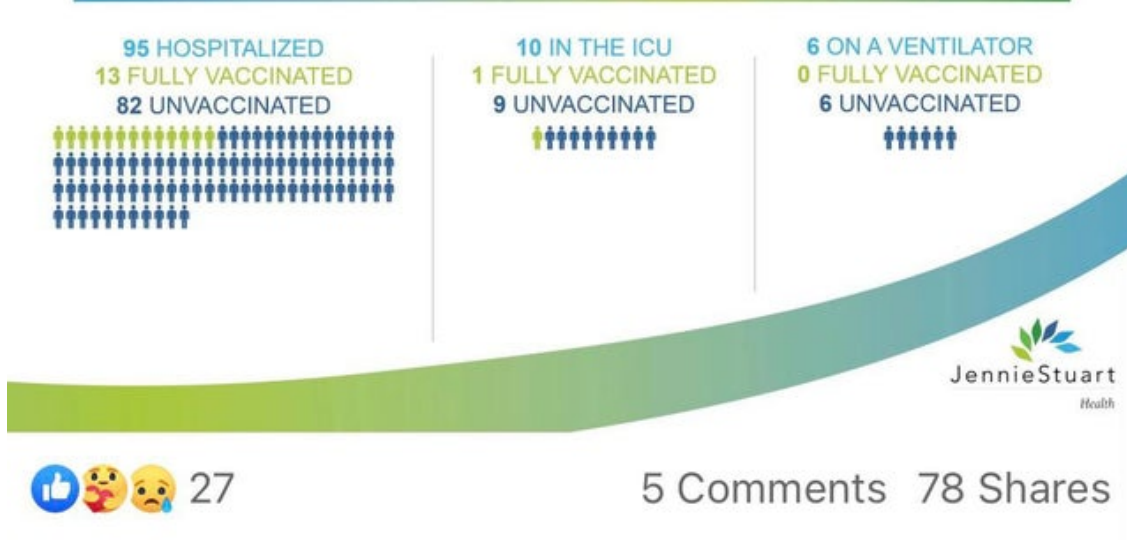




We are resuming our weekly COVID-19 infographic and have reset the data to reflect the latest surge. As you can see, the results stay the same; getting vaccinated clearly limits your chances of going to the hospital or being put in the ICU or on a ventilator.

Covid-19 Hospitalizations

Combined total of documented positive COVID-19 cases in Jennie Stuart Health from December 1, 2021 to January 6, 2022





WESTERN WISCONSIN HEALTH

COVID-19 STATS - DEC. 17 2021

6

CURRENTLY HOSPITALIZED



5 UNVACCINATED

1 VACCINATED OVERDUE FOR BOOSTER

0 FULLY -VACCINATED

43

COVID POSITIVE HOSPITALIZED OVER THE LAST 60 DAYS



35 UNVACCINATED

8 VACCINATED WITHOUT BOOSTER

0 FULLY -VACCINATED

355

COVID POSITIVE PATIENTS SEEN IN CLINIC OVER THE LAST 60 DAYS



274 UNVACCINATED

73 VACCINATED OVERDUE FOR BOOSTER

8 FULLY -VACCINATED

125

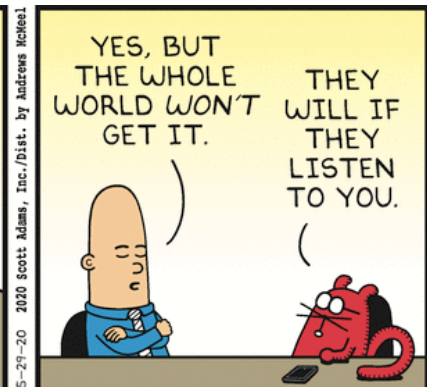
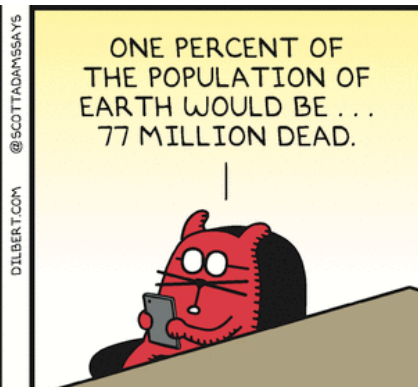
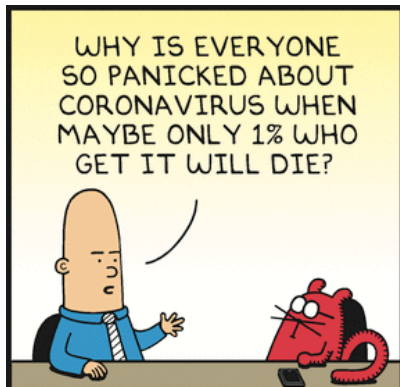
COVID POSITIVE PATIENTS SEEN IN EMERGENCY DEPARTMENT OVER THE LAST 60 DAYS



105 UNVACCINATED

16 VACCINATED OVERDUE FOR BOOSTER

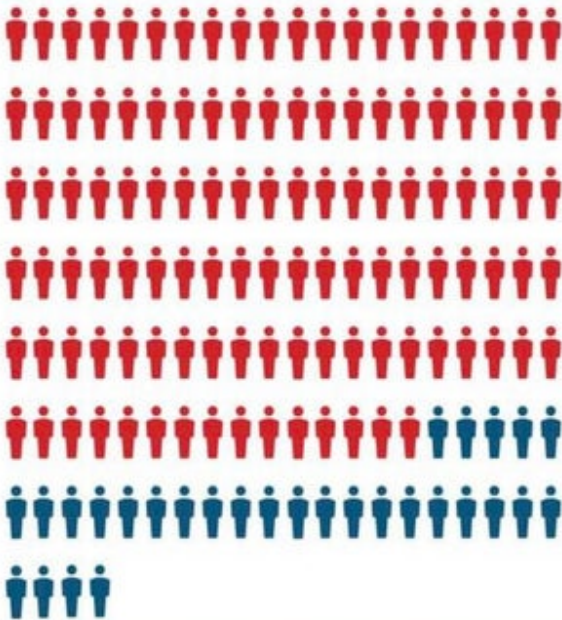
4 FULLY -VACCINATED



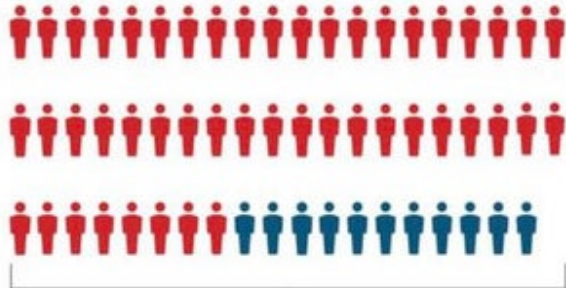
COVID-19 HOSPITALIZATIONS

AS OF JANUARY 11

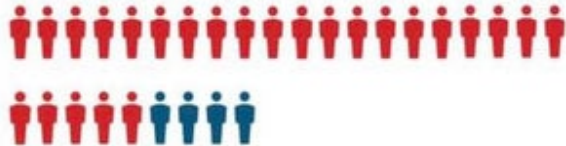
144 COVID POSITIVE HOSPITALIZED PATIENTS
115 NOT VACCINATED | 29 VACCINATED



59 COVID PATIENTS ARE IN THE ICU
48 NOT VACCINATED | 11 VACCINATED



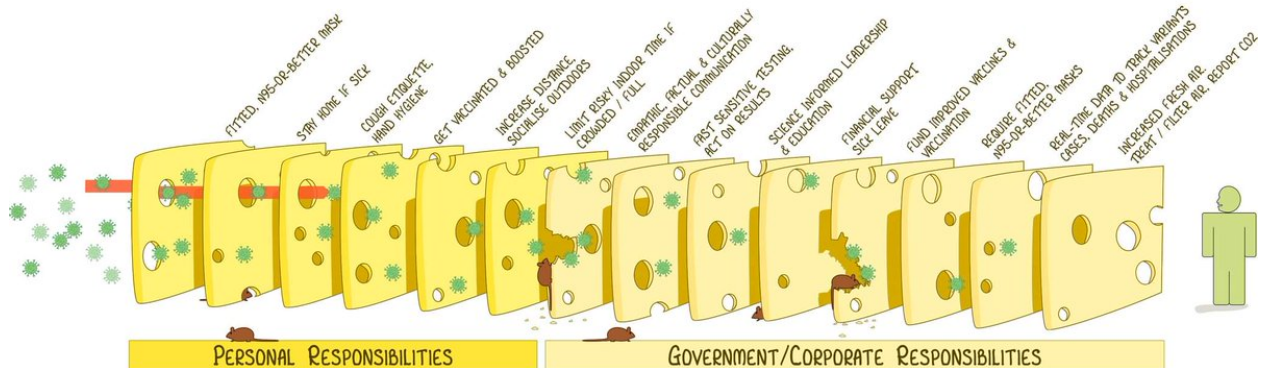
29 COVID PATIENTS ARE ON VENTILATORS
25 NOT VACCINATED | 4 VACCINATED



These numbers include all Deaconess Hospitals and The Women's Hospital.

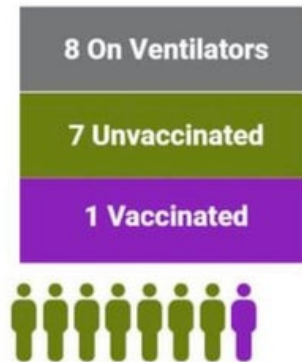
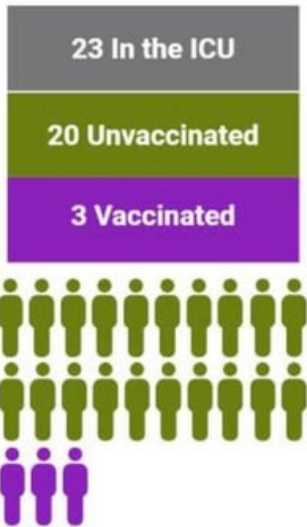
THE SWISS CHEESE VACCINE-PLUS RESPIRATORY VIRUS DEFENCE GRAPHIC

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EVERY INTERVENTION (SLICE/LAYER) HAS IMPERFECTIONS (HOLES) WHICH CHANGE IN SIZE, NUMBER AND POSITION DEPENDING ON VIRUS BURDEN, HOW THE INTERVENTION IS ROLLED OUT & COMPLIANCE. MULTIPLE LAYERS IMPROVE SUCCESS. LAYER ORDER IS NOT RELEVANT.

IAN M. THORNEY & KATHERINE E. ARDEN
 VIOLOLOGY@MINDROCK.COM
 BASED ON THE WORK OF JAMES T. DEARSON, 1990
 VERSION 5.3
 UPDATE: 170C-T2022



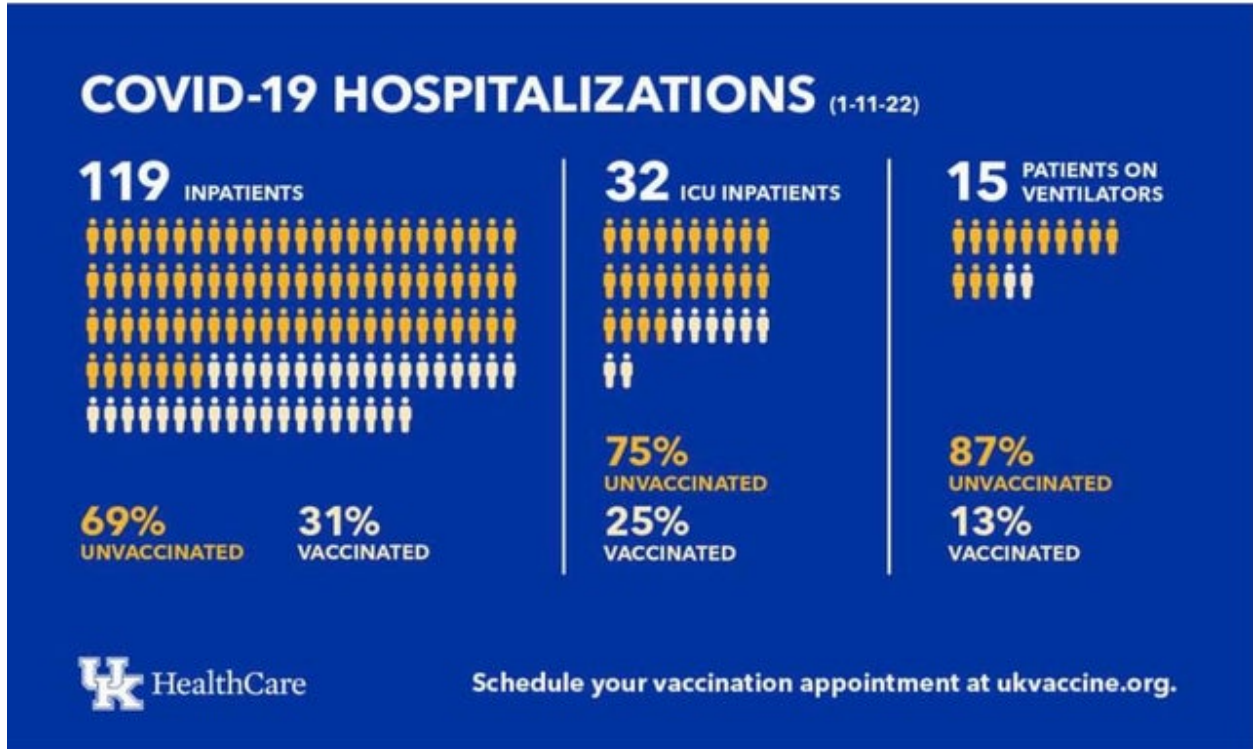


UK HealthCare (Kentucky)



7h · 🌐

As of Tuesday, January 11, UK HealthCare has 119 COVID-19 hospitalizations. Of those, 69% are u... See More



Schedule your vaccination appointment at ukvaccine.org.

ANTI-VAXXER

To demonstrate my commitment to my freedoms and to compensate for the extra burden I am putting on the U.S. medical system,

I hereby decline medical treatment for COVID-19-related medical conditions.

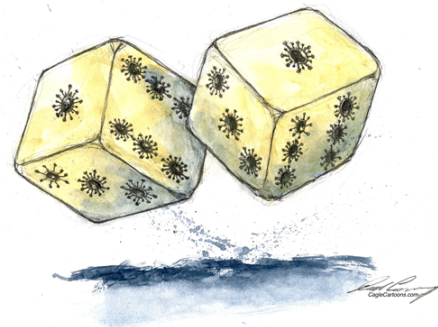
Witness Signature and Date

Patient Signature and Date

Witness Printed Name

Patient Printed Name

Please keep in your wallet with your ID and/or insurance card. Please let your loved ones know to present it on your behalf if you are hospitalized.



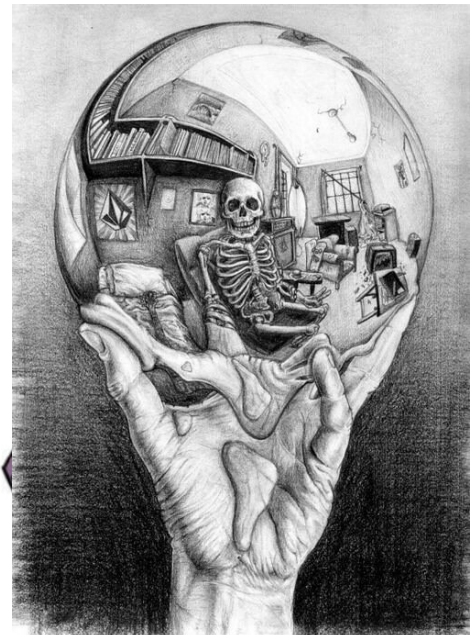
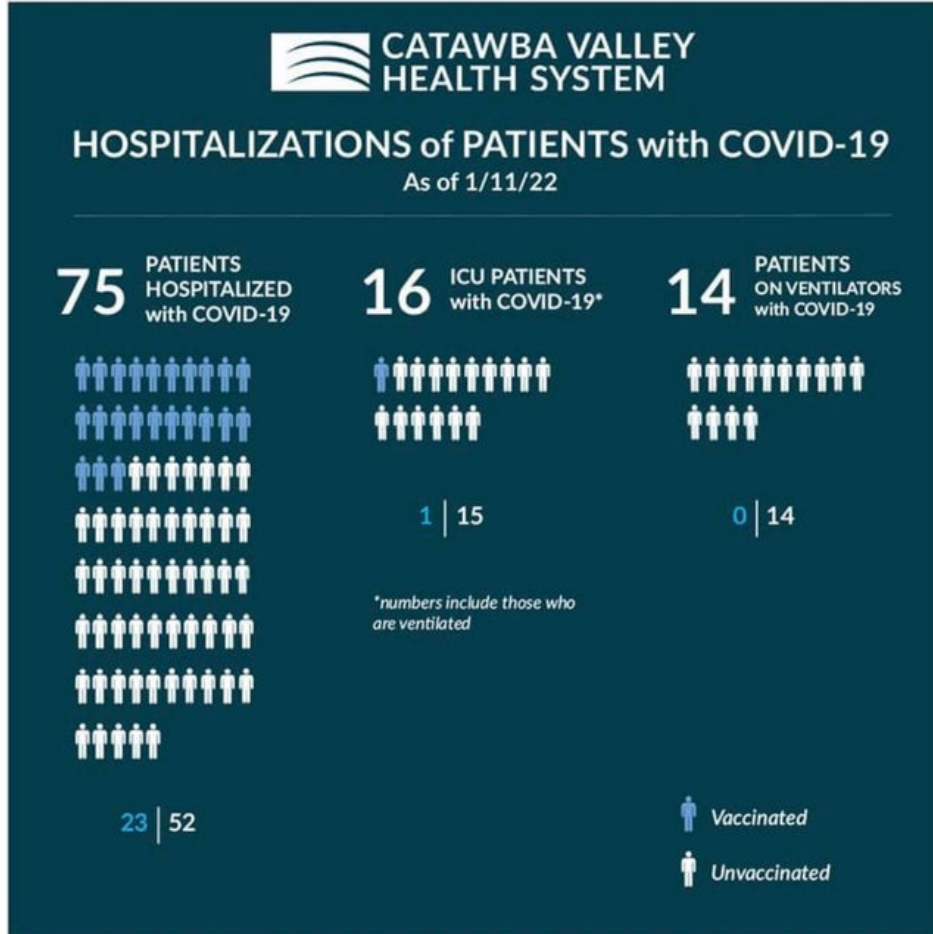


Catawba Valley Medical Center



9h · 🌐

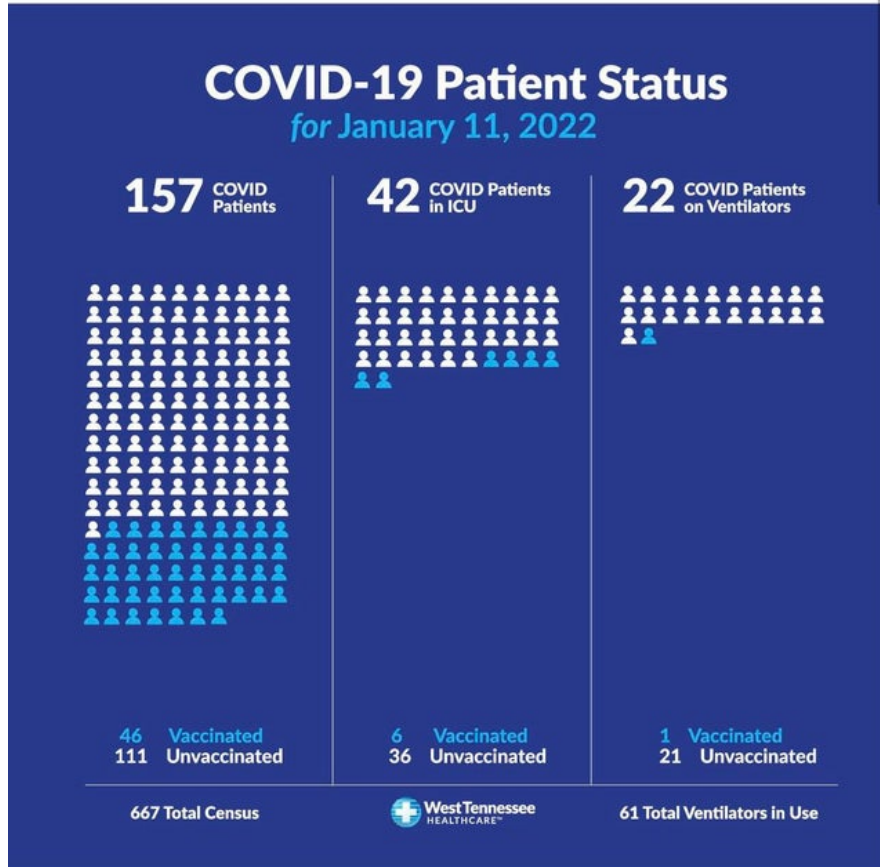
The January 11th census of patients in our medical center with COVID-19, including those vaccinated and unvaccinated.



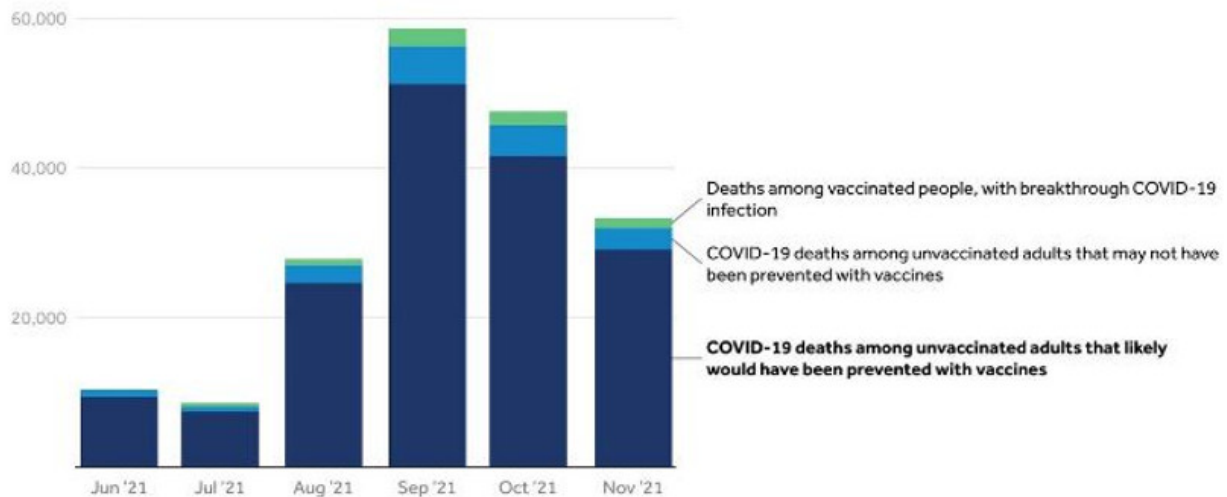


Daily Systemwide Covid-19 Update

January 11, 2022



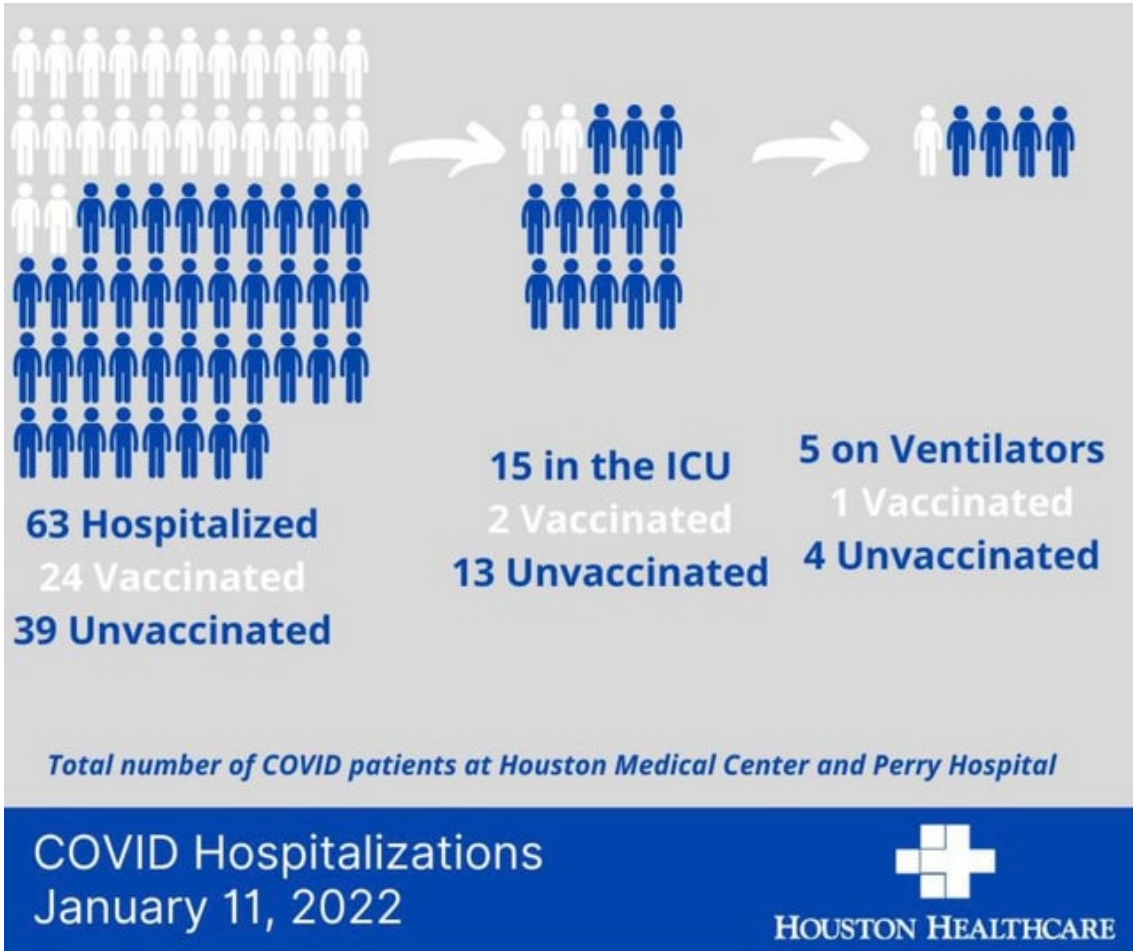
COVID-19 deaths among unvaccinated adults that likely would have been prevented with vaccinations, June-November 2021



Note: Deaths among vaccinated people, with breakthrough COVID-19 infection, are confirmed COVID-19 related deaths based on CDC data from June-September and estimated for October-November.



COVID-19 Hospitalizations | Today's numbers for Houston Healthcare





Atrium Health ✓

1d • 🌐



The post-holiday COVID-19 surge is continuing – with a 72% increase in COVID patients on life support in the past two weeks. A vast... See More

72% INCREASE
in Adult COVID Patients
on Life Support in 2 Weeks

153
 COVID PATIENTS ON LIFE SUPPORT
 across the Atrium Health enterprise

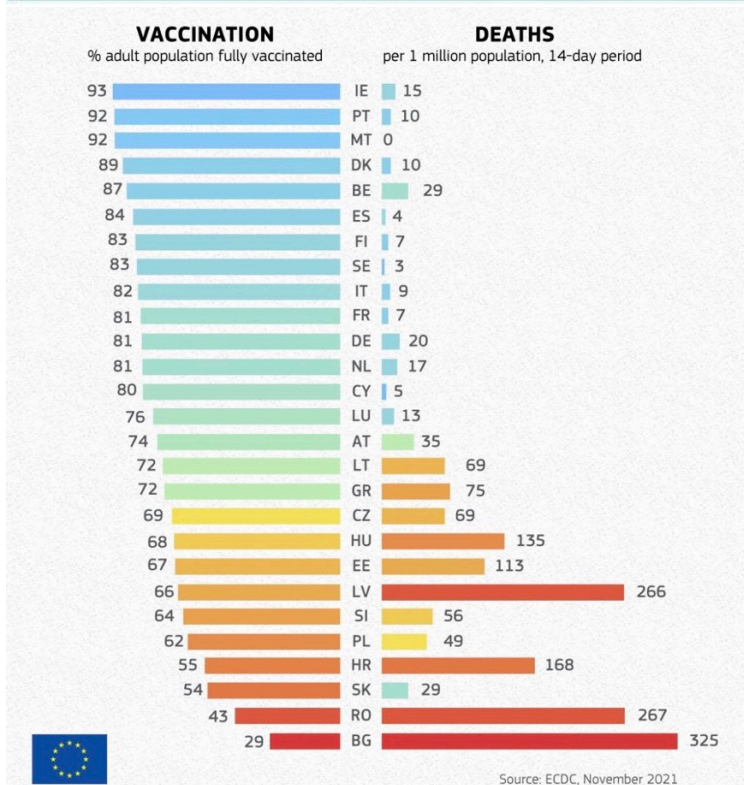
64 ↑
 MORE COVID PATIENTS
 on life support since Dec. 23

Atrium Health

140 + **13** = **92%**
 UNVACCINATED VACCINATED UNVACCINATED

Learn more and schedule: AtriumHealth.org/COVID19Vaccine

Across Atrium Health enterprise as of 1/19/22





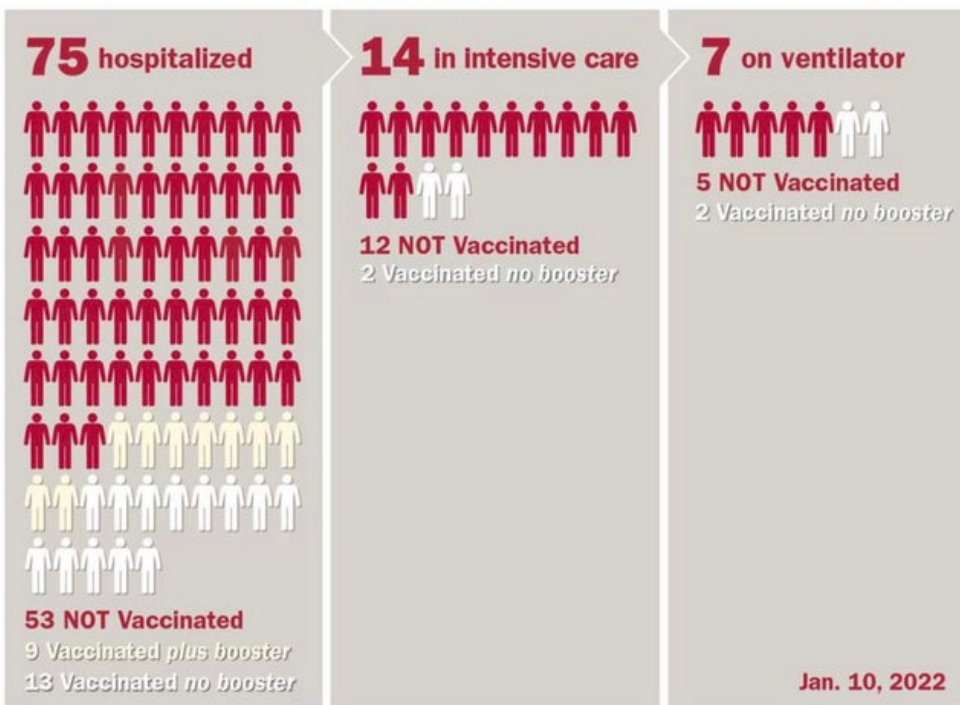
IU Health Arnett, Frankfort and White Memorial

5h · 🌐

Here's this week's data regarding hospitalized COVID-19 patients at IU Health Arnett Hospital.

... See More

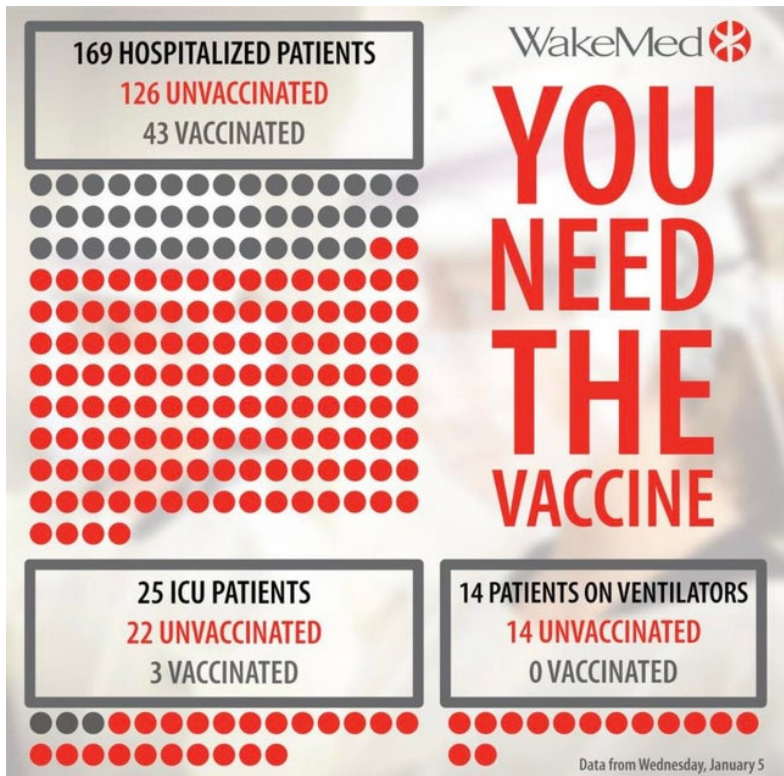
Total COVID Hospitalizations at IU Health Arnett Hospital



Indiana University Health

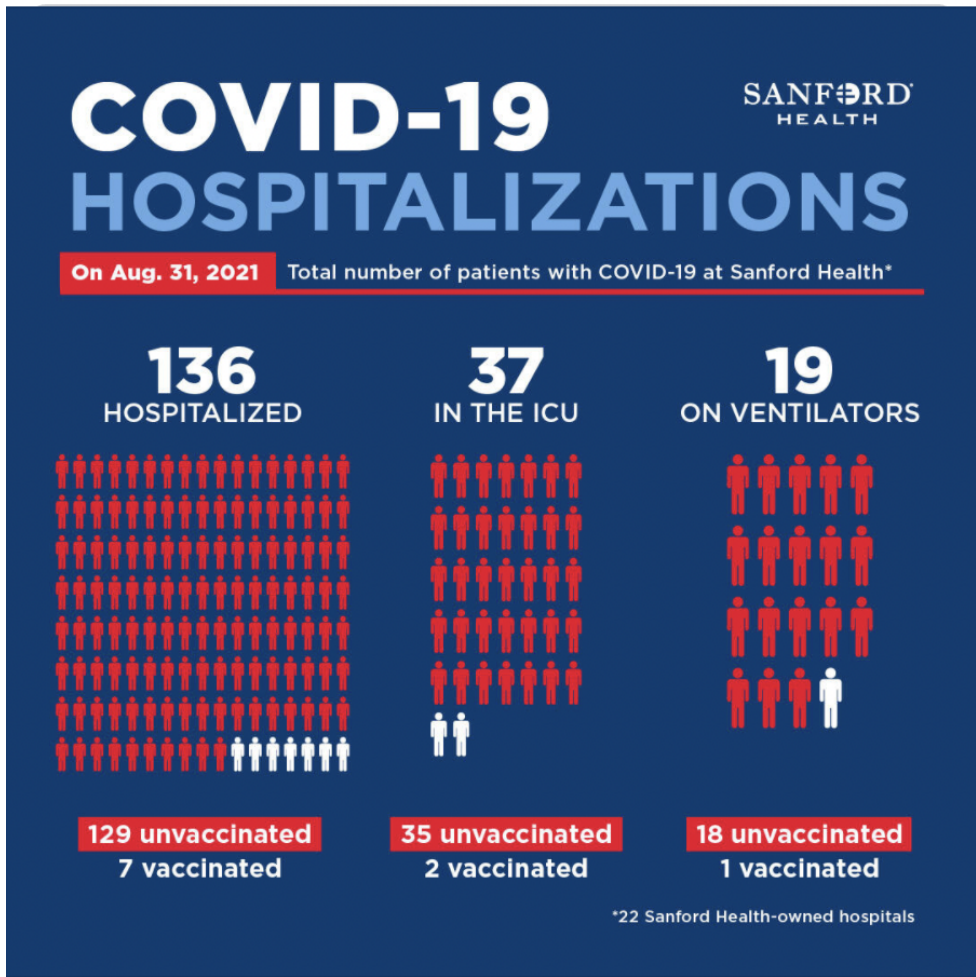
Please get your vaccine.





Clarice Cross

September 1 at 10:25 PM · 🌐



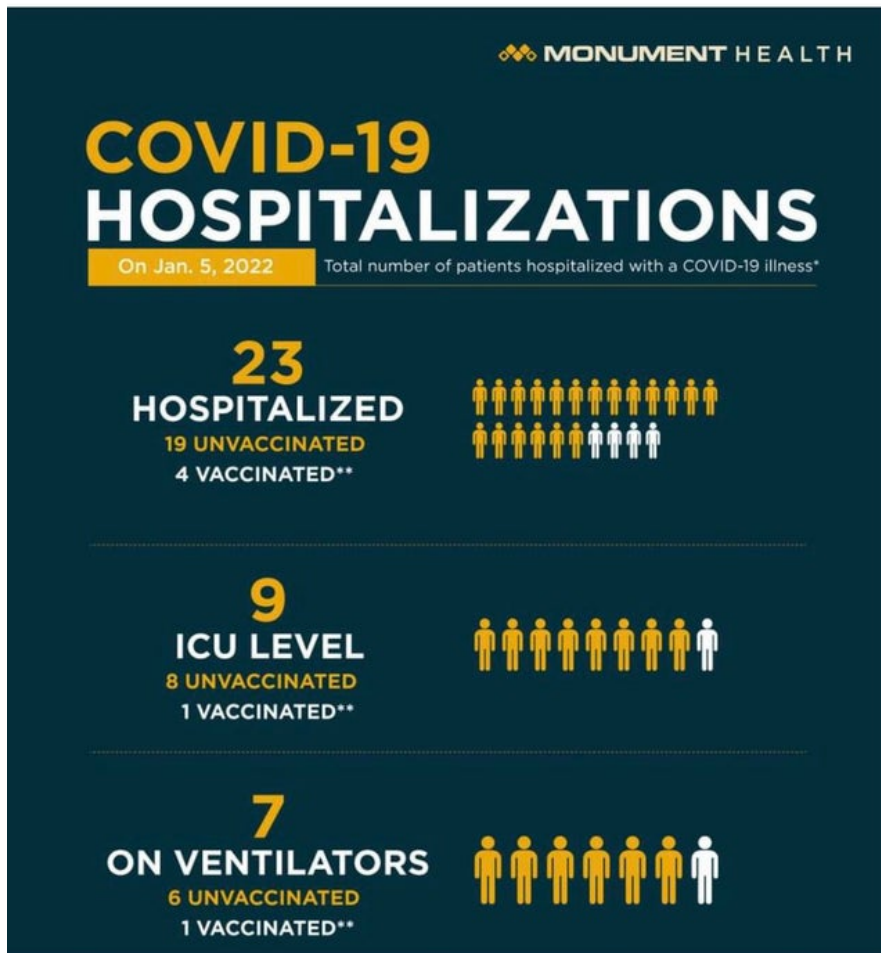


Monument Health



4d · 🌐

Here are the latest numbers for patients being treated for COVID-19 at Monument Health. <https://bit.ly/39JhwTF>





Hospitalized COVID-19 Patients on January 08, 2022

asante.org/GetVaccinated

COVID-19 Total

Today, January 8, 2022

61

ARRMC = 24, ATRMC = 26, AACH = 11

79% Unvaccinated
21% Vaccinated



ICU and IMCU

Today, January 8, 2022

12

ARRMC = 4, ATRMC = 6, AACH = 2

92% Unvaccinated
8% Vaccinated



On Ventilators

Today, January 8, 2022

2

ARRMC = 0, ATRMC = 2, AACH = 0

100% Unvaccinated
0% Vaccinated



Deaths

In The Last 7 Days

13

ARRMC = 4, ATRMC = 8, AACH = 1

Deaths

In The Last 90 Days

68

ARRMC = 31, ATRMC = 31, AACH = 6

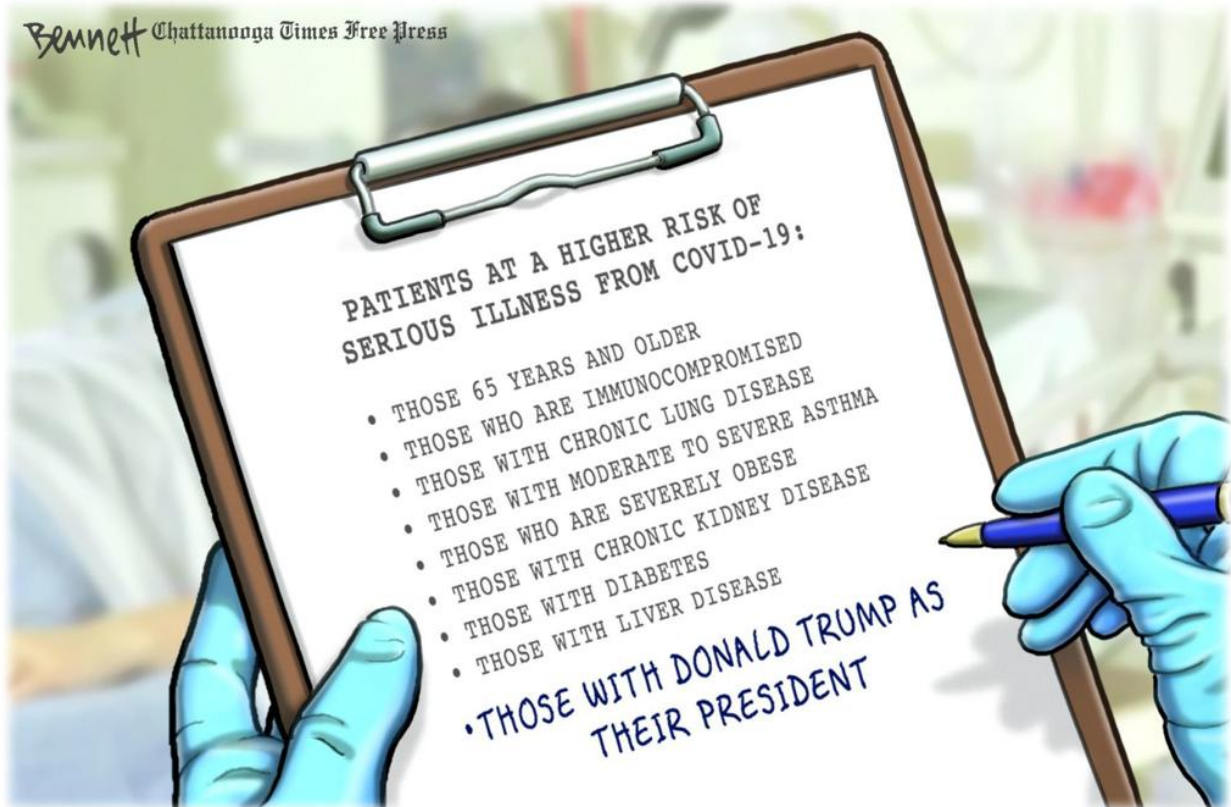
86% Unvaccinated
14% Vaccinated



▲ = Patient 17 or younger ● = Patient age 18 to 64 ◆ = Patient 65 or older

COVID-19 Total: Patients in the hospital or ED with lab-confirmed COVID-19
ICU and IMCU: Patients in the hospital's ICU and IMCU with lab-confirmed COVID-19
On Ventilators: Patients with lab-confirmed COVID-19 on invasive ventilator support
Deaths: Patients with lab-confirmed COVID-19 that expired in the hospital or ED
Vaccinated: Patients who have completed a vaccine series
Data Source: Asante's electronic health record and Oregon's ALERT IIS database
ARRMC = Asante Rogue Regional Medical Center
ATRMC = Asante Three Rivers Medical Center
AACH = Asante Ashland Community Hospital

Bennett Chattanooga Times Free Press



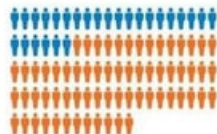


The infographic below shows the number of patients we're currently treating at Munson Healthcare specifically for a COVID-19 infection.

If you aren't yet fully vaccinated, please consider the concerning trend we're seeing in our hospitals. Visit our COVID-19 hub to learn more about all the ACTION steps you... See more

COVID-19 Hospitalizations

January 11, 2022



92 Hospitalized
26 Vaccinated
66 Unvaccinated

These numbers represent the number of patients who are hospitalized due to COVID-19 and not other reasons.



33 In the ICU
6 Vaccinated
27 Unvaccinated

Of the total number of patients hospitalized for COVID-19, this represents how many are in an ICU and their vaccination status.



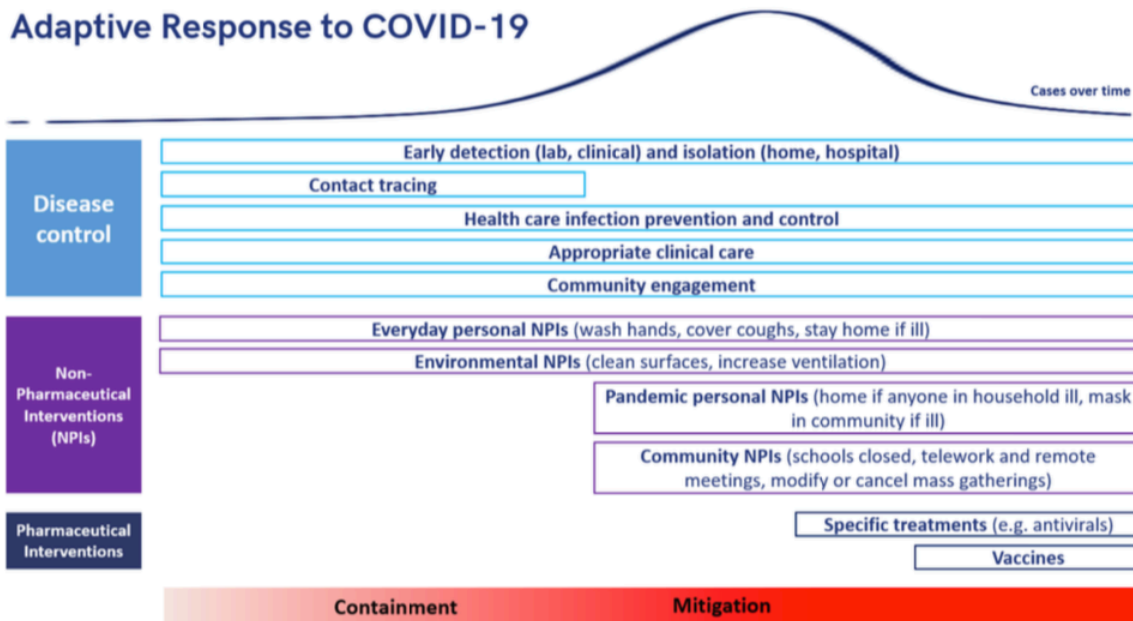
10 On Ventilator(s)
0 Vaccinated
10 Unvaccinated

Of the total number of patients hospitalized for COVID-19, and in an ICU, this represents how many are on a ventilator and their vaccination status.



For more information, visit munsonhealthcare.org

Adaptive Response to COVID-19



This figure outlines response measures in COVID-19 containment and mitigation. Disease control activities to reduce spread and effectively treat those infected should be in place from the start of an outbreak. Contact tracing is critical in containment but is not used in areas with extensive spread in communities. Routine non-pharmaceutical interventions (NPIs) are also used early on as they are in a typical flu season, and include washing hands, covering coughs, staying home when ill, and making sure surfaces are cleaned. As COVID-19 becomes a pandemic, additional NPIs may be implemented, including additional personal measures such as staying home if a family member is sick, and community measures such as closing schools, mandatory telework and canceling mass gatherings. These measures will dampen the impact of the pandemic, reduce the size of the peak and thereby improve survival, and delay cases in the hope that pharmaceutical interventions such as antiviral treatments and vaccines will become available

My career of treating patients has ended

https://www.reddit.com/r/QAnonCasualties/comments/rakxun/my_career_of_treating_patients_has_ended/

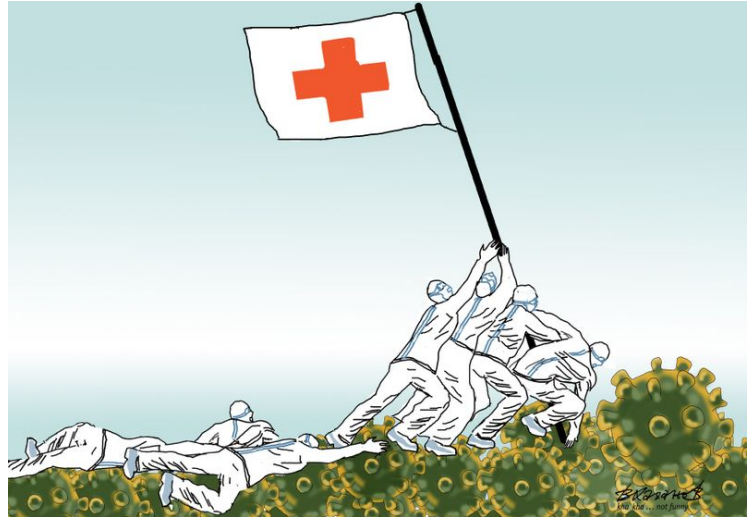
Posted byu/thanosrain

Heavy Content Warning

After more than three decades as a physician, the Q maniacs have succeeded in driving me out of providing care to patients. I, like many of my colleagues, am moving into medically-adjacent work, where we can continue to apply our training and decades off knowledge without ever having to come in contact with sick people.

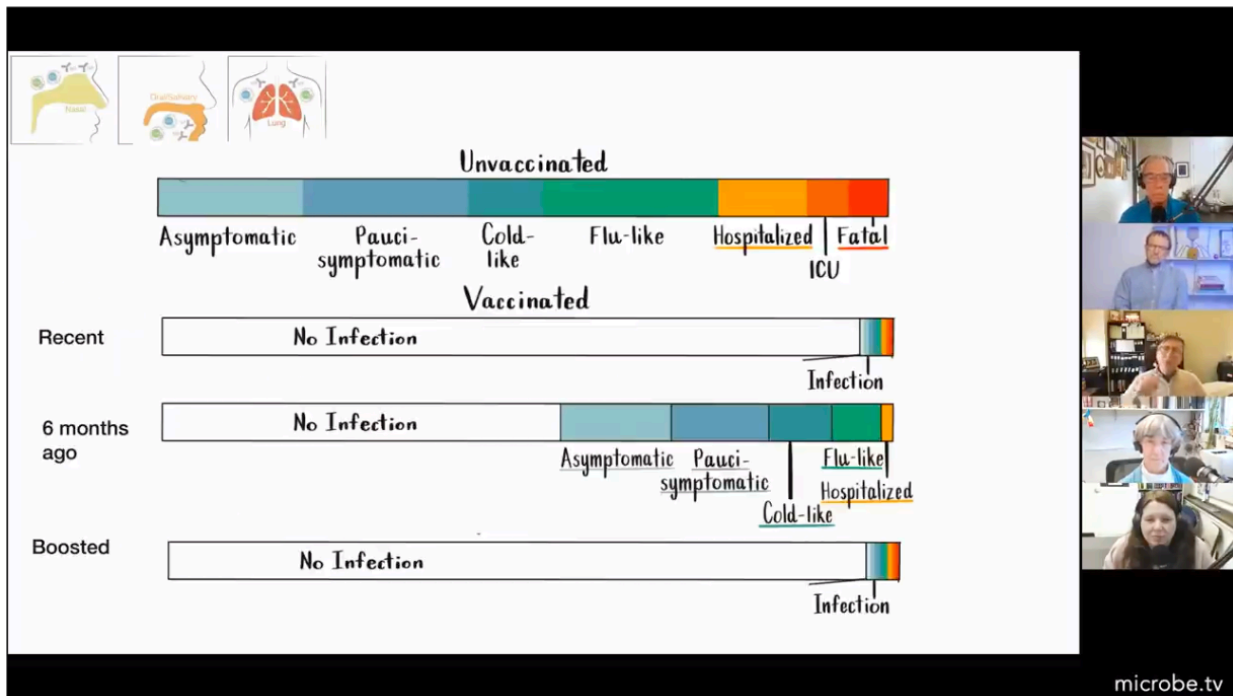
I've been able to deal with the years of patients who attended Google Medical School, and the hours wasted explaining things such as why cinnamon cannot be used to treat diabetes, or that garlic and beetroot can't treat HIV. And Lord save me from essential oils.

COVID and Q finally proved to be the one of amateur "experts" that was too much for me. The horrific deaths are beyond what you might imagine. They emerge almost unrecognizable to their families. Since June, I have never seen a horrible case of someone who was vaccinated. I have seen people struggling to breathe through lungs that have hardened to near uselessness, begging us in their ignorance to give them the vaccine now. We can tell, almost without fail, which ones will die when they come through the door of the ICU, but we do everything in our power to keep them alive - BIPAP, ECMO, ventilator - knowing we are stretching out the inevitable. We use paralytics with ECMO and ventilators, then ease them off to see if they can function. And as the



drugs wane, the look of terror emerges, the tears. We try to calm them, to swallow our desire to scream at them: This is your fault! This didn't have to happen! Often, their spouse or their uncle or neighbor is nearby, dying along with them. And we work hard for those rare cases where we can pull them back from the edge.

I could deal with all of that. What I can no longer handle is the screaming, not from the patients, but from the families. They are not screaming in anguish, or in recognition of how their foolishness has led them to this point. No, they are screaming at me. Because, you see, I am part of the global conspiracy to commit genocide. If only I would give 10,000 mg of Vitamin C - even though the body can only absorb a maximum of 100 mg a day, with the rest creating the world's most expensive urine - they would be saved. Or hydroxychloroquine. Or ivermectin. Those have never been studied, they assure me, and when I tell them they have been, they snap that I don't know what I'm talking about. I want, oh god I want, to tell them that if we are the ones responsible for killing their loved ones, then why the hell have they brought them to the hospital? Why throw them into our clutches? I know the answer: They know it is all lies. But their egos are so huge they cant bring themselves to admit it.



My breaking point came three weeks ago. I dealt with a particularly horrible case. This was a husband and father, 38 years old. A wife, two daughters, one son. All of age to get vaccinated, none vaccinated. If you could have seen his face, and the ravages left by both COVID and the time he spent prone on his stomach. An enormous clot kept reforming in his leg, and we had been forced to amputate his foot in hopes of keeping him alive. When he was awake, the look of terror in his eyes, the crying, the pain. It was nothing new. But the begging, over and over, "Don't let me die." And "Give me the vaccine." All I could tell him is "We won't let you" - although I never said we might not have any choice in the matter. And I told him, repeatedly, it was too late for the vaccine.

He begged me to bring in his family. A nurse called them, because they had never come to the hospital. They refused to wear masks, and so would not be admitted. The nurse told the wife that her husband was likely dying, and was begging to see them. All she cared about was masks. She would only come if she and her daughters didn't have to wear any.

The nurse came to me and told me the wife wanted to speak to me. I got on the phone and she ordered me to cure him with ivermectin and vitamin C & D. I explained to her, those do not work, they have been extensively studied and the amount of ivermectin needed to treat even mild COVID would kill a human being. Once again, I was told I was ignorant. I asked her to come down to the hospital, to bring her children, to at least wait outside. Somehow, she agreed.

The nurses were all busy, and I took over the role they usually perform, comforting the dying. I sat beside the man's bed. Through tears, he rasped out sounds I could vaguely understand as a question. I guessed at what he was asking, and assured him that yes, his family was coming. He was so frightened, and I could tell he knew death was unavoidable. I'm not religious, but I knew he was, and I talked about the comfort of Jesus as I held his hand. About a minute later, he coded. We tried to save him, but there was nothing to be done. He died.

Twenty minutes later, I heard from a nurse that the family was here, that they had made a ruckus down in the lobby demanding to be let upstairs without masks, and had been thrown out of the hospital. I consulted with a few colleagues who agreed to cover me so that I could speak to them in the parking lot. I took the elevator down, and asked security to point out the family that refused to wear masks. Fortunately, they had not left.

I stepped outside, went to the wife, and identified myself. I told her that I was sorry, that we had done everything we could, but her husband had passed a few minutes earlier. I did not manage to get the words of the sentence fully out of my mouth when I felt the fist strike my face and heard the screamed words "You murderer!" I fell backwards, tripped, and plopped onto the pavement, the back of my head striking asphalt. I vaguely heard the words being screamed about ivermectin and hydroxychloroquine and god knows what else. I heard "you could have saved him if you listened!" I tasted blood from the top of my lip. It took a moment to know it was seeping from my nose, which she had broken. My mask was getting wet, and thus useless. Security grabbed her. They were getting ready to call the police, but I knew if they did, I would become the next national target for the Q maniacs. I told them to just put her in her car. I wasn't going to press charges. I went back to the hospital.

I started looking for a new job the next day. I will never treat a patient again.
Thank God.

https://www.reddit.com/r/HermanCainAward/comments/rzkbcm/my_sister_posted_this_100_accurate/camwow13

The alt-health treatment skeptics are a super tiny minority, but they absolutely are antivax.

I have a few friends on FB (old college friends who were normal but got vacuumed into this because of their own health struggles and warped sense of skepticism) who have been against medical science for a while. Curing stuff like autoimmune disorders and cancer with veggies. Vaccines are bad, cancer treatment is bad, just everything with "chemicals" is bad bad and more bad. (Don't tell them what your blood is made of)

Someone in this community, who bragged for years about how healthy she was because of the super strict diet she followed, got stage 4 colon cancer. She was in pain for a year before visiting a doctor because it obviously wasn't cancer. Refused all treatment and went to a "clinic" that claimed to have a 75% cure rate instead of sub 10% her cancer usually had. They gave her vitamins, magnet tables, red light ta bing beds, shined lights through oils to stimulate cells, more magnets, did some lymph node electric thingy, and started doing garlic enemas every day. Anyways long story they desperately showed up back in the hospital and made the hospital remove her colon surgically. She died the next day. Her husband created a cure for cavities with super greens within 6 months and went back to selling their docs. Nobody in that community learned any lessons because when God calls your time, guess it's up 🙌. (it was all documented in extreme detail on a GoFundMe I have a copy of if you've made this far and are curious lol)

In a sense that proves this meme, they tried to do it their way, it obviously failed, so they went crying back to the adults for help when it was too late. But they generally don't seem to



have an aversion to surgery (don't tell them what's in anesthesia lol), setting bones, stitches, and hands on things like that. I have never seen them post anything wrong with seeing an eye doc or getting a blood test, or any number of other routine procedures. It's the drugs they shy away from. Cancer lady literally took no pain meds until the last couple weeks of her life

These days the alt-health groups my friends were in are seeing an explosion of interest because of all the antivax legions running for explanations to their worldview. They're hosting some big conference in Phoenix right now with Ben Carson and that McCoullough doc. There's a ton of micro influencer doctors spreading this stuff (yes, practicing doctors with degrees, I've checked a lot of them, though always **nothing to do with immunology**).

The groups I've seen are following a few bullet points:

The US medical system is profit driven, impersonal, and doesn't listen to you most of the time. (actually yeah they're not wrong here)

Watching your diet, getting exercise, and taking care of your mental health will massively improve your health. Preventative healthcare is the most important part of most people's average health. (also yeah that's true)

The entire medical system is brainwashing doctors to build a system in which you just show up and suffer in a hospital so they can pump you with super expensive treatments that don't work and just make them money.

God created your body perfectly. Disease is the manifestation of our failure to live within that perfect system. You can return to that system to become more perfect.

Ivermectin and HCCQ and whatever other popular drugs on FB are interesting but meh... the real cures are all natural and must be applied early. Usually some random "protocols" with hydrotherapy, diet, and oils/herbs/etc.

All of these docs and micro influencers have conveniently written a guidebook, or are providing training, or paid advice for their small community of extremely loyal followers.

The quack docs are the trend setters. They provide extremely confident and competent sounding pseudo scientific explanations for things. It goes into an information overload that will rapidly devolve from the popular things you've heard. You'd have to have an actual immunologists there, or an army of googling monkeys to keep up with the amount of disinformation flowing.

These confident pseudo scientific explanations cement the foundations of antivaxxers. They'll smugly look at any fact checking with their own fact checking. The system is rigged for big pharma, double blind studies and whatever are just money fueled BS, but here's a rogue doc that says all the things I want to hear AND said it with cool words!

You are special! In a world full of normies, YOU found the secret! You found the explanation! You aren't just another meat sack floating in this confusing world. You matter and you can take control of the world around you! You have agency against the things that scare you because the big baddies behind the scenes want you to be scared! God called you to be in the world and not of it, there are greater plans for YOU and the masses will fall by your wayside. This is the straight and narrow.

That's a lot, but I've definitely seen some crazy people who absolutely will go to the grave with this stuff.

found at Herman Cain Awards ...

Denial. Anger. Negotiation. Depression/sorrow. Acceptance. The five stages of grief. I learned about them briefly in paramedic school. We studied it with more application specifics in nursing school. It was covered a little more in depth in psychology 101. I learned that it's not necessarily a linear process. People can bounce around through these stages, like a pinball, when severely strained. Regardless of what I know about it intellectually, as a critical care nurse, watching my patients and their family members go through it still can overwhelm me at times. Tonight was one of those nights.

The patient that I'm thinking of was a male in his upper 50s with a previous medical history of high blood pressure and high cholesterol. He was not vaccinated against Covid-19. The patient's spouse had been diagnosed with Covid-19 about 10 days prior, and, of course, he ended up sick as well. He came to the hospital after about a week of persistent fevers with worsening shortness of breath.

When he got to the emergency department, his blood oxygen percentage levels (SpO₂) were found to be abysmal, in the 50-60% range. A normal range is 92-99%. This is one of the features of significant Covid-19 sickness: the surprisingly low SpO₂ levels far exceeding the presenting symptoms. The patient was admitted to the ICU on continuous positive pressure ventilation given by a pressurized mask with straps going around his head to hold it onto his face. We call it AVAPS, although that is technically the name of the advanced setting being used. He stabilized pretty well on that, and his SpO₂ levels improved up to the range of 93-97%. Eventually he only needed AVAPS some of the time, and was stable on a high flow nasal cannula otherwise.

The patient and his wife had multiple conversations with the critical care doctor, and he adamantly did not want to be placed on a ventilator if it came to that. Per his instructions, we would do anything and everything to help him recover, but if he stopped breathing, or if his heart stopped, we would only do comfort measures. We would not perform CPR or place him on a breathing machine. In our state, this is called a DNR-CCA.

The first time I personally met him was his second day in ICU. I wasn't his primary nurse, but he had put the call light on because the IV pump was beeping. We chatted for a bit while I fixed the problem, and he was pleasant, cooperative, and determined to get better. He looked uncomfortable, and I could tell that he wasn't able to talk much because he still felt so short of breath. I smiled reassuringly as I told him that maybe he was over the hump, seeing as we had been able to make some progress on his oxygen requirements.

An hour or two later, I heard his monitor alarms going off, so I went to check on him. His SpO2 had started dropping precipitously due to the exertion of using a urinal, and his primary nurse and the respiratory therapist were rushing to place him back on the AVAPS machine. By the time they had the pressurized mask strapped in place, his oxygen levels hit 39% for a brief second until he started recovering.

Because of the layers of PPE required to enter the room, I stood outside the room and played charades with the nurse and respiratory therapist to see if they needed me to bring anything. His work of breathing had increased, and he looked exhausted. The nurse had me get a dose of morphine to give him in his IV. I handed it to her quickly through the door when she cracked it open.

Morphine dilates respiratory passageways and blood vessels to maximize oxygen absorption, and reduces pain and/or anxiety. Reducing pain and anxiety can help reduce how fast the body is using oxygen. The combination of these effects usually helps slow the breathing down and make them not feel so short of breath.

After about 5-10 minutes, he was back to above 90%. His primary nurse came out of the room, and we talked about his "code status," which is medical jargon for how to intervene in the case of respiratory or cardiac arrest. Had he been okay with it, we would have placed a breathing tube and put him on a ventilator at this point, but we were following his decision to have a DNR-CCA order.

Over the next few hours, the patient required being on AVAPS continuously. He could no longer tolerate any breaks on the high flow nasal cannula. Eventually the respiratory therapist had to turn up the oxygen level and the pressure delivery on the AVAPS as high as they could safely be turned in order to keep the oxygen saturation above 90%. The heart rate was increasing from the strain on his body.

I started noticing frequent alarms from that room, alarms for high heart rate, low oxygen saturation, or high respiratory rate. The patient had to focus on slow and deep breathing to recover, which usually took several minutes. These alarms started sounding more frequently. First it was every half hour, then every 15 minutes, then every 5 minutes, and then it was almost constantly. At this point, he was nearly unable to recover into the SpO2 safe zone.

With an hour left to go in my shift, I saw that the patient's SpO2 had fallen below 80% and wasn't

coming up. I also knew that his AVAPS system was maxed out. There was nothing more that could be done from an oxygen delivery standpoint. I went to the room, along with the primary nurse, the critical care nurse practitioner and respiratory therapist. His breathing had become more and more labored. His respiratory effort now consumed him to the point that he was unable to speak. We gave morphine for air hunger several times with minimal effect.

We called the family on an iPad video chat so they could see and talk to the patient. They didn't understand how critical this was, and started teasing him a little "Come on, I didn't think you'd let a little virus like this push you around! We're all praying for you. Everyone in the church is praying, you're going to be okay. You need to kick this little bug's butt!"

The patient initially gave a few slight nods to their comments, to let them know that he heard them, but otherwise sat there with his undivided attention on trying to breathe. His respiratory rate was around 40 really deep breaths per minute (normal is 15-20 regular breaths). Even though it was obvious to us that he could not sustain this respiratory effort for long, and that we had no way of stopping this runaway train, they tried to act cheerful and positive.

Denial.

Within 5-10 minutes, the patient had reached a point of absolute maximum effort, and had begun truly gasping for air. His shoulders and belly were heaving. Every single breath was a fight for survival, a panicked drowning victim frantically swimming with futility, unable to reach the surface of the water. We could hear him grunting with effort for every breath, the sound muffled by the pressurized mask strapped to his face. His skin became cold and grey, covered with a sheen of sweat. The SpO2 levels now stayed below 70%.

The staff in the room looked at each other with grim certainty in our eyes. There was no turning back. There was no recovery from this. The virus had won. It had shredded his lungs beyond function to the point that his body was shutting down.

His family asked why we can't place him on a ventilator. The nurse practitioner explained that, aside from him specifically asking us not to, with the damage that had been done, it would only serve to prolong his dying and make him suffer longer. They asked what else we could do, what medications we could give, or how we can stop this. We told them that we had used every tool in the toolbox to help

him get better already. There was nothing else to use.

Negotiation.

The family scrambled to get the children on the phone. They kept saying "It's going to be okay! Everything is going to be fine. You'll get through this!" But the tone of their voice had changed. They went from trying to talk to the patient into laughing with them, to trying to reassure him, to begging and pleading with him to stay alive, to utter despair. We gave him some more morphine, as well as some lorazepam for anxiety.

Keeping the patient alive in this condition was only cruel. Keeping the pressure mask on his face was simply prolonging the inevitable. The patient's eyes were rolling back in his head. There was no longer any sign of interaction. The only movement now was his body trying desperately to somehow draw in more oxygen to stay alive, and failing. We explained to the family that the compassionate thing to do would be to take him off AVAPS and see if he can say anything to them.

More of the children got on the video call. One son could only handle it for about 30 seconds before he hung up, overwhelmed with the stark cold reality of mortality starting him in the face. Seeing the patient, not only dying, but dying by prolonged suffocating, was horrific. We gave several large doses of morphine to provide what comfort we could, and slow the breathing down a little. We took off the pressure mask, and placed a high powered nasal cannula at its highest settings.

The family could really see his face now, and their voices changed to utter terrified agony. The sound of gasping grunting breathing was no longer muffled by the pressure mask. No words were going to come out of his mouth. Only the haunting sounds of a dying man. The nurse practitioner held one hand while the respiratory therapist held the other.

The spouse started crying hysterically, shouting with a surprising fury in her voice: "NO! YOU CAN'T DO THIS TO ME! YOU CAN'T DO THIS TO US. IT WASN'T SUPPOSED TO BE LIKE THIS! WE WERE SUPPOSED TO GROW OLD TOGETHER! WE WERE SUPPOSED TO SIT ON THE PORCH IN OUR ROCKING CHAIRS! YOU CAN'T LEAVE US! YOU CAN'T LEAVE YOUR GRANDBABIES! PLEASE, GOD, PLEASE, NO! WE LOVE YOU!"

Anger.

We all quietly glanced at each other, and more morphine was given, along with more lorazepam. The rawness of the suffering being experienced by both the patient and the family sucker punched me in the gut. My focus on documentation, patient care, and support of the team swept to the side for a moment, and tears slipped out of my eyes and ran down onto the N95 mask under my face shield. My isolation gown and gloves felt like a sauna as I tried to keep my emotional composure. The pain of the family sucked at my soul.

In medicine, death is usually our mortal enemy. The dark robed nemesis with a scythe who we fight at every turn. We spend billions of dollars a year in an eternal war against him with our patients. But death was now a white angel of mercy, the one who could bring peace into this torment and end this suffering. God, please let him die soon.

The wife stopped shouting, and her words became less aggressive, but filled with soul-wrenching tears of genuine sadness. She sobbed as she said "This isn't fair. It's too soon. You weren't supposed to go like this. You are too strong! You were supposed to be there when your grand daughter grows up and gets married. I don't know how to live without you."

Depression/sorrow.

The breathing started becoming sporadic, still gasping, but with less movement as the body lost all of its strength. Only the shoulders really moved now, heaving upwards for a few deep grunting breaths, then pausing for a few seconds.

The reflexive task of breathing that started when the patient burst from the womb as a newborn had continued unabated through every minute of their life until now. A 2 second pause. A 5 second pause. A 10 second pause. The oxygen levels dropped below 30%. The heart rate began slowing. The children all hung up on the video call until only the spouse was left. "It's okay, baby. It's going to be okay. We love you. God loves you. We'll be strong. We'll be okay. God, help us be okay."

Acceptance

We stood there, holding the patient's hands as all effort to breath stopped. I quietly turned off the monitor alarms. The spouse was still talking to the patient, just saying sentences that had become meaningless filler, background noise more for the spouse than for him. We stepped back from the

patient as the NP performed a quick pronouncement exam. He turned towards the iPad screen, made eye contact with the spouse, and simply stated, "he's gone."

The grief, shock, and terror hit the spouse like a fresh ice cold wave of pain. In spite of the obvious inevitability of this moment for the last 45 minutes, she sounded truly surprised that it came. There were no more words. Just despondent heart wrenching wails of emotion. Raw inhumane pain.

The staff whispered quietly to each other, and we agreed to leave them alone at this time. We spoke our condolences to the wife, and then walked out of the room, peeling off our layers of PPE. The primary nurse thanked me for my help. I glanced back into the room as I walked away. A cold grey lifeless body sitting in bed illuminated by the cold blue glow of the iPad on the stand next to them.

I hustled to get back to my patients for the last 10 minutes of my shift. My Covid patient in his mid 60s had comfortably worn his AVAPS all night, and was wearing just a little bit of oxygen by regular nasal cannula now that he was awake and sitting up. I smiled as I told him that maybe he was over the hump, seeing as we had been able to make some progress on his oxygen requirements. He would probably leave the ICU today unless something drastically changed. I gave him a couple medications.

I checked in on my Covid patient in his mid 30s. He was actually looking a little worse, his breathing had increased from a normal 20 to 25 breaths a minute to 30 to 35 breaths a minute, and looking a little anxious. We had been able to turn down the oxygen level on his high flow nasal cannula throughout the night, however. He told me that he's just having a lot of coughing with pleuritic chest pain, that he thinks he'll be fine. I wished him well and ducked back out of the room to give the end of shift report.

I wish for a lot of things. I wish that we would all never take a single day for granted. I wish we would all hold those we love a little closer tonight. I wish Covid wasn't still killing people daily. I wish that everyone could empathize with the grief that we all felt tonight. I wish that we could all learn to love each other a little more while we have time.