The corporate manslaughter of the elderly, frail and vulnerable

Introduction

The world must be made aware of the genocide that has taken place among the elderly primarily due to the policies mandated by Matt Hancock and Chris Whitty. Some people have already brought private charges of murder of their loved ones, which have been accepted by the police and given a case number. We await the process of these investigations.

It is unacceptable that government policies directly led to the deaths of over 40,000 old people, often in terrible conditions on their own.

Scenarios

Healthy people in care homes

It was formally decided not to send doctors into care homes and for ambulances to not respond. The elderly were left on their own, often with a reduced care staff due to sickness.

Residents are old but mostly healthy and fit.	Elderly hospital patients with respiratory diseases were transferred to care homes.	Residents became sick with respiratory diseases.	There was a lack of expertise, medication or equipment.
Doctors were called for, none arrived (in most cases).	Ambulances were called for but did not arrive.	Sick residents were treated with morphine and Midazolam, in some cases.	Sick residents slowly died.

The transfer of sick hospital patients into care homes directly resulted in many unnecessary deaths. It was a scandalous decision from Health Secretary Matt Hancock. This was then worsened by lack of medical care, again due to governmental recommendations, followed by a lack of appropriate medication and equipment, such as oxygen. Oxygen and Ivermectin alone could have saved many lives. Instead morphine and Midazolam were recommended by medical authorities.

The media focused on the lack of PPE, but that would not have had any effect whatsoever. Wearing a plastic apron and visor does not stop transmission of an airborne pathogen.

But worst of all, sick patients were left on their own. Care home staff were greatly reduced and ran around like flies trying to do what they could with no support. But what patients needed most was their loved ones, who were prevented from seeing them due to wicked government demands for seclusion.

The result was that patients died in misery and despicable conditions with no support from family. [For an illustration of this see the TV drama '*Help*' with Jodie Comer and Stephen Graham.]

People over 60 without Covid

Ordinary healthy people with a specific curable affliction were routinely murdered.

Patient presents with Patient is tested with Patient is transferred to Patient is treated with ailment at hospital, such PCR and found positive. Covid ward but may not Remdesivir. as with damaged hip. despite no symptoms. have any viral infection. Patient worsens, is then Patient then deprived of Patient treated with Patient slowly dies. wrtten off with a DNR. food and water and morphine and Midazolam. worsens.

In this case healthy people with a specific treatable injury were treated maliciously on the basis of a faulty PCR test (which cannot diagnose a viral illness or a viral load).

Patients over 65 were literally at the mercy of doctors. Very many doctors failed their duty of care (not all) and, with government pressure pushed down from upper tiers of NHS management, worsened care by these measures:

- Issuing DNR (Do Not Resuscitate) orders, often without proper consent. This leads to a 'care pathway' whereby the patient is starved and deprived of water under sedation until they die.
- Medicating with Remdesivir (which restricts oxygen intake to the cells).
- Sedating with morphine.
- Sedating and worsening breathing with Midazolam.

Good doctors around the world have literally accused other doctors as murdering their patients.

People over 60 with Covid

Patient presents at hospital with Covid / flu	OR: Patient presents with some routine ailment at hospital but catches Covid there.	Patient is transferred to Covid ward. Patient is treated with Remdesivir.	Patient worsens and is put on a ventilator and dies.
OR: patient worsens, is then wrtten off with a DNR.	Patient then deprived of food and water and worsens.	Patient treated with morphine and Midazolam.	Patient slowly dies.

Between 20% (England) and 40% (Scotland) of Covid patients caught it in hospital.

Treatment with ventilation is what killed many patients. In New York, 97% of ventilated patients died. The reason is that Covid can result in a hard plaque developing in the lungs on the alveoli¹ and this hinders breathing. Forcing oxygen under pressure into the lungs, where it has nowhere to go, just collapses the lungs and kills the patient. Ventilators are dangerous even in normal circumstances, but in Covid cases they are lethal.

¹ An alveolus (pl. alveoli) is a small cavity or tiny air sac in the lungs which allows for rapid gaseous exchange.

The elderly and solitary sick at home

Old person becomes sick with respiratory disease. Person calls for ambulance but is refused.

Person calls for GP but gets no visit.

111 gives advice but no personal response.

Person gets worse and slowly dies alone.

The effect

This is what caused the massive spike in deaths in March-June 2020, which was blamed on Covid, driving the Covid cases very high. In fact, it was the manslaughter of the old due to malpractice.

Covid death was used as a cover to hide the criminal killing of the old. This was facilitated by the cancellation of autopsies by the government and the emendation of death certificates to focus on Covid based on faulty PCR tests.²

The bad drugs used

Remdesivir

This is an experimental antiviral that has dubious authenticity. It causes a depletion of iron in the blood, which is the very thing that patients with hypoxia vitally need. It also causes kidney damage, liver damage and affects other organs. Treating elderly people with this was utterly stupid (but it is still being done).

It only has emergency approval for use against Covid, not full authorisation. It must be given slowly over time and with constant blood tests to check for liver damage (was this done with the old?). If there is no observable improvement after two days the treatment should be stopped (was this done?).

The WHO said that it should NOT be used to treat Covid patients but it was approved by the FDA.

Morphine

Understood by all; derived from opium. It is a powerful sedative and is used in pain control. The name derived from the name of the Roman god Morpheus (the god of sleep).³ Too much of this kills.

Midazolam

This is another powerful sedative that is one of the ingredients used in US executions. The dose that was given to patients was ten times the normal dose and this was enough to kill certain people on its own.

Midazolam can slow or stop you breathing, which is one of the key problems with Covid – so it will worsen the condition.

Patients on Midazolam must be watched carefully in a hospital setting to make sure that there are no side effects. Yet patients in hospital were left on their own for long periods, and often not even given water.

² For example, people dying from a motor bike crash were classed as a Covid death if they had tested positive within 28 days.

³ In Roman Mythology, the son of Somnus (the god of sleep), the god of dreams and, in later writings, also the god of sleep.

Hancock ordered two years worth of Midazolam from a French supplier in March 2020. Why? Hancock is also a champion of assisted suicide. He was also videoed explaining that Midazolam had been made available in large quantities to provide a good death for the elderly. This is as close to a *mea culpa* as we are likely to get.

Decadron (Dexamethasone)

This is a type of steroid that can be helpful for a large number of medical conditions; however, it is also used to treat Covid patients.

The problem is that there are a huge amount of adverse side effects for this drug. These include: cardiovascular disease, central nervous system effects, skin disorders, endocrine and metabolic disorders, gastrointestinal disorders, genitourinary problems, haematological and oncological issues, hepatic problems, hypersensitivity issues, neuromuscular problems, eye problems, respiratory issues and more.

Why would you use this drug, especially if it affects respiratory issues, for a respiratory illness when there are safe drugs available that don't have these side effects? Why are we ignoring the safe drugs and using the dangerous drugs?

Note

These are all very expensive drugs that make big profits for Big Pharma.

The treatments that should have been used

Vitamin C

This fights infections. If necessary, high doses should be administered i/v.

This has been shown to be of great use in fighting Covid infection and as a prophylactic (preventative).

Vitamin D

This boosts the immune system, which will then attack any infection.

This has been shown to be of great use in fighting Covid infection and proven to be effective in over 70% of cases. Taken before infection, it helps the immune system defeat the virus before it gets a chance to really develop.

Hydroxychloroquine

This has proven efficacy in the early stages of Covid, especially within three days of showing symptoms.

Azithromycin

Works in conjunction with Hydroxychloroquine. It is an antibiotic that is helpful in treating chest infections.

Zinc

Of proven use in assisting getting rid of mucous in the lungs. An old remedy for colds and flu. But it also has value in making an entrance for nutrition into the cells, and, combined with Hydroxychloroquine, is effective in combating Covid.

HCQ cocktail

Hydroxychloroquine, Azithromycin and Zinc.

Ivermectin

This is highly effective against Covid. In Utter Pradesh, India, Covid has been eradicated by Ivermectin (230 million people).

Budesonide

This helps with breathing difficulties. It is a standard asthma drug.

Note

All these drugs are cheap and effective, but they make no profit for Big Pharma.

There are various other effective treatments used in different protocols; but the above are simple, cheap, effective and have been authorised as safe for decades.

Conclusion

The NHS has decided to use euthanasia as a medical protocol under orders from the government. It has been actively killing people that it considers are not worth saving: the old (anyone over 65), the frail, the vulnerable, the lonely etc. This is entirely in accord with the elite plan to get rid of all the 'useless eaters'.⁴ The victims of the Covid crisis are overwhelmingly people over 82.

The Liverpool Care Pathway (which kills by removing food and water but sedating a patient) was revived in 2020, despite being widely condemned. It was given another name, ('Care pathway') but it consisted of morphine and Midazolam, which killed by sedation and hindered breathing.

Multiple cases are in the hands of lawyers, journalists and activists who are seeking to bring to public attention the mass murder that has been going on.

Doctors and nurses are aware of what has been going on but they are under strict gag orders; they will be fired if they speak out, even privately. Some have spoken out and have been fired. Others have resigned and have spoken out. You can find multiple videos of nurses, private doctors and family members of dead patients explaining the genocide of the elderly.

For millennia a culture was assessed on the way it treated its old people. The elderly were treated with respect and honour and often seen as a source of wisdom. In ancient times elders sat in the gates of the city where they gave counsel to those who sought it, including royalty. The depravity of our society is observed in its despicable treatment of the old. It is a stain on history and the perpetrators will be held to account by God on the Day of Judgment.

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⁴ Quote from Henry Kissinger.