

Our First Hand ICU Story - What is ACTUALLY Killing People 8.12.21

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Hi, everybody, welcome to the K Dally show. I want to talk to you today really seriously about what's going on in in our hospitals. And maybe enlighten you on how you can help and save somebody that you love. I just went through myself a pretty harrowing experience with my husband who had pneumonia streetale pneumonia, can you imagine? And they turned it into COVID pneumonia. And so I want to tell you a little bit about our experience. And maybe it'll give you some insight on how to help somebody you love or if you know somebody in the same situation, because I have a feeling we're going to have some people in the same situation. So my husband had pneumonia for about seven days. And we were trying to get through it Actually, he was taking ivermectin but I wish we had up the dose because it's actually based on weight. And so had we upped the dose a little bit more, I think we would have bypassed maybe even going in from what we hear. But I I went in to get some oxygen after a good good friend, who's a practicing medical person came over and did his pull socks, and it was down to 79. Now 79, you know, scary number. And so it was down to 79. And so we went in for some oxygen. And when we went in, of course, we were greeted by nurse ratchet. I call her nurse ratchet. Because the second we went in my husband couldn't even catch a breath, and she was there putting a mask on him. So medical common sense would tell you that you wouldn't do that to somebody that can't breathe. But I said no, don't do that to him. And she immediately called security and the security was standing by so that I wouldn't say anything anymore. While she did her hardcore work, I guess, on you know, getting in through the door, but and into the hospital, but she was, you couldn't even talk to this person. She I can't imagine a person with any medical sense putting a mask on somebody that can't breathe. But there again, we have these people working in our hospital system, we were immediately sent to the ER were a workup of our symptoms, which were just basic pneumonia symptoms. But, of course, we're all you know, sitting there, they want to do the COVID test, the COVID test is ratcheted up to 40 magnifications, or rotations above 25 is considered deceitful. But this test is up to 40 to encompass all flu and virus and cold and everything under that umbrella. So of course, it's going to come back positive. Well, it came back positive. We were expecting it to because anything is going to show up it should say test of illness. But they've turned it into test of COVID to give these false positives, right. So the second it came back positive, it was like, sirens went off and bells rang and it was the it was COVID and of course the Zoot suits came on with the hose out of the head and, and everybody in a gown had to toe with the gloves and the double masks and treating us like we had bubonic plague. But seconds before we were all just sitting and chatting. And we were fine. Talking about symptoms, but anyway, um, I immediately took x rays, the X rays came back where there were white cloudy stuff on both sides of the lungs. And I was immediately told it was COVID pneumonia. So of course I'm asking, you know, well, what is COVID? pneumonia? Well, COVID pneumonia, they really can't say what that is, except that because it's so elusive and such a mystery after 19 months, but apparently it's just wrong. It's pneumonia. But they call it COVID pneumonia, because basically you're going on two tracks. One track is pneumonia, where you get oxygen, they make sure you're stable, they send you home and it's chicken soup and TLC. The other track is if the test comes back COVID you're on a whole different road at the hospital. This is ICU, this is high flow, you know, you could have a high flow machine either way to help you get stable again. But they made a policy change. So it used to be where they put you on high flow. If you were low enough, they put you on the high flow oxygen and you're in a regular hospital room. Well, now a days you're sent

to ICU. So you're sent to ICU on a where they tell you it's going to be seven to 10 days. How do they know that crystal ball? I guess? So not five days, not six days, but seven to 10.

So you're there seven to 10 days, and you're an ICU. And so they could be doing this on another floor of the hospital. But now they can say the ICU are full, right? Because you got a lot of people that weren't there before. So now the ICU is overflowing. That's what you're going to keep hearing because of these policy changes. And they have a whole track of medicines and everything else. Well, when we were in the ER, we were told with a straight face that you know, hey, you know next step is ventilator and I said no, no we don't we don't do that. What do you mean? You don't? What do you mean? You don't want to ventilator? Yeah, we're not. We're a no ventilator family. Yeah, that's nuts. Well, they looked at me like I was from Mars. They also asked me if we were vaccinated, and I said, Oh, hell no, no, no, no. And of course, that little snippy comment got me the smirk from hell. But anyway, because we're the evil people that enter the hospital and vaccinated. While we're about to blow a hole right through that story, aren't we? Because my husband actually walked out after three and a half days. I see you, fastest ever. But anyway, we were, my husband was told that I was not going to be that decision for the ventilator that it was his life, not mine, even though it's our life, but whatever. And he was told that he would definitely get brain damage really risking that brain damage, if he did not accept that ventilator position, you know, if they couldn't get the high flow machine to do what it needed to do. And my husband's like, Okay, well, alright, I'm still not getting a ventilator. I figured we have to write on Sharpie, you know, no ventilator, just to protect him from all the different doctors. Nowadays, you don't just get one doctor, you get 24 doctors on rotation. So it's really hard, because I don't know how much they communicate. But they figure that this whole team effort is helping you but I actually think one doctor, it would be nicer to talk the whole way through a situation. So we go up to ICU and I enter with the gown on that they gave me in because I had to gown up the minute they had the COVID test not before but that minute, I walk up to ICU and I'm told by the nurse that enters Oh, that's infested with COVID you have to take that off and put on a new one. But what about my shoes, purse, bag and hair and face? arms? Is that not invested with COVID? Nope, just the gown. Apparently it likes yellow and is attracted to yellow. I know I'm being awfully snippy. But so I just that makes no medical common sense. Because I'm wearing the shoes all over the hospital. I'm wearing I my hands or you know, whatever. So it's the gown. So I have to keep switching the gown and they had all these ridiculous protocols, I have to wear my immune on my immune system on my face, because apparently I'm healthy, but my immune system on the inside doesn't work in the ICU, and this is told to me by medical professionals that all of a sudden my immune system could put on me suddenly and I have to get a suit on with the hose and the hazmat to visit my husband who I just spent seven days with and didn't get sick. I just spent seven days with the man in bed with the man who was sick and didn't get sick. But now apparently, I got to wear the spacesuit from hell on the hazmat suit to visit my husband every time I want to say hi to him, and he can hardly hear me through the shields. Okay, so this was our situation. We get in and I have amazing doctors and the only reason that we succeeded at this I think, besides prayers and blessings were the fact that I had amazing doctors to talk to who urged me right away to get him on intravenous high dose vitamin C. This makes a big difference. It's not like you know, a lot of doctors will shame you and think you're silly and low your vitamin girl, you know, that kind of thing. But you want just like a little dissolvable, you know, no, I want high dose intravenous vitamin C because it's even known to kill cancer cells at high doses and help with nucleic acid and help with inflammation which is pneumonia. And so Oh, by the way, the X rays when they when they did the X rays. The X rays were suspiciously like the 2017 pneumonia 2006 pneumonia 2000 pneumonia. So all pneumonia looks kind of like each other

suspiciously Hmm. I think three years ago, it just would have been good old pneumonia. But today it's COVID pneumonia. I think there might be some big bucks associated with the COVID pneumonia, you think. So anyway, we're in ICU. And we I said I want vitamin C high, high intravenous, the doctors that I'm in contact with the frontline doctors are telling me get zinc, intravenous zinc, NAC high doses of vitamin D get everything to help him to combat the pneumonia.

Well, they said it wasn't protocol. I said, doesn't matter. I want it. And they said, well, it's not protocol. We don't we don't do that. You don't give vitamins and nutrition to your ICU patients. Why? And the answer was, we don't do that. Not protocol. See, there's 300. And I think what is it 341 pages sent by the CDC panel to tell the hospitals what to do for their protocol. And here's the bottom line for you. If you if you'd like me to get to the end of this before I explain the rest. It's not COVID that's killing people. It's the protocol. It's overtreatment. I wanted to Under treat my husband with nutrients and vitamins to help fight what he had. So he could breathe again. Instead of over treating him over medicating him and shoving him on a ventilator too early because the death rate of a ventilator is up to 75 80% death rate. That's really scary that they were talking ventilator from the minute I got in there. So finally, they put they told me they were going to do intravenous and then stuck him on 500. Right? dose of 500 is like what you'd give a child. It's like taking one of those little orange dissolvable. So I said no, and we had to stay on it. We had to stay on it, stay on it, stay on it. My daughters were great help. My daughter's rocked in this too. And they knew they knew exactly what was going on and what to ask for to and are very well versed in all this and honestly good doctors and my research for 19 solid months on this really helped him. And that's why I'm passing this along to you. You are the patient, you are the family of the patient. And you can ask for these things and not only Aspen demand, we also asked for B genocide. Now they came back with we don't do you decide. Why not? You decide on page 205 of their protocol. This is what it says. NIH recommendation that's the what Fauci is over I just sorry, I threw up in my mouth when I'm talking about Fauci on the NIH recommendation is there is insufficient evidence for the panel to recommend either for or against the use of inhaled budesonide. budesonide came out a year ago, Dr. Richard Bartlett talked about it. He's a doctor in Texas, and he got shunned, shunned and shamed for mentioning view desonide. Now, budesonide is a steroid to go after the inflammation, whereas they want to put them on a steer right in the ICU that's antiviral? You could, you could, you could say the merits of both but budesonide was known to help people in what's called the silver bullet. And about two months ago, it was out in The Lancet, which the doctors are supposed to read that said that they were switching people in the UK to butanol because they were getting out of the hospital three days faster. So the NIH report says may reduce the need for urgent care or emergency department assessment or hospitalization and reduce time to recovery. Sounds pretty good, right? For butanol. But the big but incomplete data and other limitations. And they terminated the study because there weren't enough people in the study. It works except that it's insufficient. So if you have too many medications that work like ivermectin and hydroxychloroquine, and you desonide. If you have too many things that work, how can you come up with a Why would you have to come up with a vaccine, there'll be no need for it. So they take all of these things. And at the end of the report said vitamin C insufficient data, zinc, insufficient data, all the way to page 290 of the report. Vitamin D insufficient data now we used NAC to triple dose of that every day, but we put them on at least 10,000 units of the of the vitamin C and 10,000, vitamin D, and they said they were out of intravenous zinc. But they also said they don't ever use that. Like they don't give that to patients. So how are they out of it? Hmm, anyway, good question. Um, so we got all these things going for my husband. And lo and behold, within 35 hours, he was laughing and talking and eating dinner, and he was looking really good. And he still wasn't totally out of

the woods because it's pneumonia. But he was laughing and talking and walking to the bathroom and sitting in a chair and watching movies and doing really great and the doc came in and said, wow, you know, he's boy, he's better than often than anyone in here. Three and a half days later, which really could have been three. He was released, he could have been released really, after three days, three and a half days later, he's totally released out of IHC and took him home this morning. And that's five days in the in the hospital total. Here's what I have to tell you. Because we had to consistently refuse the ventilator. We had to ask for all of these things to happen. And even when they said it's not in our protocol, we said we don't care,

you're going to do these things for us. And here was another key to or we'll take them home, using hospice because then all this stuff follows with you the oxygen and the staff coming. And that's the only way to really get them out of the hospital. What people don't know that. So I said, we'll take him out on hospice, if you're not going to listen to us, but you're going to listen to us because I am not going to go to your protocol. Your protocol, I think is harmful. And I don't like it. I was told by somebody that vitamins don't work. This person has a medical degree. Vitamins don't work and it probably did nothing. And he does and all doesn't do much because they use it for code. They use it for COPD. But yeah, but you're Why aren't you using it for all these patients in here? Why are you standing there? wringing your hands? And waiting for them, waiting for the patient to digress and the oxygen get worse, and you're not exactly helping the patient to progress, you're just watching them slide down, and then you're telling everybody that you're doing the best you can and this is the best care to offer them. And then you're slamming them on a on a ventilator, even young ages. And then you're saying, well, we did everything we could I guess they they died because we did everything we could because of that killer COVID. It's the protocol, the protocol. I can't say that enough. After being through this and getting to peer behind the curtain. It's the protocol. The protocol coming down from the CDC, I have to say there is a lot of money to be had to put people on ventilators because you get the extra COVID bucks for doing all these treatments and ICU runs what 20 to \$30,000 a day, there was no need to be in there, he could have just been on the high flow oxygen in another part of the hospital. There's no reason to over trade and do all this crazy circus show. There's no reason for any of that. And if I could tell you, you know what I would do, I would actually go to the frontline doctors website, and I'd call them and I do a tele visit and I would get drugs sent to me within 24 hours, I would go to IV clinics, and I would get large doses of intravenous vitamins to help you, I would probably try out the ivermectin and hydroxychloroquine I would do that first. If it's bacterial, you probably need an antibiotic. But most of it if it's viral, you don't need the antibiotic, right? I don't have a metal medical degree, I am not medically trained to give you any advice. But I'm trying to tell you from my perception, what happened in the situation with my husband, and my husband walked out of the ICU faster than anybody as a healthy man. So that should tell you something about the fact that I think a lot of these things are not given in the protocols because you can't shove a shot into everybody's arm if and fought by force, which is what they'd like. If there's things that work for straight up good old pneumonia and flu and things like that. But by calling it COVID and naming it that label, you can sure do an awful lot. You can shut down an economy, you can change voting, you can you can, you can change the world, and you can force out body autonomy and start to have to give people all these things for the greater good, greater good is an illusion. The grip, the greater good is that you're only benefiting those that are calling the shots. When are we going to figure that out? In the vitamin C study that they said was insufficient data, they only gave 2400 milligrams a day, you have to do over 10,000? If not 20? Do you think you have power? Yes, you do? Yes, you do. Don't forget that. You tell the doctors what you want. You tell them you're going to take that patient out and

you say no ventilator. If I'm the only person was told I'm the only person to refuse a ventilator and asked for all of these things and change their protocol that scares me. Why aren't more people doing this? I want you to know that this isn't bashing hospital nurses or doctors, I think they're trying to do what they think is right for the patient, or the best. They think this is the pinnacle of care. Although what I found out was most doctors don't read studies. They don't know. They don't know what they're doing. When it comes to this. They always say it's elusive and a mystery. It's not after 19 months, I'm sorry. And you have a duty and a responsibility to stand up to this protocol and say it's not working. You have a duty and a responsibility to say, Hey, why are we throwing people on ventilators? It doesn't seem like much of a mystery. Why are we doing this. And that's where the responsibility of the nurses and doctors comes in. It's willful ignorance, and you can't stand behind that. And then say that and wring your hands and blame COVID and say that you're doing all that you can do. This is a warning. This is a warning to say they're telling you to not add in the things that can help. So they can give you a vaccine that you're forced to take. That's not okay. And if we have doctors and nurses standing up to this and saying no, then maybe we have a fight, maybe we have a fight in this battle, maybe we can change the course of events. Maybe if you share this enough with people that you know, to ask for the things that can actually help a patient then maybe we'll we'll make some headway here. Please do the things that work if I if I if my leg blows, you know, blows off then I'll probably have to go to the hospital right to get that fixed. But in in respiratory when they create a circus around this and a whole show of we have to do this, this, this and this. Do they really have to do this, this, this and this. Please, Please, I'm begging you to share this. Please get this word out that you need to change their protocol because I think I think the protocol is killing people. And I think goodness Isn't doctors even if they don't realize it? They have to stand up and ask more questions. doctors don't read studies. They don't read studies. They don't they're not upon the latest because they think they're being given the latest by the hospital administration. And that's a problem. Please share this on say no to the ventilators. And no wonder we got told Do we have enough ventilators in the country because they really wanted to get people on ventilators too fast. And I can't give any medical advice. This is just my my situation that happened to me. I take that for what for what it is. But I certainly know good people to ask. And I do I did rely on good doctors that get it that know what's going on for advice, and I took their advice. So no, I don't think all doctors are bad or nurses are bad. I just think that you have the Stasi nurse brigade that's kind of like this, the soft drink dispensing airline stewardess, they got a little power. And the only power is enforcing the, the drape edge of the yellow ish fabric and the mask and they walk around acting like they're that Gestapo for these two items. And these two items are saving humanity. And as silly as that sounds, it's not, but they think it is. And I can get past that because I'm aiding and abetting the neurotic. But when it comes down to the actual care of these patients, we have to change the protocols and call them on it and expose them and shine some light on it. And I hope you all do that. This is the K Dally show, Kate Dally radio.com I have two hours of podcasts on this that explain it in more detail. And I sure hope you check those out. Thanks you guys and good luck with us. Thank you.