FACT: Midazolam Matt Hancock turned Care Homes into Concentration Camps where the Elderly & Vulnerable were given Lethal Injections to create the illusion of a COVID Pandemic

Description

Print PDF Email **Matt Hancock, the former UK Health Secretary who oversaw the pandemic response, should be in prison.**

Because while you stayed at home to "protect the NHS, and (allegedly) save lives", Matt Hancock orchestrated the mass murder of the elderly and vulnerable in care homes using a drug known as Midazolam and then told you that they had all died of Covid-19; and we can prove it…

You gave up over two years of your life due to a lie**.**

A lie that involved prematurely ending the lives of thousands upon thousands of people, who you were told died of Covid-19.

A lie that has involved committing one of the greatest crimes against humanity in living memory.

A lie that has required three things – fear, your compliance, and a drug known as Midazolam.

We're told that serious illness in Covid-19 presents **pneumonia** and accompanying respiratory insufficiency. Therefore typical symptoms include **breathlessness**, cough, weakness and fever.

We're also told that people who suffer deteriorating **respiratory failure** and who do not receive **intensive care**, develop acute **respiratory distress** syndrome with **severe breathlessness.**

Meanwhile, Midazolam is a drug that has been used in executions by lethal injection in the USA. It can cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing which may lead to permanent brain injury or death.

Knowing that, would you use Midazolam to treat "patients" suffering Covid-19?

Because that's precisely what the then Health Secretary, Matt Hancock decided to do.

Data taken from the Office for National Statistics (ONS) shows us that during April 2020 there were 26,541 deaths in care homes, an increase of 17,850 on the five-year average. This is half the amount of alleged Covid-19 deaths during the same period.

Why were these people in care homes and not in hospitals?

They were in care homes because Matt Hancock gave the order to put them there…

1. Summary

1.1 This document sets out the Hospital Discharge Service Requirements for all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England, who must adhere to this from Thursday 19th March 2020. It also sets out requirements around discharge for health and social care commissioners (including Clinical Commissioning Groups and local authorities).

1.2 Unless required to be in hospital (see Annex B), patients must not remain in an NHS bed.

1.3 Based on these criteria, acute and community hospitals must discharge all patients as soon as they are clinically safe to do so. Transfer from the ward should happen within one hour of that decision being made to a designated discharge area. Discharge from hospital should happen as soon after that as possible, normally within 2 hours.

1.4 Implementing these Service Requirements is expected to free up to at least 15,000 beds by Friday 27th March 2020, with discharge flows maintained after that. Acute and community hospitals must keep a list of all those suitable for discharge and report on the number and percentage of patients on the list who have left the hospital and the number of delayed discharges through the daily situation report.

On the 19th March 2020, a directive was sent out to the NHS, with Matt Hancock's authorisation, instructing hospitals to discharge all patients who they deemed to not require a hospital bed.

They declared that transfers from the ward must happen within one hour of that decision being made to a designated discharge area, and that discharge from the hospital should happen within 2 hours. **NHS trusts were told that "they must adhere" to the new directive.**

Why on earth would people already be in a hospital bed if they did not need to be? You attend the hospital because you require medical treatment, not because you want a lie-down and a good night's sleep.

This directive meant that people who required medical treatment and attention were discharged into Care homes in the thousands.

And it allowed Matt Hancock to orchestrate a genocide of the elderly and vulnerable so that he could tell you thousands were dying of Covid-19 and justify the Draconian, totalitarian state that his Government had imposed on the country, alongside many other governments around the world.

The following exchange took place in a parliamentary committee meeting on the 17th of April 2020 between Matt Hancock and Dr Evans, a Conservative MP.

HOUSE OF COMMONS

Q377 **Dr Evans:** A good death needs three things: equipment, medication and the staff to administer it. On equipment, do you have enough syringe drivers in the NHS to deliver medications to keep people comfortable when they are passing away?

Matt Hancock: Yes, we have. A challenge was raised on that about eight days ago—it was not as big a challenge as was made public, and we have resolved it. Yes; right now we have enough.

Q378 **Dr Evans:** The syringe drivers are used to deliver medications such as midazolam and morphine. Do you have any precautions in place to ensure that we have enough of those medications?

Matt Hancock: Yes. We have a big project to make sure that the global supply chains for those sorts of medications, as well as the ITU medications that I spoke about earlier, are clear. In fact, those medicines are made in a relatively small number of factories around the world, so it is a delicate supply chain and we are in contact with the whole supply chain.

The following is an extract from an article which confirms the United Kingdom purchased two years' worth of Midazolam in March 2020 and was looking to purchase much more –

> *Supplies of the sedative midazolam have been diverted from France as a "precaution" to mitigate potential shortages in the NHS caused by COVID-19, the Department of Health and Social Care (DHSC) has told The Pharmaceutical Journal.*
>
> *A spokesperson from Accord Healthcare, one of five manufacturers of the drug, told The Pharmaceutical Journal that it had to gain regulatory approval to sell French-labelled supplies of midazolam injection to the NHS, after having already sold two years' worth of stock to UK wholesalers "at the request of the NHS" in March 2020.*
>
> *The DHSC said the request for extra stock was part of "national efforts to respond to the coronavirus outbreak", which included precautions "to reduce the likelihood of future shortages".*

Why on earth would the United Kingdom need to purchase two years' worth of Midazolam, a drug associated with respiratory suppression and respiratory arrest, to treat a disease that causes respiratory suppression and respiratory arrest?

During April 2020 out-of-hospital prescribing for Midazolam was twice the amount seen in 2019 –

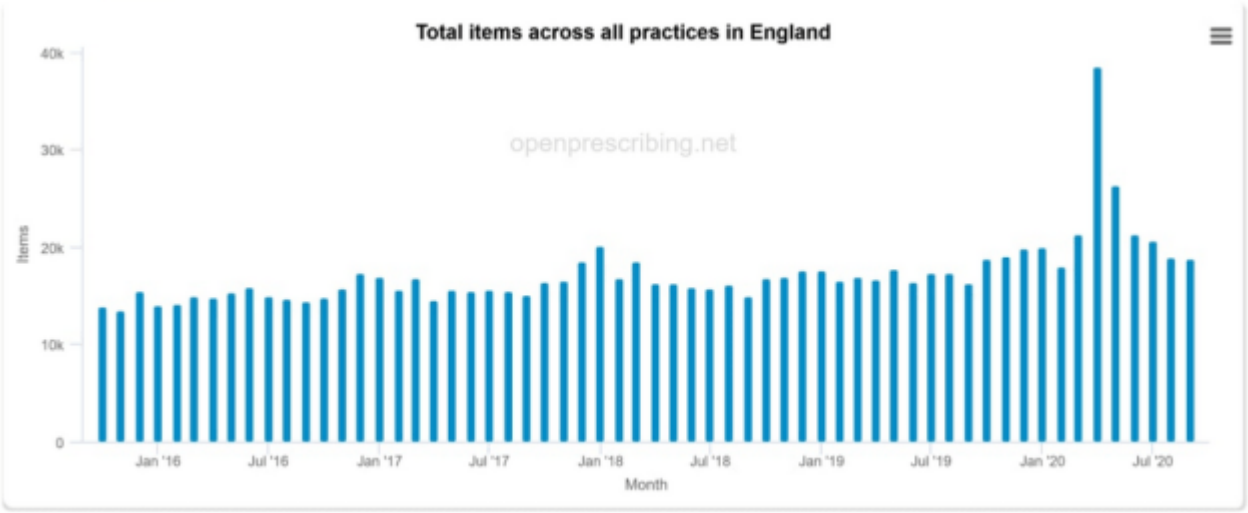
Midazolam Hydrochloride (1501041T0)

Part of chapter 15 Anaesthesia, section 15.1 General anaesthesia, paragraph 15.1.4 Sedative and analgesic peri-operative drgs

High-level prescribing trends for Midazolam Hydrochloride (BNF code 1501041T0) across all GP practices in NHS England for the last five years. You can see which CCGs prescribe most of this chemical relative to its class, or learn more about this site.

View all matching dm+d items.

Trends Items Spending

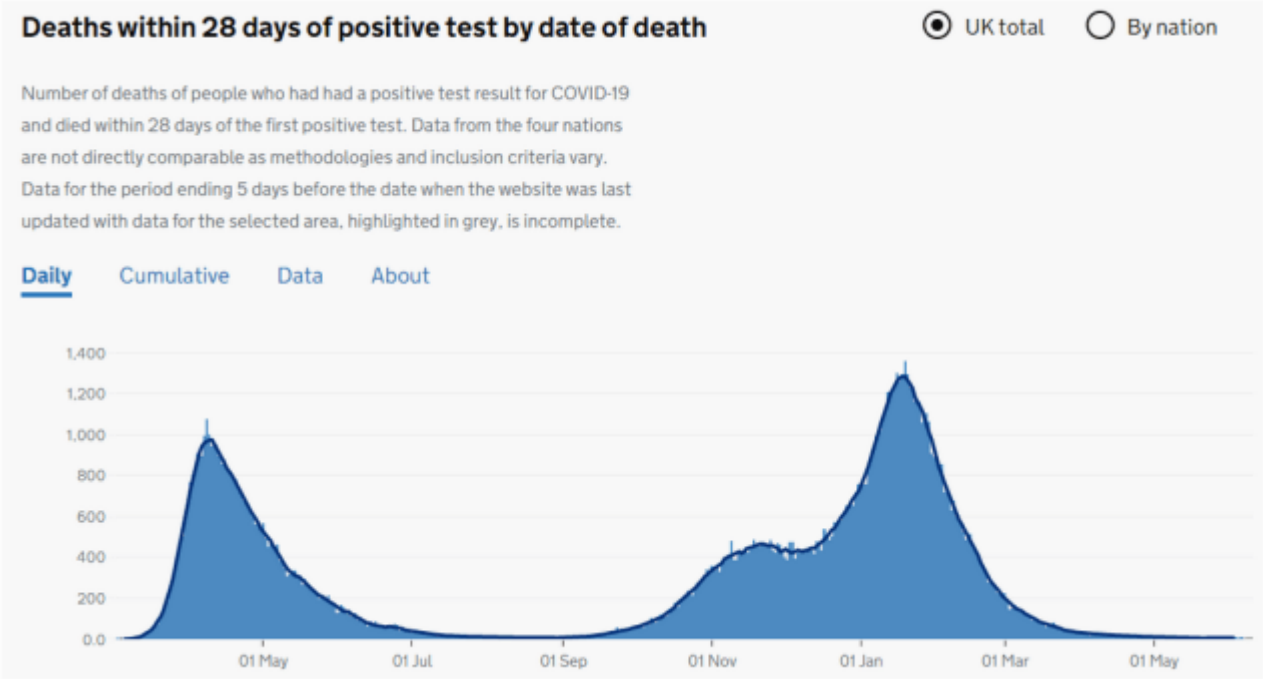


According to official data in April 2019 up to 21,977 prescriptions for Midazolam were issued, containing 171,952 items, the vast majority being Midazolam Hydrochloride.

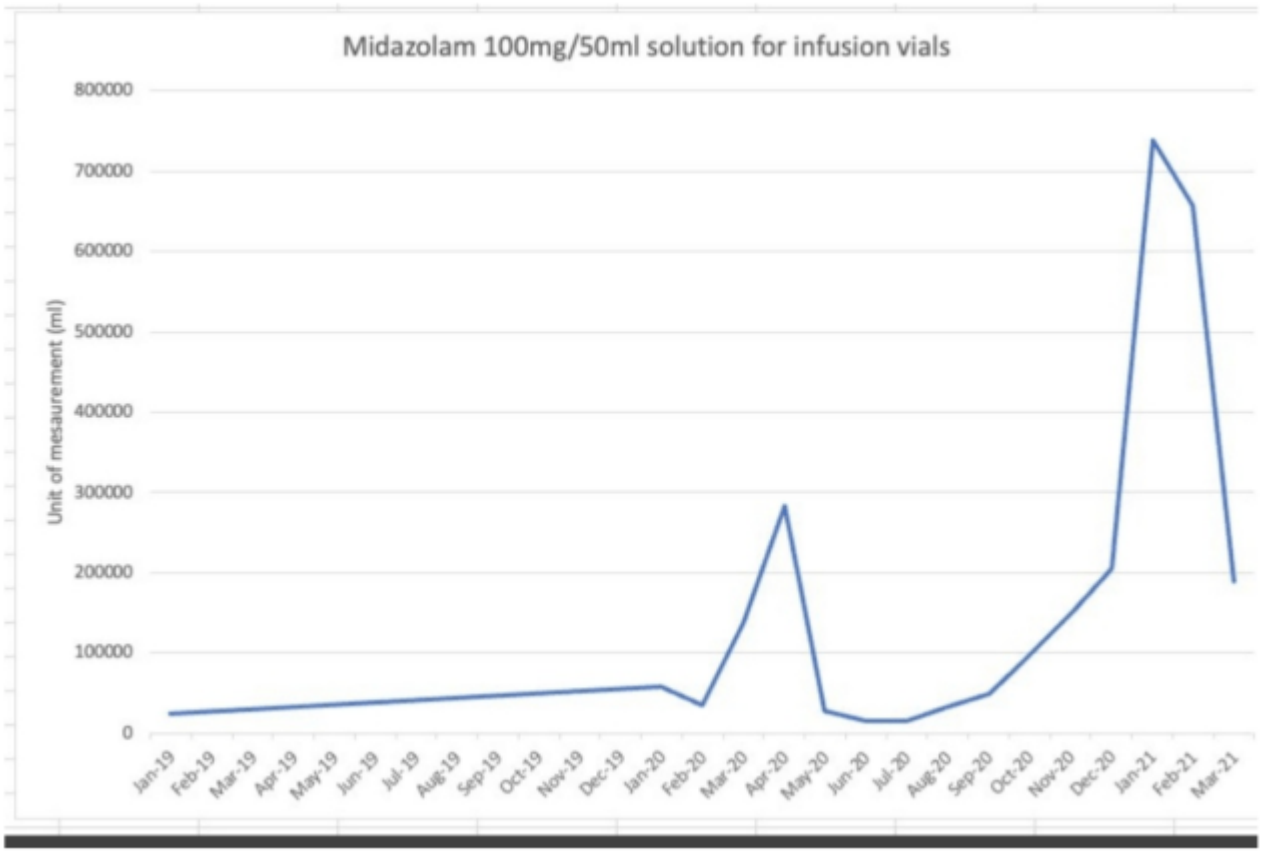
However, in April 2020 45,033 prescriptions for Midazolam were issued, containing 333,229 items, the vast majority being Midazolam Hydrochloride.

That is a 104.91% increase in the number of prescriptions issued for Midazolam and a 93.85% increase in the number of items they contained. But these weren't issued in hospitals, they were issued by GP practices which can only mean one thing, they were issued for end-of-life care.

The following is a graph displayed on the UK Government website displaying deaths within 28 days of a positive test result for Covid-19 by date of death –



The following graph has been created using data on the amount of Midazolam solution produced each month from January 20219 through to March 2021.



Can you spot the difference? We couldn't either because there isn't one.

The spikes in production of Midazolam solution match the spikes of alleged Covid deaths within 28 days of a positive test.

- April 2020 – a huge surge in out-of-hospital Midazolam prescriptions out-of-hospital and a huge surge in production of Midazolam solution.
- April 2020 – a huge surge in alleged Covid deaths.

- January 2021 – a huge surge in production of Midazolam solution.
- January 2021 – a huge surge in alleged Covid deaths.

Throw in the fact that –

- Hospital beds in April 2020 30% were down compared to the previous year.

Title: **Average daily number of available and occupied beds open overnight by sector**
Summary: KH03 is the collection of data to monitor available and occupied beds open overnight that are consultant led.

Period: **April to June 2020**
Source: NHS England: SDCS data collection - KH03
Basis: Provider
Published: 20th August 2020
Revised: 19th November 2020
Status: Public
Contact: Paul Steele - england.nhsdata@nhs.net

	Occupied		% Occupied	
	General & Acute	Learning Disabilities	General & Acute	Learning Disabilities
	58,005	602	62.7%	70.6%

- In 2017, April-June there were on average a total of 91,724 beds occupied which equated to 89.1% occupancy.
- In 2018, April-June there were on average a total of 91,056 beds occupied which equated to 89.8% occupancy.
- In 2019, April-June there were on average a total of **91,730** beds occupied which equated to **90.3%** occupancy.
- **In 2020, April-June there were on average a total of 58,005 beds occupied which equated to 62% occupancy.**

- A&E attendance was 57% down in April 2020 compared to the previous year.

Summary: A&E attendances, performance and emergency admissions

Period: April 2020

Source: SDCS data collection - MSitAE
Basis: Provider
Published: 14th May 2020
Revised:
Status: Published
Contact: Chris Evison - England.nhsdata@nhs.net

Provider Level Data

A&E attendances			
Type 1 Departments - Major A&E	Type 2 Departments - Single Specialty	Type 3 Departments - Other A&E/Minor Injury Unit	Total attendances
689,720	19,726	207,135	916,581

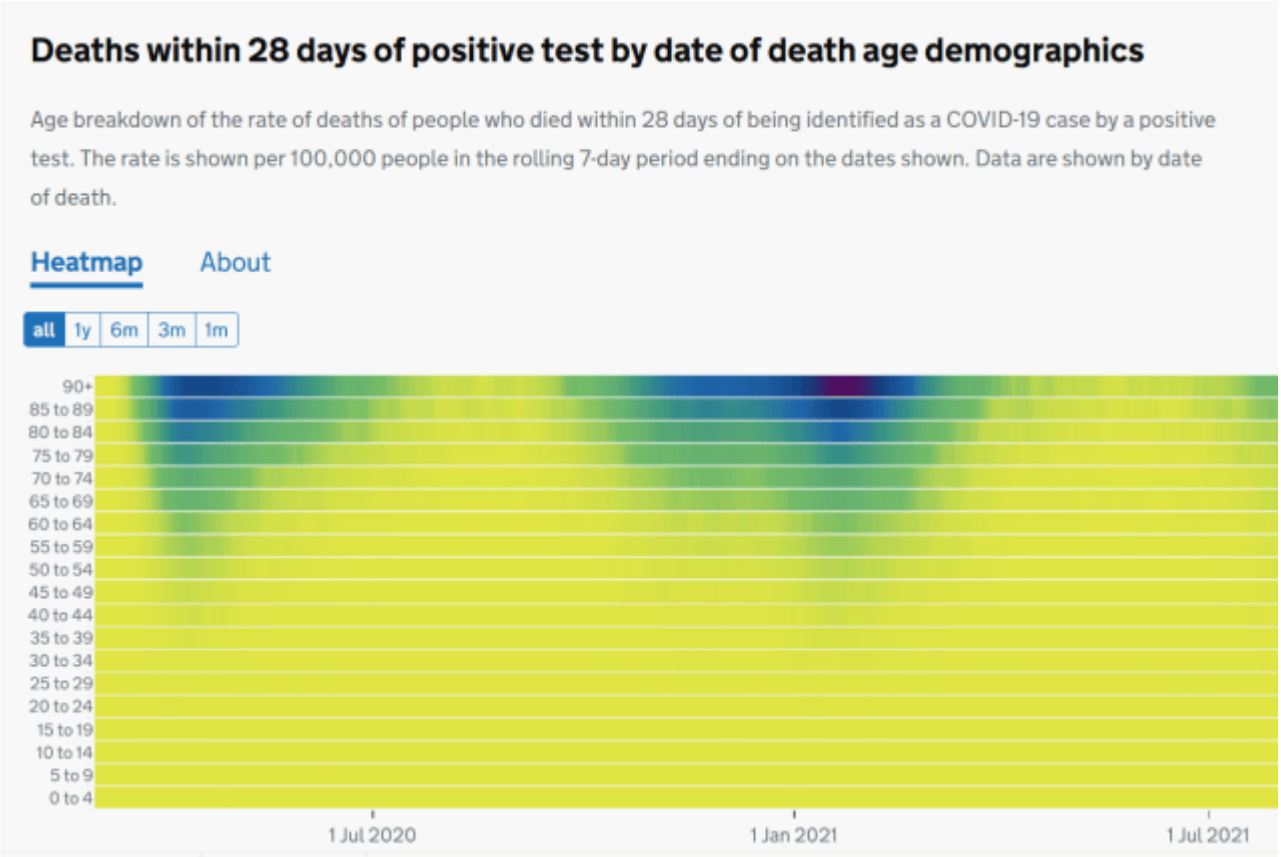
- 2018 – April – 1,984,369 attended A&E
- 2019 – April – **2,112,165** attended A&E
- **2020 – April – 916,581 attended A&E**

- Care home deaths were 205% up in April 2020 compared to April 2019.

	Month of occurrence	Five-year average (2015-2019)		2020	
		Home	Care home	Home	Care home
England	January	11,503.8	12,059.4	11,319	10,831
England	February	9,897.0	10,022.2	10,348	9,522
England	March	10,316.6	10,166.6	12,766	11,827
England	April	9,384.6	8,691.0	16,909	26,541
England	May	9,491.4	8,401.0	13,308	13,953
England	June	8,917.0	7,809.2	12,096	7,971
England	July	9,191.0	8,089.0	11,832	7,557
England	August	9,093.6	8,169.0	11,663	7,838
England	September	8,877.2	8,099.4	11,130	7,775
England	October	9,779.0	9,239.2	12,500	9,119
England	November	10,002.4	9,372.2	12,365	9,676
England	December	11,135.0	10,830.0	12,657	10,335

Source Data

- And the vast majority of alleged Covid deaths have been among people over the age of 85.



Then it's quite simple to see how Matt Hancock orchestrated what amounts to the mass murder of the elderly and vulnerable by forcing them into care homes, refusing them proper medical care, putting them on the end-of-life pathway, overprescribing mizaolam and then falsely labelling the deaths as being due to Covid-19.

Did you really believe there's a virus so clever that it knows to kill people who are disabled? Just look at the ONS statistics.

Three in every five alleged Covid-19 deaths occurred in those who suffered learning difficulties and disabilities (see **here**).

> Disabled people made up 6 in 10 (59.5%) of all deaths involving the coronavirus (COVID-19) for the period to 20 November 2020 (30,296 of 50,888 deaths). For comparison, disabled people made up 17.2% of the study population, therefore suggesting that disabled people have been disproportionately impacted by the COVID-19 pandemic. See the datasets for detailed breakdowns of counts of deaths.

In relation to deaths of people with learning difficulties the ONS said – *'the largest effect was associated with **living in a care home** or other communal establishment.*'

Having a learning difficulty and being in care doesn't mean you are more likely to die of Covid-19. What it means is that you are much more likely to have a DNR order placed on you without informing yourself or your family, which Carers / NHS staff then use as permission to put you on end-of-life care, which involves the administration of Midazolam.

We know this happened because an Amnesty report and CQC report said so.

The Amnesty report states that –

> *'Care home managers and staff and relatives of care home residents in different parts of the country told Amnesty International how, in their experience, sending residents to hospital was discouraged or outright refused by hospitals, ambulance teams, and GPs. A manager in Yorkshire said: "We were heavily discouraged from sending residents to hospital. We talked about it in meetings; we were all aware of this."'*
>
> '*Another manager in Hampshire recalled:*
>
> *There wasn't much option to send people to hospital. We managed to send one patient to hospital because the nurse was very firm and insisted that the lady was too uncomfortable and we could not do any more to make her more comfortable but the hospital could. In hospital the lady tested COVID positive and was treated and survived and came back. She is 92 and in great shape.*
>
> *She explained that:*
> *There was a presumption that people in care homes would all die if they got COVID, which is wrong. It shows how little the government knows about the reality of care homes.*'
>
> **The nurse from the GP surgery rang me up to say they decided mum is DNR. I asked why and she said "we did this across the home", and I said "no, this should be done on individual cases and I don't agree to it". So I had it taken off … She also said that they would not take mum to hospital and again I said that is something that would have to be decided if and when need arose on the basis of the situation at the time. They had asked mum about the DNR and she had agreed to it but then I spoke to mum and she had not really understood the issue.**
>
> *'The son of one care home resident who passed away in Cumbria said that sending his father to hospital had not even been considered:*
>
> *From day one, the care home was categoric it was probably COVID and he would die of it and he would not be taken to hospital. He only had a cough at that stage. He was only 76 and was in great shape physically. He loved to go out and it would not have been a problem for him to go to hospital. The care home called me and said he had symptoms, a bit of a*

cough and that doctor had assessed him over mobile phone and he would not be taken to hospital.

Then I spoke to the GP later that day and said h would not be taken to hospital but would be given morphine if in pain. Later he collapsed on the floor in the bathroom and the care home called the paramedic who established that he had no injury and put him back to bed and told the carers not to call them back for any Covid-related symptoms because they would not return. He died a week later.

He was never tested. No doctor ever came to the care home. The GP assessed him over the phone. In an identical situation for someone living at home instead of in a care home, the advice was "go to hospital". The death certificate says pneumonia and COVID, but pneumonia was never mentioned to us.'

'*A care home manager in Yorkshire told Amnesty International:*
In March, I tried to get [a resident] into hospital—the ambulance had employed a doctor to do triage but they said, "Well he's end of life anyway so we're not going to send an ambulance" … Under normal circumstances he would have gone to hospital … I think he was entitled to be admitted to hospital. These are individuals who have contributed to society all their lives and were denied the respect and dignity that you would give to a 42-year-old; they were [considered] expendable.'

The CQC felt it necessary to issue a statement in August 2020 addressing the issue of inappropriate DNR's being placed on care home residents without informing residents or their families –

'It is vitally important that older and disabled people living in care homes and in the community can access hospital care and treatment for COVID-19 and other conditions when they need it during the pandemic … Providers should always work to prevent avoidable harm or death for all those they care for.

Protocols, guidelines and triage systems should be based on equality of access to care and treatment. If they are based on assumptions that some groups are less entitled to care and treatment than others, this would be discriminatory. It would also potentially breach human rights, including the right to life, even if there were concerns that hospital or critical care capacity may be reached.'

That statement was issued because the CQC found that 34% of people working in health and social care were pressured into placing 'do not attempt cardiopulmonary resuscitation (DNACPR) orders on Covid patients who suffered from disabilities and learning difficulties, without involving the patient or their families in the decision.

It was decided in 2013 after a review that the 'Liverpool Care Pathway' was to be abolished. The Liverpool Care Pathway (LCP) was a scheme that we're told intended to improve the quality of care in the final hours or days of a patient's life.

Its alleged aim was to ensure a peaceful and comfortable death. The LCP was a guide to doctors,

nurses and other health workers looking after someone who was dying on issues such as the appropriate time to remove tubes providing food and fluid, or when to stop medication.

The reason it was decided it should be abolished is that the review found hospital staff wrongly interpreted its guidance for care of the dying, leading to stories of patients who were drugged and deprived of fluids in their last weeks of life.

The evidence suggests that the Liverpool Care Pathway returned with a vengeance in April 2020 under the direction of Health Secretary Matt Hancock, Government Advisors and NHS Chiefs, and it looks as if it was used to manipulate you into giving up two to three years of your life under the pretence that you were staying at home, to protect the NHS and save lives.

But in reality, while you did that as you were told, Matt Hancock orchestrated the mass murder of the elderly and vulnerable in care homes with a drug called midazolam and then falsely told you that they had all died of Covid-19.

This is why ‘Midazolam Matt’ Hancock should be in prison right now.

Category

1. Crime-Justice-Terrorism-Corruption
2. Disasters-Crisis-Depopulation-Genocide
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. NWO-Deep State-Dictatorship-Tyrrany

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