

Data Reveal New York Vaccine Clinics Called Ambulances to be “On Standby”

Recent FOIA-obtained data from the Department of Emergency Services in Westchester, NY reveal a shocking number of vaccine emergency calls as well as requests for ambulances to be "on standby."

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Right before the recent Christmas holiday, I received a call from a friend and colleague named Louis Conte regarding a “contact” with knowledge of the inner workings of Emergency Medical Services in Westchester County, New York.

Louis' contact had been monitoring EMS dispatches in Westchester County and saw, subsequent to the jab rollout in early 2021, what he felt was a frightening number of calls from vaccine clinics or homes where general or specific “vaccine reactions” were cited as the cause of the need for an ambulance.

Last year, the contact decided to submit a FOIL (Freedom of Information Law) request—similar to a FOIA—to the Westchester County EMS (and the adjoining Dutchess County EMS) asking for a record of all calls whose transcripts mentioned either the word “vaccine” or “Covid-19 vaccine” in 2021.

Louis asked me to look at the documents. As difficult as it is at this point to further distress me with data on the toxicity and lethality of the mRNA platform, this dataset still managed to do this.

Before I review the data, let's review what we know about ambulance calls timed with the rollout of the vaccination campaign, because this issue is NOT new.

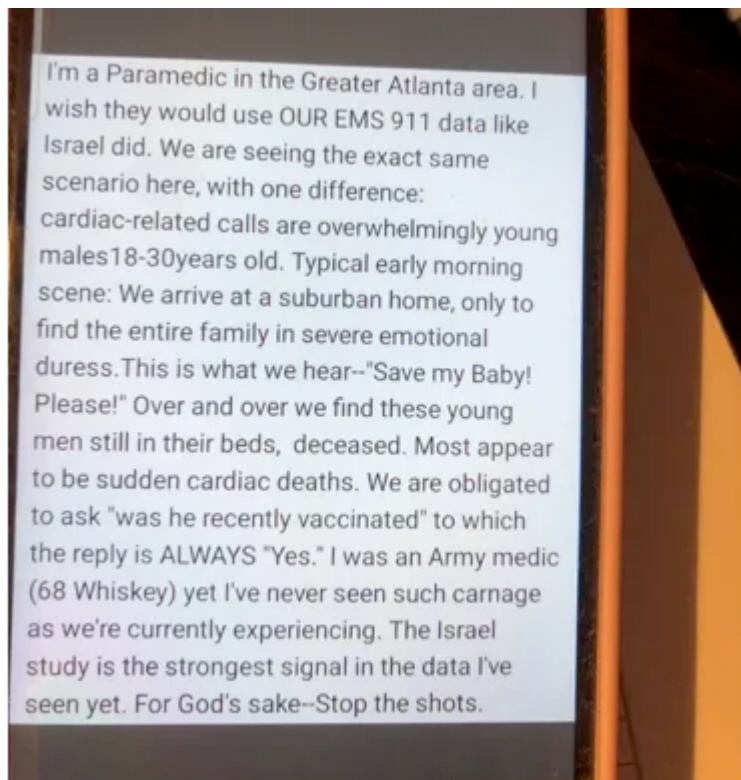
For instance, we already know from [ICAN and Aaron Siri's FOIA request](#) of the CDC's V-Safe data that 7.9% of all 10.1 million vaccine recipients reported requiring medical care to treat a vaccine adverse effect.

Of those requiring medical care, almost 11% (87,700 people) visited the emergency room or hospital. How many travelled for this high level of urgent/emergent care by ambulance is unknown, but historically, about [15% of ER patients arrive by ambulance](#), so this would come out to about 13,000 patients among a population of 10 million vaccinated.

Further, [an article published in the journal Nature](#) reported:

- There was an increase of more than 25% in the number of ambulance calls in response to cardiac arrests (CA) and acute coronary syndromes (ACS or “heart attacks”) for young people in the 16-39 age group during the COVID-19 vaccination rollout in Israel (January-May, 2021) compared with the same period of time in prior years (2019 and 2020).
 - They also found a robust and statistically significant association between the weekly CA and ACS call counts *and the rates of 1st and 2nd vaccine doses administered* to this age group. Note they found *no observed statistically significant association between COVID-19 infection rates and the CA and ACS call counts*.
 - They report that their findings aligned with previous studies showing that increases in overall CA incidence were not always associated with higher COVID-19 infection rates at a population level, and that the stability of hospitalization rates related to myocardial infarction throughout the initial COVID-19 wave compared to pre-pandemic baselines in Israel.
- Their findings above also mirrored reports of increased emergency department visits with cardiovascular complaints during the vaccination rollout in Germany as well as [increased EMS calls for cardiac incidents in Scotland](#).

In line with the above, anecdotal data from social media described the following:



The import of the above data/anecdotes was further supported by new, massive demands for ambulances across the world, [evidenced by this compilation of TV news and print reports](#) of shortages, compiled in another [favorite Substack of mine](#) by Marc Crispin Miller.

Note that although some reports blame the issue on shortages of staff and ambulance parts, the vast majority also mention... increases in the number of calls for ambulances.

And then there's even more anecdotal data by someone who has earned my deep trust in regards to accuracy of events on the "inside of the system" (recall she is a nurse colleague of mine that works at a major academic medical center who I referred to as "My Spy On The Inside" [MSOTI] in my prior multi-part series of posts called "[Nursing Reports From the Front Lines of The Vaccine Catastrophe](#)").

During one of her shifts referring to the ambulance/emergency services issue:

Anecdotal but in the flow of others saying same.

EMTs are breaking silence as well, out of sheer frustration, talking about what they are seeing in age groups on their runs - DOA young kids, to upper 20s, early 30s. They are asking to have data aggregated along w the stories themselves. Journalist picking up story and helping outreach. Can't recall his name, but I'll find later in my stash. Huge reach-out on socials, at least til they get shut down. Gettr has most responses cuz they won't get shut down there.

Want the damn shots stopped -and they're asking first - vax/booster status and dates. Always positive answer by family, etc. It's overwhelming those that usually don't get overwhelmed by the nature of their job. They know. This is worth tracking.

So, with the above publications and observations in mind, let's review this new "data dump." Maybe what it reveals is not as statistically damning as what the [New Zealand Whistleblower exposed](#) but you will see that it is equally, if not even more alarming. To me, the most shocking discovery I made when reviewing the documents, is that I found evidence of 5 different occasions where calls were made to Westchester County EMS dispatch to have ambulances "on standby":

1. 2021-02-21 07:38:16.000 E2105940 NOTIF EMS 355 PELHAM RD NE _ROCHELLE: @WILLOW TOWERS NEW_ROCHELLE 'WILL BE ADMINISTERING THE COVID-19 VACCINE TODAY TO 220 PEOPLE'
2. 2021-03-20 08:19:58.000 E2108926 STAND-BY EMS 210 N BROADWAY SLEEPY HOLLOW: @HIGH SCHOOL- SLEEPY HOLLOW "'73B2 & 36M3 ON STANDBY FOR VACCINE DETAIL
3. 2021-03-20 08:46:43.000 E2108930 STAND-BY EMS 168 W BOSTON POST RD MAMARONECK_V : @STT HOMAS EPISCOPALC HURCH MAMARONECK_V "'VACCINE STANDBY UNTIL APPROX 1300HRS'
4. 2021-05-20 09:07:15.000 E2115997 STAND-BY EMS 950 PALMER A MAMARONECK_V: @MAMARONECK HIGH SCHOOL-PALMER AVE MAMARONECK_V "'EMS STAND-BY FOR VACCINE CLINIC
5. 2021-05-20 14:09:41.000 E2116032 ALS 950 PALMER AVE MAMAR @MAMARONECK HIGH SCHOOL-PALMER AVE SIDE MAMARONECK_V "'EMS STANDBY FOR VACCINE CLINIC

Are you kidding me? Employees at vaccine clinics in Westchester County, as early as Feb 21, 2021, were calling EMS "to be on standby?" For "vaccine detail?" One caller informed

EMS dispatch that they “will be administering vaccines to 220 people today?” Note they did that as early as February 21, 2021. That is how fast some front-line workers knew how dangerous the vaccines were.

Also note how, on 5/20/21, two calls from the Mamaroneck High School clinic asked for ambulances to be on standby, the first call was made at 9:07 AM and a later one was made at 2:09 PM. For a “safe and effective” vaccine?

Again, calls with requests of this nature were being made from clinics in New Rochelle, Sleepy Hollow, and two different ones in Mamaroneck? If I was living in Westchester County at the time, I damn well would have wanted to know these calls were being made (as an aside, I lived in that county from 2008-2015 and still have lots of friends with children there).

My sense is that these calls were made by employees who were secretly, or at least, somewhat anonymously, trying to alert authorities as to how dangerous the vaccines were but without doing so in a way that would make them a target as an “anti-vaxxer” or cause them to lose their job. They were clearly smart enough to know the consequences of a more public callout of vaccine toxicity.

So instead, they called EMS to have them “on standby.” Although the attempt was well-intentioned, should they be absolved of responsibility for any subsequent injuries which occurred on their watch at that clinic? They were actively injecting people with an experimental vaccine... after calling EMS to have them “on standby?”

After I shared this article with [A Midwestern Doctor](#), he sent me this commentary:

One of the biggest challenges people have had throughout the vaccine rollout has been coming to terms with the fact that so many people could have been complicit in letting a bad vaccine be pushed on the world (which hence leads many of them to believe the only possible explanation is that the vaccine was not in fact dangerous).

Sadly, I’ve seen numerous tragic cases of the same thing that has happened in the past. Much of this is explained by an effect in psychology [known as the bystander effect](#):

The bystander effect occurs when the presence of others discourages an individual from intervening in an emergency situation, against a bully, or during an assault or other crime. The greater the number of bystanders, the less likely it is for any one of them to provide help to a person in distress. People are more likely to take action in a crisis when there are few or no other witnesses present.

In turn, throughout my life, I’ve found that if something is happening I know is wrong and no one is speaking out about it (e.g., because its not politically correct to do so), I can reliably predict that if I don’t speak out against it, no one will. So for this reason, I often “break” the bystander effect (once one person speaks out, others will often feel safe to do so as well) as I know otherwise it won’t happen. Likewise, I’ve seen this same thing occur again and again within organizations, especially when people’s financial livelihoods are on the line for speaking out.

One of the best illustrations of the point Kory is making here can be found within [the data of vaccination deaths leaked by the brave New Zealand whistleblower Barry Young](#)

(who now faces a seven-year prison sentence for his leaking). Within that data, Young noticed that there were about a dozen vaccinating doctors and a dozen vaccination sites which had a very high rate of deaths in those they vaccinated.

SITE	SITE TOTAL DEATH COUNT	TOTAL SITE VACCINATIONS	RATIO (AVG NZ DEATH RATE = 0.75%)
Te Hopai Home & Hospital	61	191	31.94%
Health Central VC Offsite Activity	13	42	30.95%
Queens Park Medical - Outreach 1	253	837	30.23%
Residential Eldercare Services Ltd (RESL)	276	923	29.90%
Barrington Covid Vaccine Hub - Mobile	23	81	28.40%
Life Pharmacy Ashburton Mobile Team	142	526	27.00%
Geraldine Pharmacy Mobile Site	32	121	26.45%
The Doctors Christchurch South - Mobile	12	48	25.00%
Shirley Medical Centre - Mobile	4	16	25.00%
Doctors - offsite	28	118	23.73%

VACCINATOR NAME	TOTAL VACCINATED	DEATH COUNT	RATIO PERCENTAGE
V1	246	60	24.39%
V2	437	100	22.88%
V3	621	104	16.75%
V4	442	68	15.38%
V5	1682	239	14.21%
V6	1049	148	14.11%
V7	580	80	13.79%
V8	854	101	11.83%
V9	1115	125	11.21%
V10	959	101	10.53%

Barry, in turn, raised a very simple question—how could something like this happen?

Sadly, as this summary of EMS calls shows, the bystander effect can be a very real thing, especially when everyone else in a large institution going along with something makes those who want to challenge it feel even more powerless to speak out.

I believe the vaccine clinic employees who called EMS in Westchester should get some credit for, in my interpretation, trying to blow a whistle, but they did so too “softly.” Instead, as per the bystander effect, they simply hoped that “someone else,” i.e. EMS personnel or leadership would take note of these calls, and “do something” about them.

Remember, May 2021 (the day of the two calls from Mamaroneck High School) was nearing the height of the global “psy-ops” propaganda campaign where the unvaccinated and/or the vaccine hesitant were demonized and attacked widely across all mainstream media and social media. Even [those who already got the vaccine](#) and were trying to share the horrible stuff happening to them were being attacked. Never, ever forget that occurred, and more importantly, never forget just how successful that propaganda was. So, while I get the clinic employee’s hesitation, I cannot forgive their ultimate behavior.

Walking off the job would have been another option, but if there is anything I have learned in Covid and the immense, multi-faceted fraud that has occurred and keeps occurring, is that there were and are far too few real whistleblowers. The desire to remain employed is paramount to the concern for the welfare of others. Period.

Anyway, these data points above are beyond shocking, even to me at this point in my research journey. If anyone has a different or more benign interpretation of these five EMS transcripts above than I do, I am all ears. If I find such an interpretation more compelling or corrective, I will do a follow-up post.

Now, let’s review the rest of the transcripts from EMS dispatch. One set of data is from Westchester County EMS. First, know that Westchester County has a population of about 1 million, but these EMS calls do not include the City of Yonkers which has a population of about 200,000. So, for 800,000 people, the total EMS calls which specifically mentioned the vaccine as a cause of distress in 2021 was 165 calls. For Dutchess County, population of 295,000, the number of calls was an almost equally proportionate 55 calls.

However, these 220 calls across these two counties likely represent a small subset of the severe, ambulance requiring vaccine reactions because sudden death was likely never reported as a vaccine reaction and many people calling ambulances may not have initially related their medical issue with the vaccine or, even if suspected, may not have mentioned it to dispatch – thus, this dataset represents only the most tightly “temporally associated” events, ones where it was more than 100% obvious the vaccine was causative, like when it happened within minutes or hours or 1-2 days of the vaccine being administered.

What was the nature of these “reactions” which triggered calls for an ambulance? Well, from the transcript log posted at the end of this post, most simply say “reaction to Covid-19 vaccine” or “vaccine reaction” but there are also many disturbingly detailed reactions such as seizures, inability to ambulate, unresponsiveness, altered mental status, etc.

I list the more specific and disturbing ones below (or you can also just read through the actual EMS transcripts that are at the end of this post):

- 2-16-21 92 YO F abnormal breathing from 2nd covid-19 vaccine
- 2-17-21 69 YO M unable to ambulate secondary to covid vaccine
- 2-21-21 73 YO unable to ambulate, reaction to Covid-19 vaccine
- 2-17-21 female reaction to vaccine – altered mental status (AMS)
- 2-22-21 88 YO F low oxygen saturation, possible reaction to Covid vaccine
- 3-10-21 unresponsive, reaction to vaccine
- 3-19-21 fever and confusion post covid vaccine

- 3-27-21 56 YO M cancer patient possible reaction to vaccine, altered mental status (AMS)

- 3-27-21 2nd vaccine, sudden hypertension (HTN), back and abdominal pain
- 4-2-21 46 YO M disoriented, recent covid vaccine
- 3-24-21 56 YO F abnormal breathing from 2nd Covid vaccine
- 6-18-21 12 YO F experiencing chest pain after 2nd vaccine
- 7-11-21 13 YO F feeling weak, reaction to vaccine
- 4-7-21 27 YO M possible seizure
- 4-2-21 passed out/ reaction to Covid vaccine
- 4-22-21 38 Y.O female not breathing secondary to recent vaccination
- 4-32-21 50 YO F passing out/covid vaccine
- 5-13-21 49 YO M labored breathing/reaction to recent vaccination
- 5-19-21 89 YO M weak/speech problems
- 5/24/21 27 YO F fell by pharmacy
- 6-17-21 39 YO F difficulty breathing from 2nd vaccine
- 8-31-21 31 YO difficulty breathing
- 11-19-21 18 YO M anxiety attack, difficulty breathing from a covid vaccination
- 46 YO F chest pain/labored breathing, body numbness/covid-19 vaccine booster yesterday
- 11-19-21 18 YO F leg numbness
- 12-21-21 46 YO F chest pain, labored breathing, body numbness – covid 19 booster
- 86 YO F low O2, chest pain radiating to the left arm post 2nd covid vaccine shot
- 4-11-21 50 YO M syncope (passing out)
- 4-18-21 57 YO F severe edema (i.e swelling, water retention) possible reaction to vaccine
- 5-22-21 16 YO reaction to vaccine shot, semi-responsive
- 5-31-21 48 YO M reaction to the 2nd vaccine, difficulty breathing, right-sided numbness
- 6-2-21 passed out after receiving Covid vaccine
- 6-2-21 29 YO F reaction to vaccine, unconscious
- 6-18-21 12 YO F experiencing chest pain after 2nd vaccine
- 9-24-21 44 YO M seizures after vaccine
- 9-25-21 Male unconscious after getting covid vaccine
- 11-6-21 5 YO M difficulty breathing post vaccine
- 11-13-21 58 YO M reaction to covid vaccine, syncope and difficulty breathing
- 11-3-21 81 YO M Unable to ambulate post vaccine
- 12-8-21 syncope (passing out) post covid shot
- 2-11-21 73 YO M, reaction to Covid vaccine, unable to ambulate
- 4-21-21 reaction to vaccine AMS (altered mental status)

Again, these were just a subset of the 220 calls in 2021 amongst a population of approximately 900,000. I am reasonably certain that there is no data to accurately estimate what a “safe” ambulance call rate per number of vaccines administered should be but that is also because I have never even heard of a threshold being established for a “safe” ambulance call rate per number of vaccines administered.

I would instead simply argue that the ambulance call rate per vaccination should be no more than one in a million or if I were generous in estimating its ability to protect people from severe disease, maybe even one per 100,000, but in reality should be zero.

I say this because vaccines are not a treatment for someone suffering from an active

disease, it is an intervention given to generally healthy, functional people to *theoretically* protect them from becoming ill (i.e. I don't think the dying need vaccines). An intervention which causes a generally healthy, functional person to need an ambulance directly contradicts any belief of utility or safety in this regard.

These data, to me, are simply another outrageous Covid-era example of the deplorable failure of a Public Health Agency to protect the population whose literal mission it is to protect. Obtaining the data by FOIA means that no one in Westchester EMS or Dutchess County EMS leadership acted in response to paramedics or EMTs reporting repeated calls for urgent medical attention to those recently vaccinated?

Don't you think that you, the average citizen, would have wanted to be informed if this was happening in your community? That vaccine clinics were asking for ambulances to be "on standby?" What other kinds of events request ambulances "on standby" or to be present? I have heard of having them on-site for judo tournaments, Evil Knievel stunts, American football games, (which require two on site), but never for an alleged preventative health measure.

From the [webpage of a company](#) that provides ambulance coverage for sports events:

Sports Medical Coverage: Do I Need an Ambulance for my Event?

It depends on the type of sports event and the level of risk involved. If it is a high-risk event, such as extreme sports or contact sports, having an ambulance on standby is recommended. However, for lower-risk events, such as a charity walk or a fun run, having medical personnel on site may be sufficient. It is always better to err on the side of caution and have medical coverage in place.

So, apparently, vaccine clinic employees in Westchester quickly came to the perception that vaccinating people was more dangerous than a charity walk or fun run.

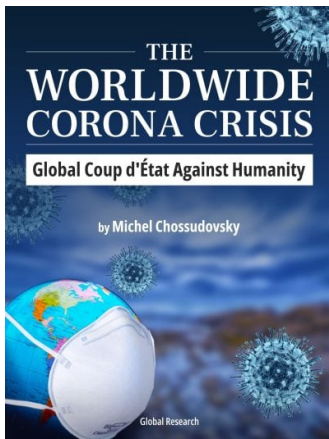
Here is the thing though: to many of us who are deeply studied on the data showing immense toxicity and lethality of the mRNA vaccine platform, this changes nothing about what we already know. To those still in the "safe and effective" camp, I ask how you can explain away the above in a way that can somehow still support that position. Happy to read your comments.

Finally, before we get to the EMS transcripts, for any of you who are as troubled by these data as I am, I suggest you FOIA the same from your local EMS service. I promise you that my colleagues and I are interested in studying this further.

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The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

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Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon

In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which to sustain our fight. –Dr. Emanuel Garcia

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test – which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —Peter Koenig

Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. –David Skripac

A reading of Chossudovsky’s book provides a comprehensive lesson in how there is a global coup d’état under way called “The Great Reset” that if not resisted and defeated by freedom

loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin

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