

Emergency Room (ER) Sees Surge of Seniors After COVID-19 Vaccination, Says Nurse Whistleblower

By [John C. A. Manley](#)

Global Research, February 27, 2021

Region: [Canada](#)

Theme: [Science and Medicine](#)

The following article is the second in a [series of interviews](#) with a nurse who works in a hospital on the outskirts of Toronto, Ontario.

She has provided sufficient evidence, and links to public records, to satisfy me that she is indeed a nurse working for over a decade in multiple Canadian hospitals, serving both in the emergency room and intensive care unit. To protect her identity, position and family, details about her and her place of work have been changed or omitted, without altering her message.

Life-Threatening Reactions After COVID-19 Vaccination

JOHN C. A.: Are you being forced to take the COVID-19 vaccine?

NURSE ANDREA: I've not been forced to take it (yet). The pressure is more social, rather than a legal or occupational requirement, at this time. Most people seem to get vaxed because they want to socially signal that they "believe in science."

The politically-induced vaccine supply restriction in Canada, that is making most people upset, is actually to my advantage. Everyone keeps asking, "Andrea, did you get the vaccine?" My standard reply is something like, "No, I already had my tubes tied; I don't need any more medically induced infertility," or I say, "No, I'm just exploiting everyone else's enthusiasm for self-imposed medical experimentation."

JOHN: How have the other staff members responded to their first injection of the COVID-19 vaccine?

NURSE ANDREA: I was just talking to a colleague who has no history of passing out easily, but she completely lost consciousness after getting the vaccine. In medical terms, this is called a syncope. Anecdotally, she was told at the vax clinic (off the record) that about one in ten people were experiencing syncope after injection. It seems to happen randomly.

My colleague said she witnessed someone pass out as they were walking to the exit! This is extremely dangerous because even if the syncope is benign, all it takes is a bump to the head on the way down resulting in severe injury or death. Imagine: a healthy young person with almost zero chance of dying from COVID, driven by media and social pressure to "believe in science," getting jabbed with fake immune stimulation and dying. Seems kinda evil to me.

Vaccinated Patients Filing into Otherwise Underused ERs

JOHN: Have you seen any adverse reactions among patients?

NURSE ANDREA: A patient came to the emergency department with severe lightheadedness and an episode of chest pain. They had a hard time standing. I was taking their history and they told me they had recently taken the corona vax.

Of course, there are other possible causes for symptoms, such as mild heart attack or recent dietary change involving severe caloric restriction. But how do we really know if the vax didn't precipitate, or act as one (among the confluence of factors) that led to hospital admission?

The history of medicine is replete with entrenched fantasies about cause and effect — especially when the government, pharmaceutical, and agricultural big players are involved.

Vaccine Reactions Not Being Recorded Properly

JOHN: Did the doctor record her condition as a possible vaccine reaction?

NURSE ANDREA: The doctor immediately dismissed the idea that the corona vax could have played any role in the patient's symptoms. It got me thinking, how much data about possible reactions to the vax are simply not being collected because of the bias of the clinician to ignore them?

JOHN: How many of these patients, following a COVID-19 rejection, are elderly?

NURSE ANDREA: We're seeing a surge of patients come to the hospital from the nursing homes after getting vaxed. These poor folks, in their 80s and 90s with chronic heart and lung disease, can't handle the metabolic stimulation caused by the COVID vax.

I have to be intellectually honest and say I can't ascribe direct causation by the vax for their presentation. It could be a urinary infection or bacterial pneumonia, for example.

But what I find shocking is how, for instance, my recent patient had "COVID" back in January (and survived despite being extremely elderly with severe heart, lung, and kidney conditions). According to the CDC, immunity for COVID is supposed to last 90 days after infection, yet my patient got vaccinated anyway, well within the window of immunity. One of my colleagues said, "Are they literally trying to kill this patient!?" And yet, the doctor in emergency says, "I think it's COVID". Doesn't Occam's razor apply if the patient is within the window of immunity from COVID, just got vaxed yesterday, and is here today with a severe immune response requiring hospitalization?

JOHN: What exactly are the symptoms you are seeing in these elderly people after receiving the COVID-19 vaccination?

NURSE ANDREA: Fever, extreme chills, tremors, headache, weakness, lightheadedness, and shortness of breath are symptoms that stand out to me. Nothing too specific which makes it hard to differentiate right away whether it's from the vax, some other underlying problem, or combination of both, especially when patients are just walking in off the street or offloading from an ambulance stretcher.

Hospitals Long Track Record of Administering Dangerous and Ineffective Pharmaceuticals

JOHN: Are the doctors truly overlooking the correlation or are they simply not saying anything?

NURSE ANDREA: I think we clinicians in general are heavily biased toward belief in the efficacy of our interventions. For example, in hospitals, there are many routine prescriptions, such as laxatives, sedatives, and antacids that have zero evidence of benefit. Sleeping pills, sedatives, and antipsychotic medication are actually quite dangerous.

Despite the evidence of danger with these drugs, many doctors routinely prescribe them and many nurses unquestioningly administer them because they appear to work, at least in the short run.

Consider the following highly realistic scenario: a delirious elderly patient constantly wanders the hallway without a mask while touching public surfaces, which generates extra concern from staff, especially during a “pandemic” when everyone is supposed to remain distanced and surfaces remain sanitized. In response, we give the patient a drug to “settle them down.” So they sleep for a night, and the next day the nurse gives a report and says, “The patient slept well and didn’t wander after I gave the pill to help them sleep.” This gets reported to the doctor who is pleased that the patient stayed in bed and didn’t wander around disrupting other patients, causing an infection control concern, or creating an inconvenience for the staff.

Consequently, the patient continues to get drugged every night. Then, after a few days, the delirium is worse and the patient starts their usual wandering. However, now they are loaded up with sedatives and can’t keep their balance. The cascade of nightly drugging results in a fall, leading to severe maiming and/or death.

JOHN: It sounds the like this aspect of “new normal” — using unproven methods to seemingly deal with a problem — isn’t all that new.

NURSE ANDREA: The lesson here is that much of what we are doing right now in response to COVID (such as constant mask enforcement, vaccinating the elderly with limited physiologic reserves to handle the side-effects, and keeping them isolated and locked up in rooms “for their own safety”) is all part of the same myopic mindset that has always plagued medicine and the healthcare system broadly.

JOHN: It’s strange how medicine will look back and laugh at practices like blood letting, yet continue with equally unscientific and harmful practices.

NURSE ANDREA: I believe that when we look back on all this intervention for COVID — both pharmaceutical and not — we will be ashamed of what we have done. Just as countless patients in the past have been defacto murdered with tranquilizers, we are murdering people today with interventions aimed at controlling or curing COVID.

JOHN: Thank you for speaking out.

John C. A. Manley has spent over a decade ghostwriting for medical doctors, naturopaths and chiropractors. Since March 2020, he has been writing articles that question and expose

the contradictions in the COVID-19 narrative and control measures. He is also completing a novel, Much Ado About Corona: A Dystopian Love Story. You can visit his website at MuchAdoAboutCorona.ca.

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