Shocking Findings of New Study: Excess Deaths in the UK Pandemic were Iatrogenic and Caused by Midazolam and Euthanasia.

expose-news.com/2024/02/16/shocking-findings-of-new-study-excess-deaths-in-the-uk-pandemic-were-iatrogenic-and-caused-by-midazolam-and-euthanasia

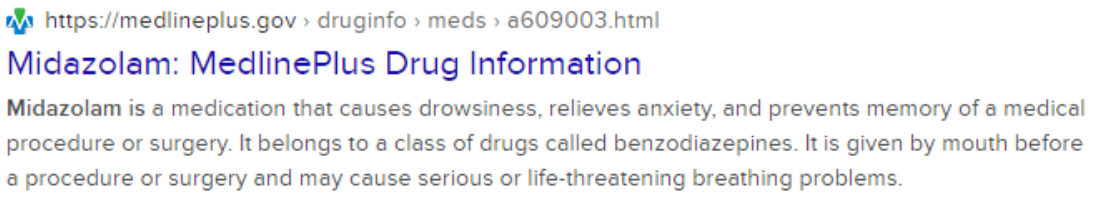
By Patricia Harrity February 16, 2024

Findings of a new study show that data showing a spike in excess deaths in April 2020 in the United Kingdom (UK) had significant anomalies and inconsistencies with existing explanations wrongly attributed to "COVID-19." According to the study, the excess deaths did not originate from the SARS-CoV-2 virus, but from widespread Midazolam use in euthanasia and then likely later from mass vaccination. The pandemic in the UK, was iatrogenic according to the study Source

> Iatrocide – The act of killing a patient by medical treatment; iatro- + -cide , from Greek iatros (healer) + Latin -cide (killing).

The study – Excess Deaths in the United Kingdom: Midazolam and Euthanasia in the COVID-19 Pandemic' – published February 15th 2024 by Dr. Wilson Sy, Director, of Investment Analytics Research, Australia, recognises the non-prevalence of the SARS-CoV-2 virus in the UK, nevertheless the huge spike in excess deaths were wrongly attributed to "Covid-19."

However, the close association of UK excess deaths following Midazolam injections suggests significant involvement of sedatives with euthanasia in the UK pandemic. Dr Wilson Sy claims that "*A systemic policy of euthanasia may be evident from the pharmaceutics of Midazolam applied across time and across the various regions during the pandemic*"



Exposed

This, of course, is not a surprise for many of our readers, it has long been recognised that Midazolam has been used to create the illusion of a pandemic caused by a deadly virus. It also supports the the conclusion of an article written by biomedical scientist Simon Lee, published in the Expose titled "Deaths During the "First Wave" of the Pseudopandemic Were Caused by Iatrocide" According to Simon Lee, Iatrocide, which is defined as:

"T**he act of killing a patient by medical treatment**" was the real cause of excess deaths, and not a viral pandemic, he wrote "**Inhumane new protocols killed patients in regions that applied them in the first months of the declared pandemic"**

The Wilson Sy study adds to the much needed scientific evidence of the systematic policy of euthanasia to create the illusion of a pandemic. Below are other key points of the study.

Key Points

- The UK Health Security Agency declared on 19 March 2020, the absence of any "high consequence infectious disease", denying the existence of a pandemic.
- The enormous spike in excess deaths attributed to COVID-19 was inconsistent with the lack of prevalence of the SARS-CoV-2 virus, which was not verified, due to shortages and unreliability of PCR tests.
- NHS and Nightingale hospitals were mostly empty, confirming the absence of a pandemic.
- The excess deaths were spread uniformly and simultaneously across all English regions, inconsistent with natural contagion.
- The spikes in excess deaths across all regions were strongly correlated with Midazolam injections, implicating euthanasia,
  particularly of the elderly in care homes.

- On investigation, the UK Government, Amnesty International, and the Care Quality Commission have all acknowledged that “a systemic or structural dysfunction in hospital services” and the widespread blanket use of “Do Not Attempt Cardiopulmonary Resuscitation” (DNACPR) notices have contributed to excess deaths in the UK. Source

Excess Deaths

The paper by Dr Wilson Sy examines the “masses of national experience” of the pandemic which are the all-cause and excess mortality data over time and across the regions of England. According to Dr Wilson Sy, “many published statistical findings, based on data misdirection, are internally inconsistent and are contradicted by macro-data for UK, according to Wilson Sy, these factual contradictions show up as data anomalies, which are mortality data facts which cannot be explained by data misdirection.

Dr Wilson Sy says that “*an important data anomaly is the absence, since 2021, of any statistically significant relationship between vaccination and mortality, even when mortality data are variously lagged relative to the vaccination data. Therefore, apparently there is no correlation statistically, positive or negative, between vaccination and mortality. This counter-intuitive absence of a relationship between vaccination and excess deaths and other anomalies are resolved in this paper*”

This is by showing the existence of a strong confounding factor which is a strong positive correlation between Midazolam use and excess mortality data in England, across all regions throughout the COVID-19 pandemic, particularly before mass vaccination. The “UK health policy has led to the observed outcomes of euthanasia and iatrogenic geronticide.”

The Data

The UK findings raise strong doubt about many epidemiological findings worldwide regarding the evidence of positive or negative impact of vaccination on mortality in the COVID-19 pandemic. UK Macro-Data The macro-data include offcial UK all-cause mortality published by ONS [11]. The data collated from 2015 to July 2023 are shown in Figure 1

Since the alleged pandemic started in 2020 there has been persistent elevation of excess mortality, characterised sometimes by sharp spikes in the data. The average baseline UK mortality is about 44,000 monthly and 532,000 annually. The purpose of the baseline is to serve as a benchmark for assessing whether pandemic excess deaths since 2020 are statistically significant. The red curve for monthly excess deaths as a percentage of the baseline shows nevertheless a trend decline from 2020 before vaccination to after 2021 onwards.

This shows a misleading beneficial effect of the jab.

The macro-data include official UK all-cause mortality published by ONS. The data collated from 2015 to July 2023 are shown in Figure 1.

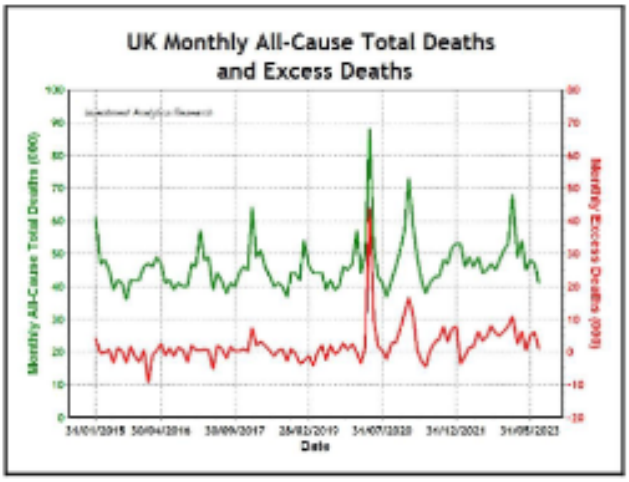


Figure 1: UK Monthly All- Cause Total Deaths and Excess Deaths

The green curve with the left-axis, represents monthly raw death counts of all causes for United Kingdom from 2015 to July 2023, the latest monthly ONS data. Most data analysts (e.g. Australian Bureau of Statistics), would simply overlay the green curve with the baseline (as expectation), with seasonal fluctuations, and a one standard deviation band around the baseline, to show the significance of all-cause mortality outside the expected band (see

The red curve with the right axis shows the excess mortality death counts. The average baseline excess deaths is zero (by definition) and the standard deviation (sigma) is 2,470 monthly. It is now clearly evident that excess deaths in UK are statistically significant for most periods in the COVID-19 pandemic since the enormous spike in 2020.

"*Note that the ONS includes 2017-2019 and 2021, but excludes 2020 in its calculation of the 2022 baseline and therefore ONS*
excess deaths for 2022 differ from ours" stated Dr. Wilson Sy.
To establish even more clearly, the statistical significance of the excess deaths, they are measured as percentages of the baseline, as well as units of standard deviation (sigma) of the monthly fluctuations of the baseline, as shown in Figure 2.

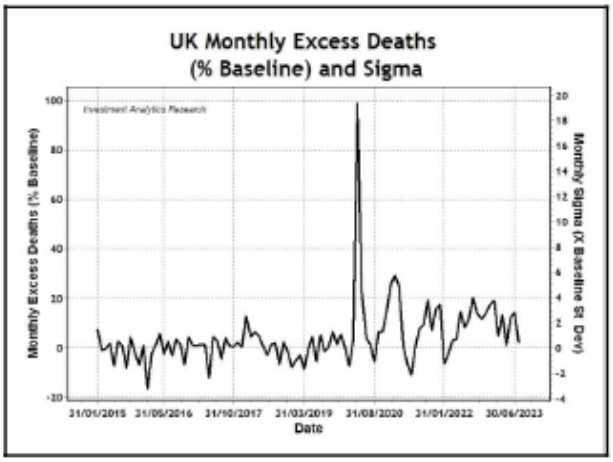


Figure 2: UK Monthly Excess Deaths (%Baseline) and Sigma.

The left axis shows excess deaths as percentages of the baseline. Note that the huge spike in April 2020 reached 100 percent of the baseline. Since the monthly standard deviation of excess deaths as a percentage the 2015-2019 baseline is 5.1 percent ("one sigma"), the huge spike was a 20-sigma event, shown on the right axis. This event has received relatively little attention or analysis, as the ONS simply stated as a matter of fact, in an early version of its latest release [14]:

"The months with the highest number of total excess deaths were April 2020 (43,796 excess deaths, a 98.8% increase) and January 2021 (16,546 excess deaths, a 29.2% increase)."

Doubling normal death rate in April 2020, ("a 98.8% increase")

The red curve for monthly excess deaths as a percentage of the baseline shows a trend decline from 2020 before vaccination to after 2021 onwards, which has misleadingly enabled a beneficial effect of vaccination. However, says Dr Wilson Sy, "many studies published in 2022 found negative correlations between excess deaths and mass vaccination, and suggested mitigation effects by the COVID injections. Source

ONS Removed Statistics.

However, these observations of causation overlook confounding factors and the correlations were invalid. This is data selection bias and a subset of data was utilised to imply that vaccinations had an immediate beneficial impact on reducing deaths, according to Wilson Sy, this is "medically highly unlikely, given the vaccinology of how mRNA injections take significant time to affect the immune system."

Despite the huge spike in excess deaths in April 2020 which reached 100 percent of the baseline, the event received relatively little attention or analysis. The ONS simply stated as a matter of fact, in an early version of its latest release:

"T*he months with the highest number of total excess deaths were April 2020 (43,796 excess deaths, a 98.8% increase, doubling normal death rate) and January 2021 (16,546 excess deaths, a 29.2% increase)."*

Not only did the doubling of the normal death rate in April 2020, receive no special comment by the ONS, according to Wilson Sy, but the data was also removed in recent releases. He adds that "a sudden surge of 44,000 deaths cannot be explained by population growth or changes in life expectancy." Source

Politically Justifying Health Measures

On 11 March 2020, the World Health Organization (WHO) declared a global pandemic based on 4,291 deaths worldwide.
In April 2020, the UK data showed 35,000 new COVID deaths which represents an extraordinary increase in a very short time, particularly when there were only 139,000 new COVID cases in April 2020, moreover, the UK cumulative total cases did not exceed 500,000 (less than one percent of the population) until after September that year. Source

The official narrative was the SARS-CoV-2 was a deadly virus which caused a huge spike in deaths, this disputed interpretation, politically justified the declaration of emergency and all public health measures, including masking, lockdowns, etc despite the fact the UK Health Security Agency declared “As of 19th of March 2020, COVID-19 is no longer considered to be a High Consequence Infectious Disease (HCID) in the UK.

COVID-19 was officially not considered a pandemic but still the attributed 44,000 excess deaths, to the “virus”

Wilson Sy points out that “*When deaths due to COVID-19 were subtracted from the analysis, April 2020 remained the month with the highest number of excess deaths (14,361 excess deaths, a 32.4% increase on the five-year average for deaths due to all causes).”* This questionable assignment of 67.6 percent of the deaths to COVID in March/April 2020 is inconsistent with the number of, what the statistics fraudulently deemed to be “COVID cases” in that period. Source

PCR Tests

In fact, the most glaring anomaly is in early 2020 when relatively few cases led to a disproportionate number of alleged COVID deaths such that the infection fatality rate (or more accurately case fatality rate) was very high at 24.3 percent, if the data are taken on their face values.

While there were suggestions that UK may have had a shortage of PCR tests available early in the pandemic which may explain the relatively small number of COVID cases, this explanation does not resolve the inconsistency. If there were a shortage of tests, then the registration of a large number of COVID deaths could not have been verified by PCR tests and therefore they were arbitrarily assigned.

By now, it should be well-known that data on COVID cases and deaths are unreliable, because they are based on flawed PCR tests which do not reliably detect the presence of the SARS-CoV-2 virus and often produce false positives. This fundamental flaw facilitated the inconsistent attribution of COVID cases and deaths. Source

Vaccination and Excess Deaths

Dr Wilson Sy, asks that “before addressing the enigma of excess deaths in 2020, we consider the Australian explanation in vaccination causality. It was predicted that mass vaccination reaching population herd immunity would end the UK pandemic, but this did not happen. Instead, what was deemed to be COVID deaths as well as non-COVID excess deaths remained elevated.

In Australia, the excess deaths since 2021 were shown likely to have been caused by COVID injections, where deaths followed consistently and predictably after injections five-months later.

On average, normally it takes some time in a multistage process for the injections to cause the generation of antibodies in response to antigenic cellular production of toxic spike proteins which are potentially pathogenic, possibly causing death. The corresponding relationship of COVID injections and five-month lagged excess deaths for UK data is shown in Figure 6.

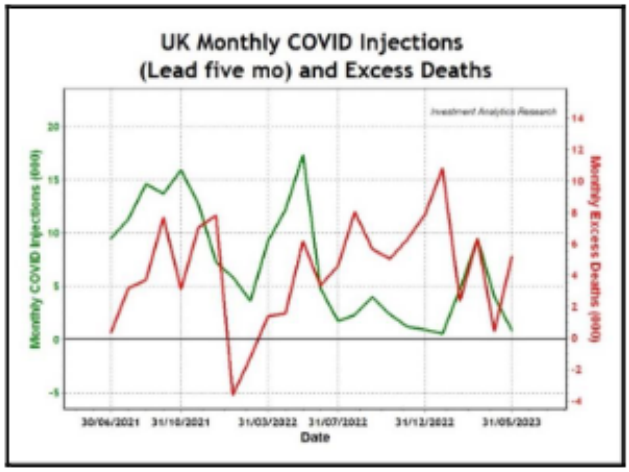


Figure 6: UK Monthly COVID Injections (Lead five mo) and Excess Deaths.

There were clear positive correlations in selected periods (e.g. first half of 2022), but the whole dataset, without selection bias, shows a negative correlation of -12 percent, but the relationship is not statistically significant with a *p-value* of 0.587. Therefore, the causal relationship observed in Australia, of COVID injections being sources of harm, cannot be similarly established for UK. On the other hand, these data also show no indication that vaccination had any beneficial effects on UK excess deaths.

Further statistical investigation of the correlation spectrum, with different leads and lags of the two time-series, produced no significant relations, suggesting no detectable causality. Therefore, statistically, the unclear impact of COVID injections on UK excess deaths remains a puzzle, and the whole UK pandemic has remained a statistical mystery.

In conclusion, in 2020 and early 2021, spikes in UK COVID deaths were likely misclassification of non-COVID deaths. Source

Pandemic Euthanasia

Dr Wilson Sy writes: "*With dire predictions from SAGE computer modelling early in 2020, an atmosphere of panic prevailed in the UK. After 30 years of cutbacks, NHS hospital beds in England were halved from 299,000 in 1987/88 to 141,000 in 2019/20. Shortages of hospital beds were already felt before the pandemic. Therefore, there was apprehension that UK hospitals could not cope with the anticipated surge in COVID-19 cases.*

It is clear that the highest priority of UK public health policy, early in the pandemic, was to avoid hospitals being overwhelmed, like those sensationally reported in northern Italy around that time. The NHS created new guidelines in March 2020 to facilitate discharges from hospitals, stating "Unless required to be in hospital patients must not remain in an NHS bed".

In a move that was later judged irrational many elderly were discharged from hospital and died in care homes across England as shown from an ONS report firm conclusion prevails that Midazolam injections have significant causal impact on excess deaths in England.

About 28,000 care home residents died in April 2020 across England, which represented about one third or 33.5 percent of all deaths in England. As there were about 375,000 care home residents (three quarters elderly, some with dementia, and the rest disabled) in an English population of 65 million, the mortality rates for that month were 7.5 percent and 0.128 percent respectively, implying an April 2020 death rate in care homes about sixty times (X60) that of the national average.

The Created Fallacies

"Many of the UK elderly with comorbidities or terminal illnesses have died with euthanasia, and not from COVID-19. The relative absence of COVID infections was corroborated by largely empty hospitals in early 2020 as the overblown-feared spike in COVID hospitalization never eventuated. Even temporary "Nightingale" hospitals constructed for the expected emergency were empty." Source

The circumstances of euthanasia have led to the fallacy that the elderly were particularly vulnerable to COVID,
whereas the elderly were vulnerable to the UK health care system which facilitated euthanasia.

A second fallacy has come from the fact that compared to the huge spike in 2020, fewer elderly deaths occurred after 2021 with mass vaccination, has led to the false conclusion that vaccination had saved many elderly lives, whereas Midazolam injections and other medication were significantly reduced after 2020.

Iatrogenic Pandemic

A sudden surge in voluntary assisted dying was unlikely, but the extent of nonvoluntary euthanasia, suggesting iatrogenic geronticide in the UK has not been estimated.

However, the widespread and persistent use of Midazolam in the UK and the spike in deaths were statistically very highly correlated with excess deaths in all regions of England during 2020, suggesting "a possible policy of systemic euthanasia," according to Dr Wilson Sy, and he says "is unlike Australia, where assessing the statistical impact of COVID vaccination on excess deaths is relatively straightforward, UK excess deaths were closely associated with the use of Midazolam and other medical interventions"

Midazolam and Excess Deaths

"*In 2020, since most medical treatments for COVID-19 infection such as Ivermectin, Hydroxychloroquine, etc. were forbidden or not recommended in many countries, except for selected medicines such as Remdesivir in the US and Midazolam in the UK, we investigate the possible role of Midazolam in the UK pandemic,*" says Dr Wilson Sy. He explains "Midazolam", *is a Benzodiazepine, which enhances the effects of gamma-aminobutyric acid (GABA), a naturally occurring inhibitor of brain activity.*

"*Midazolam is on the World Health Organization (WHO) list of essential medicine for preoperative short-term sedation, for palliative care and for diseases of the nervous system. For each function, there are usually several other pharmaceutical alternatives; for example, for sedation and palliative care, UK alternatives include Lorazepam and Diazepam. Used orally, Midazolam is not normally lethal to healthy people.*"

"*However, given intravenously in large doses continuously, often with opioids, to the elderly with comorbidities, particularly those who are terminally ill, it could be lethal. According to the US National Library of Medicine:* "*Midazolam injection may cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing that may lead to permanent brain injury or death.*" Source

It is important to note here that Midazolam is used in US executions.

The Bennett Institute for Applied Data Science publishes a raw English Prescribing Dataset, which includes, by English regions (as shown in Table 2 above), prescriptions of Midazolam 10 mg/2 ml solution for injection ampoules, as shown in Figure 7. Doses of Midazolam injections show visually remarkable correlation with excess deaths for UK. In Figure 8, excess deaths for various regions in England have been calculated individually and attempted colour matched to Figure 7.

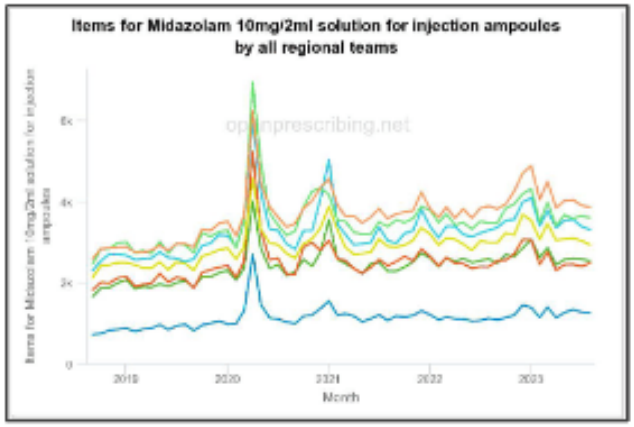


Figure 7: Items for Midazolam 10 mg/2 ml solution for injection ampoules by all reagions.

As noted in several blog posts on the internet [19], doses of Midazolam injections show visually remarkable correlation with excess deaths for UK. In Figure 8, excess deaths for various regions in England have been calculated individually and attempted colour matched to Figure 7.

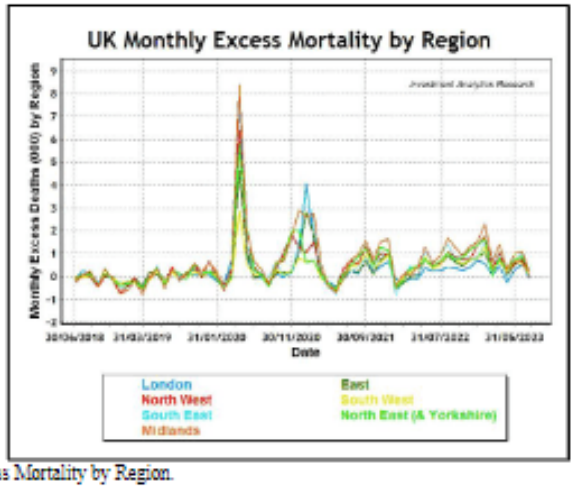


Figure 8: UK Monthly Excess Mortality by Region.

Visually, Figures 7 and 8 suggest a high correlation between Midazolam injections and excess deaths across all regions in England. Figure 8 also shows similar regional numerical distribution of excess deaths, particularly in April 2020, as though by deliberate allocation.

Aggregating over English regions, the time series relationship between Midazolam injections and excess deaths in England is shown in Figure 9.

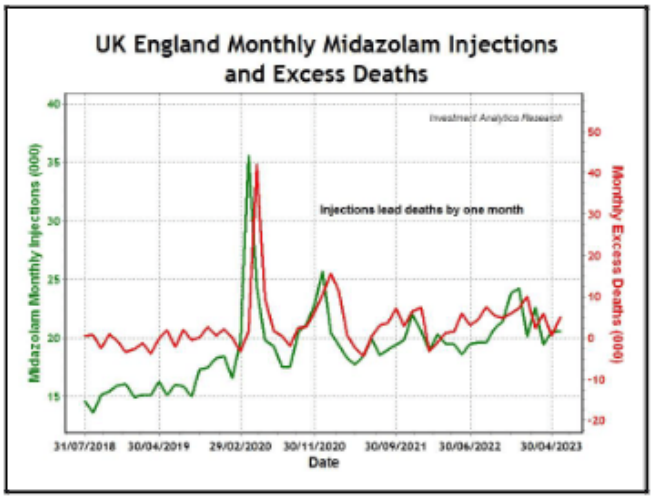


Figure 9: UK Engliand Monthly Midazolam Injections and Excess Deaths

Midazolam injections and excess deaths in England can be seen to be highly correlated, but not synchronously, because medication generally does not have an instantaneous impact and also reporting of dosages used and registration of deaths may lag.

However, when “shifting the time series for Midazolam injections one month forward, a very high correlation is seen in Figure 10.”

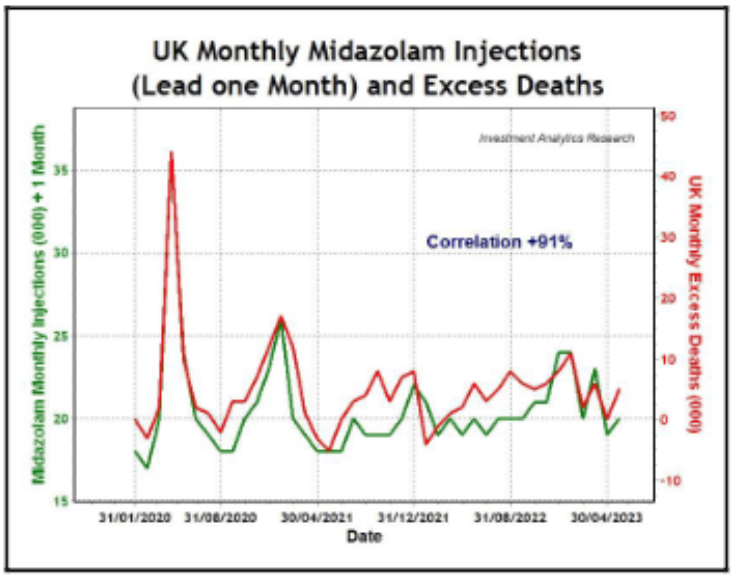


Figure 10: UK Monthly Midazolam Injections (Lead One Month) and Excess Deaths.

The very high correlation (coefficient 91 percent) between excess deaths lagged one month after Midazolam injections is largely due to the first two enormous spikes to early 2021. From April 2021 onwards to May 2023, the same correlation dropped to 59 percent, but still statistically significant with p-value at 0.0007.

The misclassification of COVID deaths, possibly deliberate, also led to their high correlation with Midazolam injections as seen Figure 11.

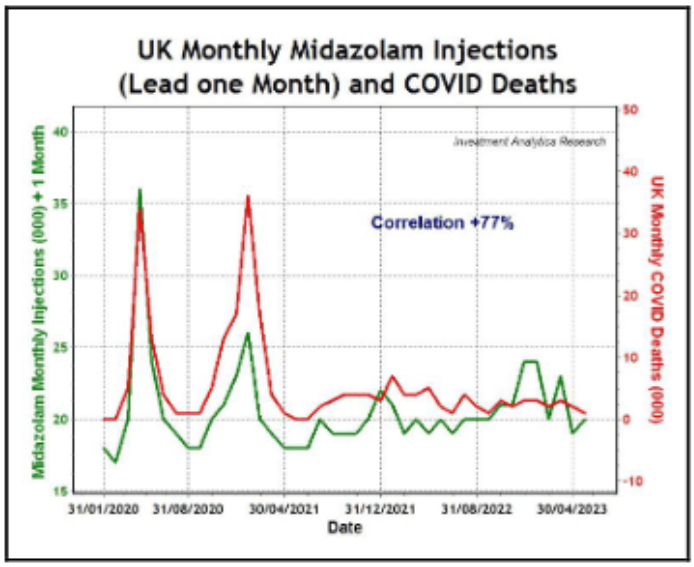


Figure 11: UK Monthly Midazolam Injections (Lead One Month) and COVID Deaths.

Midazolam cause and excess deaths effect was consistently one month apart for the whole pandemic since 2020, thus indicating palliative use for assisted dying or other euthanasia. Statistically, correlations improve substantially when Midazolam injections lead excess deaths by one month for all regions in England, as illustrated by Figure 12.

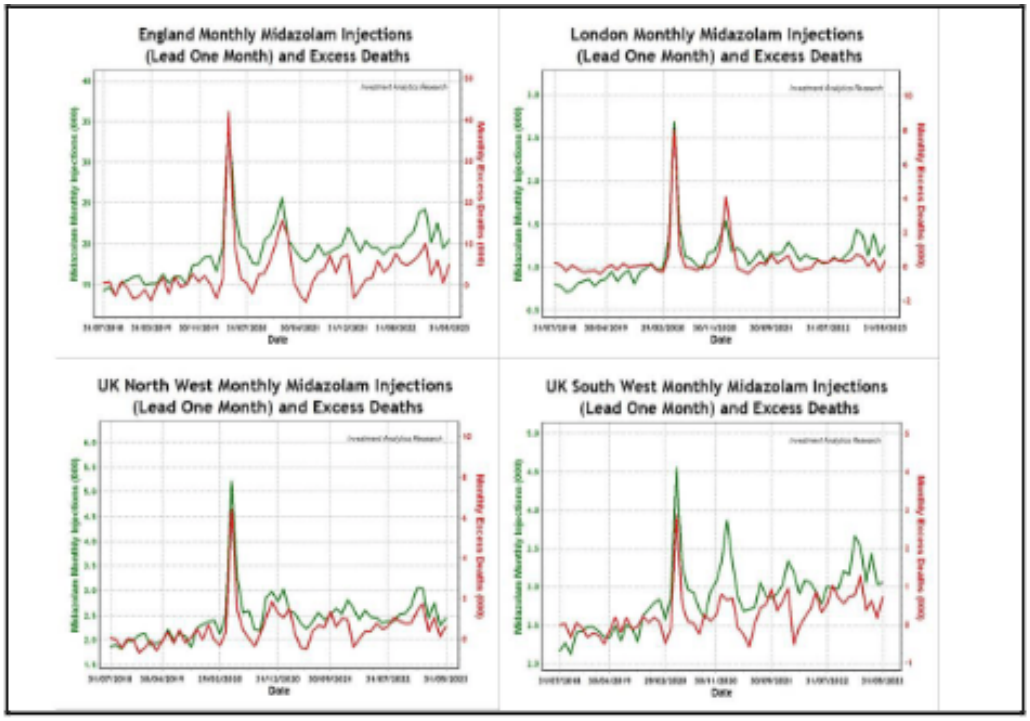


Figure 12: Midazolam Injections Lead Excess Deaths (Lead One Month) for All Regions in England.

Dr Wilson Sy found that compared to regional baselines calculated from 2015-2019 monthly averages, London region had tripled (300 percent) its expected all-cause mortality, while most other regions had approximately doubled (200 percent) their respective expected all-

cause mortality. Such rapid, temporally concentrated and uniformly distributed deaths across England were unlikely to be caused naturally by an infectious disease.

Midazolam in the Pandemic.

Midazolam was not the only sedative used in the euthanasia, particularly in the London region. For example, along with many other drugs, Levomepromazine hydrochloride which is a sedative as well as an anti-psychotic drug, also had a surge in usage in UK at about the same time.

The deliberate use of Midazolam during the COVID-19 pandemic in causing deaths can be seen from a more normal use of Midazolam before the pandemic in 2020, as seen in Table 5 below.

Region	Pre-pandemic June 1918 -2020 Correlation % (*p-value*)	Pandemic since 2020 Correlation %	2020 Pre-vaccination Correlation %	Pandemic Post-vaccination Correlation %
London	33 (0.09)	92	99	66
East	25 (0.16)	89	99	75
North West	48 (0.02)	92	98	62
South West	51 (0.01)	77	97	48
South East	39 (0.06)	87	96	74
North East (& Yorkshire)	49 (0.02)	91	98	57
Midlands	60 (0)	88	98	63
England	48 (0.02)	91	98	70

Table 5: Correlation of Midazolam Injections and Regional Excess Deaths (*p-values* < 0.001 or zero unless specified in **brackets).**

While the pre-pandemic correlations (second column) between Midazolam injections and excess deaths are statistically significant to *p-value* < 0.05, for North West, South West, North East (& Yorkshire) and Midlands, the correlation coefficient for the whole of England was only 48 percent.

For 2020, the correlation coefficient (fourth column) for the whole of England spiked to 98 percent, leaving little doubt about Midazolam's role in UK excess deaths in 2020. The overall correlation coefficient (third column) for the whole pandemic was 91 percent, contributed substantially by 2020 data. Importantly, even after 2020, in the vaccination era, the correlation coefficient (last column) was still highly statistically significant at 70 percent. Regardless of other factors, such as COVID-19 disease and vaccination, Midazolam was an important confounding factor in explaining excess deaths, competing with other possible factors.
The main Bradford Hill criteria of medical causality have been satisfied with strong correlation, consistency over time and geography, specificity of effect and consistent temporality of one-month lag in excess deaths following Midazolam injections.

Figure 13 shows the dose-response relationships for England over three separate periods.

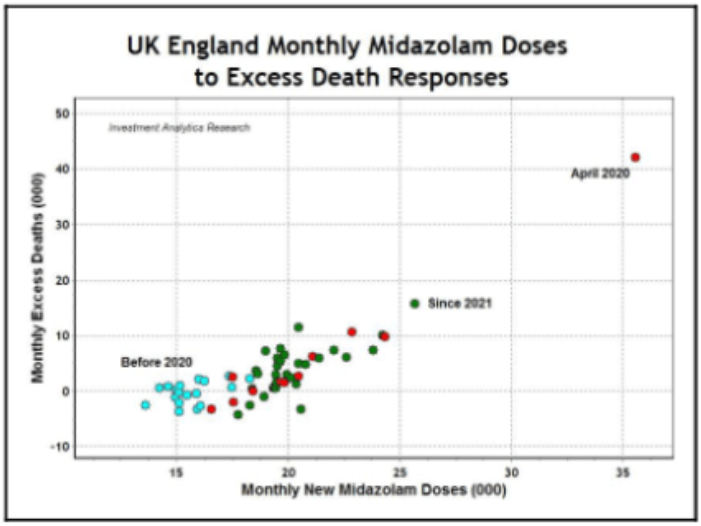


Figure 13: UK England Monthly Midazolam doses to Excess Deaths Responses.

The data points in aqua refer to the pre-pandemic period from July 2018 to 2020, the points in red refer to 2020, the first pandemic period before mass vaccination, while the green data points refer to the pandemic period post vaccination. The statistics of the dose-response relationships in the three distinct periods are shown in Table 5.

Dr Wilson Sy argues that "Clearly the close association of UK excess deaths following Midazolam injections suggests significant involvement of sedatives with euthanasia in the UK pandemic. A systemic policy of euthanasia may be evident from the pharmaceutics of Midazolam applied across time and across the various regions during the pandemic." He summarises

"*Midazolam was strongly and causally associated with UK excess deaths, particularly in 2020. It was clearly the proximate cause of excess mortality in UK, but it was unlikely to be the primary cause in the chain of causality for deaths, because Midazolam was used mostly for accelerated or assisted dying in euthanasia often to alleviate possible suffering in end-of-life protocols. Midazolam's role based on its pharmaceutics is circumscribed in health policy guidelines."*

Conclusion.

In the April 2020 spike, was not due to the "SARS-CoV-2 virus" that had officially been declared not a "high consequence infectious disease" in March 2020. Any claim that COVID vaccination saved lives was shown in the study to have little merit, because few lives were threatened by the largely absent SARS-CoV-2 virus in the UK.
Although, there were likely to have been many other primary causes of deaths during the "pandemic" including comorbidities and also vaccination, essentially, the study found that the pandemic was iatrogenic, created with widespread and persistent use of Midazolam injections.

This was highly correlated with UK excess deaths throughout the pandemic, overwhelming other possible explanations for excess mortality and 35,000 doses of Midazolam *were* associated with 38,700 excess deaths. Statistical analysis shows that before the “pandemic” in England the dose-response relationship between Midazolam injections and excess deaths was only marginally significant, but in 2020 the impact of Midazolam injections was very strong and statistically highly significant. The excess deaths caused by Midazolam were randomly related to vaccination status, thus, confusing the raw data on “deaths by vaccination status” which invalidates most UK studies of excess deaths as they are based on that flawed data.

Midazolam injections being very high in 2020, provided the illusion that there was a “pandemic” and by diminishing after vaccination roll resulting in falling excess deaths over time, this also provided the illusion that out the COVID vaccination was “safe and effective” which was a complete fallacy which was to justify the continuation of the vaccination policy in UK and Europe.

The spike in so-called COVID deaths in 2020 was actually Iatrogenic deaths by Midazolam, under a systemic policy of euthanasia and there needs to be a thorough investigation.

_____

Source: Dr Wilson Sy. (2024) Excess Deaths in the United Kingdom: Midazolam and Euthanasia in the COVID-19 Pandemic’ online at: https://www.researchgate.net/publication/377266988_Excess_Deaths_in_the_United_Kingdom_Midazolam_and_Euthanasia_in_the_COVID-19_Pandemic.

All references used in the study can be found at the above link.