

US Hospitals: Fraud, Murder, Cash; Federal Assassination-for-Hire Program

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“Attorney Thomas Renz and CMS [Centers for Medicare & Medicaid Services] whistleblowers have calculated a total [federal] payment [to hospitals] of at least \$100,000 per [COVID] patient.”

by [Jon Rappoport](#), [No More Fake News](#)

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The Association of American Physicians and Surgeons, a private medical organization founded in 1943, has the story – [“Biden’s Bounty on Your Life: Hospitals’ Incentive Payments for COVID-19”](#) (11/17/21), authored by Elizabeth Lee Vliet, M.D. and Ali Shultz, J.D.

Here are stunning excerpts:

“Upon admission to a once-trusted hospital, American patients with COVID-19 become virtual prisoners, subjected to a rigid treatment protocol...for rationing medical care in those over age 50. They have a shockingly high mortality rate...”

“As exposed in audio recordings, hospital executives in Arizona admitted meeting several times a week to lower standards of care, with coordinated restrictions on visitation rights. Most COVID-19 patients’ families are deliberately kept in the dark about what is really being done to their loved ones.”

“The combination that enables this tragic and avoidable loss of hundreds of thousands of lives includes (1) The CARES Act, which provides hospitals with bonus incentive payments for all things related to COVID-19 (testing, diagnosing, admitting to hospital, use of remdesivir and ventilators, reporting COVID-19 deaths, and vaccinations) and (2) waivers of customary and long-standing patient rights by the Centers for Medicare and Medicaid Services (CMS).”

“In 2020, the Texas Hospital Association submitted requests for waivers to CMS. According to Texas attorney Jerri Ward, ‘CMS has granted “waivers” of federal law regarding patient rights. Specifically, CMS purports to allow hospitals to violate the rights of patients or their surrogates with regard to medical record access, to have patient visitation, and to be free from seclusion.’...The purported waivers are meant to isolate and gain total control over the patient and to deny patient and patient’s decision-maker the ability to exercise informed consent.”

“Creating a ‘National Pandemic Emergency’ provided justification for such sweeping actions that override individual physician medical decision-making and patients’ rights. The CARES Act provides incentives for hospitals to use treatments dictated solely by the federal government under the auspices of the NIH. These ‘bounties’ must be paid back if not ‘earned’ by making the COVID-19 diagnosis and following the COVID-19 protocol.”

“The hospital payments include:

- * A ‘free’ required PCR test in the Emergency Room or upon admission for every patient, with government-paid fee to hospital.
- * Added bonus payment for each positive COVID-19 diagnosis.
- * Another bonus for a COVID-19 admission to the hospital.

- * A 20 percent 'boost' bonus payment from Medicare on the entire hospital bill for use of remdesivir instead of medicines such as Ivermectin.

- * Another and larger bonus payment to the hospital if a COVID-19 patient is mechanically ventilated.

- * More money to the hospital if cause of death is listed as COVID-19, even if patient did not die directly of COVID-19.

- * A COVID-19 diagnosis also provides extra payments to coroners."

"CMS implemented 'value-based' payment programs that track data such as how many workers at a healthcare facility receive a COVID-19 vaccine. Now we see why many hospitals implemented COVID-19 vaccine mandates. They are paid more."

"Outside hospitals, physician MIPS [Merit-based Incentive Payment System] quality metrics link doctors' income to performance-based pay for treating patients with COVID-19 EUA drugs. Failure to report information to CMS can cost the physician 4% of reimbursement."

"Because of obfuscation with medical coding and legal jargon, we cannot be certain of the actual amount each hospital receives per COVID-19 patient. But Attorney Thomas Renz and CMS whistleblowers have calculated a total payment of at least \$100,000 per patient."

"There are deaths from the government-directed COVID treatments. For remdesivir, studies show that 71–75 percent of patients suffer an adverse effect, and the drug often had to be stopped after five to ten days because of these effects, such as kidney and liver damage, and death. Remdesivir trials during the 2018 West African Ebola outbreak had to be discontinued because death rate exceeded 50%. Yet, in 2020, Anthony Fauci directed that remdesivir was to be the drug hospitals use to treat COVID-19, even when the COVID clinical

trials of remdesivir showed similar adverse effects. In ventilated patients, the death toll is staggering. A National Library of Medicine January 2021 report of 69 studies involving more than 57,000 patients concluded that fatality rates were 45 percent in COVID-19 patients receiving invasive mechanical ventilation, increasing to 84 percent in older patients. Renz announced at a Truth for Health Foundation Press Conference that CMS data showed that in Texas hospitals, 84.9% percent of all patients died after more than 96 hours on a ventilator."

"Then there are deaths from restrictions on effective treatments for hospitalized patients. Renz and a team of data analysts have estimated that more than 800,000 deaths in America's hospitals, in COVID-19 and other patients, have been caused by approaches restricting fluids, nutrition, antibiotics, effective antivirals, anti-inflammatories, and therapeutic doses of anti-coagulants."

—end of article excerpt—

This is basically a federally incentivized protocol for murder.

To say it violates every code of medical ethics would be a vast understatement.

Cash for death.

There are MANY doctors and nurses who work in these hospitals who know what they're doing, who know they're following orders that result in the deaths of their patients; but they keep doing it.

They would rather murder their patients than lose their jobs.

And there are MANY employees at the FDA, NIH, and other public health agencies who also know the score, keep their heads down, and facilitate murder.

There are MANY so-called journalists who work at mainstream outlets who know what's going on and say nothing.

Mass murder is central to the overall COVID program. But feel free to think that the vaccine, on the other hand, is pure and safe and essential. The people running the show just want to kill some and save others. Sure, that makes perfect sense.

If they're all schizophrenic messiahs-and-killers and you're schizophrenic for believing in them.

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