Biden's Bounty on Your Life: Hospitals' Incentive Payments for COVID-19

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Upon admission to a once-trusted hospital, American patients with COVID-19 become virtual prisoners, subjected to a rigid treatment protocol with roots in Ezekiel Emanuel's "Complete Lives System" for rationing medical care in those over age 50. They have a shockingly high mortality rate. How and why is this happening, and what can be done about it?

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."* She notes that *"rights do not come from the hospital or CMS and cannot be waived, as that is the antithesis of a 'right.' 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 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 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.

What does this mean for your health and safety as a patient in the hospital?

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.

We now see government-dictated medical care at its worst in our history since the federal government *mandated* these ineffective and dangerous treatments for COVID-19, and then *created financial incentives* for hospitals and doctors to use only those "approved" (and paid for) approaches.

Our formerly trusted medical community of hospitals and hospital-employed medical staff have effectively become "bounty hunters" for *your* life. Patients need to now take unprecedented steps to *avoid* going into the hospital for COVID-19.

Patients need to take active steps to plan before getting sick to use early home-based treatment of COVID-19 that can help you *save* your life.

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