

The People's Study Speech
Vax-UnVax
Hosted by Children's Health Defense
Oregon Chapter
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Deadly Covid-19 Hospital Protocols

(Excerpt from Chapter 1)

Hospitals Empty & Going Bankrupt

Mandates for hospitals went beyond two weeks to flatten the curve. Orders were to increase bed capacity by 50% across the state. Every hospital was expected to get on board. Infection prevention measures were put in place, requiring all staff to mask and distance. Visitation was stopped, out of an abundance of caution. Covid-19 PCR testing was required for patients suspected of having Covid-19.

Hospital admin drastically changed standard operating procedures to meet the mandates. Elective surgeries were all canceled. ICU patients were ordered to be sent home. They were artificially adding beds for the expected wave of Covid patients. It was a hospital bed closeout sale, all patients must GO!

As patients were transferred out, they consolidated the hospital by closing down wings. Security was placed at every entrance, like the hospital had become some sort of military base or prison. FEMA built temporary overflow tents outside. Those tents stayed as empty outside as the hospital beds were on the inside.

The hospital felt the financial impact almost immediately. Almost all support services were laid off. Contract staff was canceled. Anyone non-essential was let go. A hiring freeze was placed on the books. Whatever was about to happen, we had a skeleton crew remaining, and we were keeping it in the family.

Stay Home and Be Afraid

After two weeks to flatten the curve had come and gone, Covid cases began to trickle in. Stay home and stay safe was the media's new favorite mantra. People avoided going to the ER until they were dying. Car wreck injuries went up because drivers lost consciousness trying to get to the hospital. Patients walked in the door having heart attacks. In their dying breath, patients confessed how they were afraid to come to the hospital because of what they heard in the media. Covid-19 patients were at hospitals and people were afraid to catch it.

Emergency Room staff did everything to treat these walk-in patients, but they were too far gone. Most that arrived near death didn't make it, despite best attempts at resuscitation. It was the first tragedy in a long wave of tragedies.

People were not dying of Covid, they were dying of self neglect and anxiety. Some elderly patients weren't able to access meal delivery or restaurant food anymore. The quality of their diet plummeted.

Prompting emergency amputations, surgeries, and dialysis sessions. When the world went digital to accommodate social distancing, some people couldn't keep up. Hospitalizations were the consequence.

No Visitors, No Witnesses

The hospital implemented a strict no visitation policy. Only patients with dementia, who were unable to eat or walk, were allowed a support person. Occasionally, the support person was still denied access. A clear violation of the new policy.

Hospitals had just become the scariest place to be on earth! They were experimenting on people and refusing access to family and visitors. If I were going to do something to harm a patient in the hospital, that is how I would design the perfect scheme. No witnesses and a perfect scapegoat if patients don't come out of the hospital alive. The morgue. I warned everyone not to go to the hospitals anymore. Not until this whole mess was over. Something was not right.

New mothers had to deliver their babies all alone. Fathers were not allowed to see the delivery of their child. Not to take care of the mother of their child after delivery. Not to see their newborn. No family was allowed in the delivery room.

Mom, dad, and baby were all required to take PCR tests upon delivery. If mom or baby tested positive, they had to be quarantined from each other for the first fourteen days of life! If mom was positive but dad and baby were negative, dad was required to take the newborn home to quarantine. Protocols didn't consider how this deprives the newborn of the enormous health benefits of colostrum and breast milk. Separation robs both mother and infant of critically precious bonding moments. The only concern was stopping the spread. No human considerations were afforded these unfortunate new families. I can only imagine the kind of social trauma that will unfold due to the way these infants were treated at birth.

Dying Alone

End of life was not an exception to the no visitation policy. The dying were only allowed to communicate with loved ones via their personal cell phones. Many elderly patients did not have them or know how to use them. Some were in too poor of condition to operate a cell phone. Nurses took pity and tried to help them speak to their families before they died. Nurses made face time calls on their personal phones. The lucky ones got face time. The not so lucky ones only got a regular call. Some were forced to die in a hospital bed all alone, masked up, strapped down, and without human contact or even seeing a smiling face for weeks.

Reading some of these notes was painful! Families tried to explain why they had to use a cell phone to say goodbye. The dying patient usually shut down and stopped interacting entirely. To the families sheer disappointment. Their last opportunity for closure, squandered. Nurses struggled with depression over witnessing it daily.

People were outraged at not being allowed to support their parents while in the hospital. Security was repeatedly called to clear out visitors that were getting rowdy with hospital staff. They yelled at staff for refusing to allow them to see dying loved ones, their wives, and newborns. Security treated anyone who refused to comply as a threat. Police were called to forcibly throw visitors out multiple times.

The loss of compassion for the most precious moments in life were being denied. I thought healthcare swore to provide those opportunities. Clearly, if there is a scary virus, they care more about following protocol than showing compassion. Coders, like most healthcare staff, are exposed to death frequently. Developing a thick skin is a survival strategy. Yet, the sadness that I still feel for all of those who did not get the closure at the end of life, or the start in life they deserved, will stay with me always.

Remdesivir Bonuses & Kidney Failure

There was an additional 20% bump in payment for any one of four experimental Covid drugs. The new tech bonus layered on other bonuses. There were bonuses on top of bonuses. Patients with a Covid diagnosis qualified the hospital for a 20% bonus on top of the normal DRG payment. Patients placed on ventilators earned the hospital another bonus payment.

Remdesivir is an experimental drug known to cause kidney failure. To qualify for Remdesivir therapy, renal and infectious disease consults had to be completed first. Some patients didn't qualify to receive Remdesivir. If kidney function was stage three or higher, they were automatically denied. If kidney function dropped during Remdesivir infusion, Remdesivir was stopped. Some patients received many doses, others only one or two, before kidney failure set in.

Health authorities told us Covid was not just a respiratory disease, it is a heart inflammation disease and it causes kidney failure. Hospital doctors never suspected Remdesivir might be responsible for so many patients' decline. To them, kidney failure was part of the expected disease process of Covid-19.

One of the kidney's jobs is to regulate fluid levels. In kidney failure, fluids build up to cause edema! Remdesivir patients were almost all on vents suffering from pulmonary edema when they died. Covid patients treated with Remdesivir also carried a diagnosis of pulmonary edema, which was being diagnosed as Covid pneumonia.

Something was very wrong. I now understood the hospital was murdering people. Either willfully or out of ignorance. I couldn't prove it. I didn't know the mechanism of action, but I was seeing it happen every single day. As the bodies piled up, so did the Covid-19 incentive money. Funds the hospital desperately needed. It had been running in the red for months and only survived with government bailout money from the Cares act.

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As patients were transferred out, they consolidated the hospital by closing down wings. Security was placed at every entrance, like the hospital had become some sort of military base or prison. FEMA (Federal Emergency Management Agency) built temporary overflow tents outside. Those tents stayed as empty outside as the hospital beds were on the inside.

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(Excerpt from Chapter 2)

PCR Test Was Never Required For Covid Diagnosis

One of the most overlooked facts about the now infamous Covid PCR test is that patients were never required to take it to be labeled as a Covid case. All physicians had to do was document that they felt their patient had Covid. Coding guidelines support medical opinion alone is sufficient evidence a patient has Covid. This is an exception to the rule for other diseases. The only other diseases with the same exception were diseases Anthony Fauci had been researching at the NIH. Covid-19 joined Zika and HIV/AIDS on the list of diseases supported by medical opinion alone.

The gravity of this fact cannot be ignored. Protocol required all patients to take a Covid PCR test, sometimes repeatedly. Rejoining society often required proof of a negative Covid test to do certain activities. People couldn't fly or attend school without proof of a negative test. All the while, it only took a doctor's professional opinion to tell whether you were Covid positive or not. I shudder to think how many Covid tests were administered needlessly. How many restrictions were tied to test results? I bet it makes your blood boil.

This was the loophole they exploited to label cases as Covid before a test was widely available. It is how cases were retroactively labeled as Covid before April 1st, 2020 when the official diagnosis code was released. The loophole never went away.

Hush Money To Hide Bodies

Approximately 80% of our patient population was positive for Covid after screening began. Most Covid patients were asymptomatic. The cares act provided Covid testing equipment. Massive bonuses were earned for Covid patients. There was enormous financial incentive for hospitals to have Covid patients. If asymptomatic Covid patients were treated with Remdesivir and ventilation based on false positive PCR results, financial incentives become hush money. Hush money to hide bodies and shield hospitals from wrongful death suits.

(Excerpt from Chapter 3)

Vaccine Policy Tied To Medicare Incentive Payments

After I learned the hospital policy surrounding flu vaccines, the pressure to get the jab each year started to make sense. Dollars and cents. Healthcare vaccine policy is based on money, not health. It costs them a lot of money when staff don't take their shots.

When flu season comes around, staff are simply told where to go get their flu shots. They don't really want staff knowing about exemptions. In 2010, the AMA and the WHO's stance was that healthcare staff had the right to refuse vaccinations.

A decade later, their opinion flipped to giving HHS and Medicare authority to require vaccination as a condition of employment. Flu vaccines have been mandated for healthcare workers since 2013. Exemptions are reluctantly provided in compliance with international law.

There are only two accepted reasons to submit an exemption. Religious reasons or an allergy to the shot. Natural immunity is entirely ignored. IgG tests can show natural immunity against viruses, but they are not routinely offered before vaccination. Yet, upon request, candidates are offered an IgG titer test for chickenpox. If their results show natural immunity, they are exempt from the chicken pox vaccine requirement. Interesting double standard there.

Medicare established a value-based purchasing program, tying employee vaccination rates to incentive payments. It came into existence with the passage of the unaffordable care act, also known as Obamacare. All Medicare covered entities are required by CDC to report certain quality markers to the National Health Safety Network as a condition of payment.

Payments to the Medicare covered institution are adjusted based on the quality scores derived from NHSN data. One of the quality markers is employee flu vaccination rate. If scores fall too low, Medicare reduces payments for all claims during the entire fiscal year. It would be an obscene amount of money to lose for any practice or hospital! Every Medicare covered entity is controlled by this policy.

If Medicare wanted to create a financial incentive for Covid shots, all they had to do is use the flu policy for Covid.

Vaccine Drive Through

December 6th 2020, the hospital began administering the Covid-19 experimental injections, via drive-through! At the office building across the street from the emergency room. Where no emergency medical staff worked. It was an office building that was not open to the public or patients. You could be standing in the parking lot of the drive-through and see the Emergency room sign, lit up in red, across the street. The main hospital building had a helipad on the roof. It was rated a level one trauma center. It was well-equipped to handle emergencies, yet they set up the drive through for experimental injections in front of the building, the least equipped to handle an emergency.

Standing Up To Mandates and Hospital Protocols

It was late January 2021 before I began to see what I suspected were Covid vaccine related cases. We were starting phase 1B. The vaccine was now available to the rest of healthcare workers, law enforcement, teachers, childcare workers, adults in congregate settings, and "essential" workers. Whatever that means. The definition changed depending on whom you asked and when.

The first suspected injury cases that arrived were the sudden organ failure cases. I didn't know it was possible for a human to die so quickly or horrifically before the experimental Covid-19 mRNA injections were distributed. Cases of uncontrollable seizures were next. Followed by stroke, heart

attacks, pulmonary embolism, and peripheral artery blood clots. Strange coagulopathies also emerged. It was the year anticoagulants failed. Hospitals began to fill with waves of Covid patients after vaccination. Last but not least, was a trend in rates of cancer progression. It seemed cancer had accelerated to turbo speed.

After passively witnessing countless types of vaccine injuries and a year of medical murder, I couldn't take it anymore. I would not be an accomplice. Furthermore, if I was granted an exemption from the vaccine, I would still be subject to weekly PCR testing and masking while on campus. Refusing both PCR testing and vaccination meant I was unable to work in healthcare any longer. Choosing to quit my career was not easy, and I am still feeling the impact three years later.

A fire was set under me to warn anyone who would listen to stay away from hospitals and the experimental injections. Through speaking out, I found other leaders in the fight for medical freedom. I now call them my freedom family, and many of you are here today. One of those connections led me to find a grassroots organization called Pro Medical Freedom that was working to get patients out of hospitals and bring them prohibited life-saving therapies. I am proud to have been even a small part of this remarkable organization. Our next speaker, [redacted at speakers request], is here to tell you all about it.

-You were meant to be free. It's time to SHINE

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