

## What's Next For the Hospital Killing Field?

By Grace's dad, along with Robert Paiser, a death protocol survivor who graciously helped with research  
12/25/22

### Introduction

The big medical lie – the medical system follows the Hippocratic Oath – DO NO HARM. We've been programmed to believe the system cares about the individual.

The Hippocratic Oath has been shredded by the shroud of secrecy, pay-for-play, and immunity from liability. We are doing our best to lift the veil and provide the public with informed consent as to what's truly happening. Grace's death has lit a fire that has turned into a duty; Robert's hospital rescue has added gas to the fire.

Fact... hospitals have been tied to the government for their profitability for years – don't follow protocols, don't get paid. The hospitals have been technically incentivized for terrible health care for decades because they have to follow Medicare guidelines which are controlled by big pharma. Hospitals have practical immunity from liability because State laws provide little incentive for attorneys to litigate medical malpractice cases. Medical "malpractice" was the third leading cause of death in the U.S., even before COVID! Secrecy has been provided by programming the medical personnel to bow to protocols and society to bow to the medical personnel, falsely creating an underlying trust in a medical system that has become an arm of the government decades ago, under the radar screen.

With COVID, the hospitals received bonuses for following NIH guidelines, including the use of Remdesivir and ventilators. Furthermore, they received direct immunity from liability under the PREP Act, which is still in place today because of the Public Health Emergency extension on October 13, 2022. Robert was told by his doctor, "You have COVID, but we have an antiviral that will have you better in three days; most of my patients turn around in two days." What was the antiviral? Remdesivir. Remdesivir has a kill rate of 75% with three doses or more. Robert had been given his third dose (technically his sixth dosage, because the doctor doubled the dosage he should have received for his 40 pound body weight). Robert has Spinal Muscular Atrophy, so was the perfect disabled candidate for the death squad. God helped us physically remove Robert from the hospital on November 5, 2022, and he is alive. Grace did not die in vain!

According to research by the TN Liberty Network (1), the hospital that murdered Grace received over \$20,000 related to the causes of death listed on Grace's death certificate. Secrecy was ratcheted up by direct propaganda spreading a false narrative and not allowing family members in hospital rooms because of 'COVID policy.' COVID death reimbursements (\$9,000) given to families adds to the drama, making it appear that the murderer is your friend. We didn't take their dirty money.

Today, many are cutting staff and departments because the COVID money is drying up and people are afraid to go to hospitals (2). This is the perfect setup for ushering in euthanasia incentives, furthering the pay for play rationing of "health" care. The desensitizing of euthanasia (3)(4) is already happening – look at Canada's MAID (Medical Assistance In Dying) program. In the U.K., British Nursing Alliance's Kate Shemirani has pioneered research showing 2000 people must be euthanized every day for the U.K. hospitals to break even! (5) She has even connected the dots relative to stock price increases for

companies who supply end-of-life medications! “A Good Death” is the U.K. standard of care (6). What about the U.S.?

### Implementation of Health Care Cost Reduction Measures

The Affordable Care Act (ACA), a/k/a Obamacare, was signed into law on March 23, 2010. Obamacare laid the groundwork for the current degradation of healthcare set in motion over 100 years ago by the Rockefellers.

Obamacare was designed to drive down health care costs. From The Washington Examiner (10/19/17) (7):

Ezekiel Emanuel, one of the country’s most influential bioethicists and a prime architect of Obamacare, wrote as far back as 1996 that health care “services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia.” This is a typical mindset among bioethicist “experts” who would likely be appointed to create IPAB’s cost-cutting mandates.

Steven Rattner, a counselor to the Treasury secretary during the Obama years—and a frequent panelist these days on MSNBC’s Morning Joe—more explicitly advocated granting IPAB the power to ration. In 2012, he took to the pages of the Gray Lady to declare, “We need death panels,” lamenting that IPAB’s inability to ration care was a “problem” requiring a remedy:

Medicare needs to take a cue from Willie Sutton, who reportedly said he robbed banks because that’s where the money was. The big money in Medicare is in . . . reducing the cost of treating people in the last year of life, which consumes a quarter of the program’s budget.

No one wants to lose an aging parent. And with the price out of the equation, it’s natural for patients and families to try for every treatment, regardless of expense or efficacy. But that imposes an enormous societal cost that few other nations have been willing to bear. Many countries whose health care systems are regularly extolled—including Canada, Australia and New Zealand—have systems for rationing care.

The Independent Payment Advisory Board (IPAB) is neither Independent nor Advisory. The IPAB was introduced by Senator Jay Rockefeller. Because of public pressure, the first formal death panel was repealed in 2018. However, the dragon had more than one head. With the public focused on COVID, the Secretary of Health and Human Services approved the charter for Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) **on November 23, 2022!** (8) The new death panel is to provide advice to Centers for Medicare & Medicaid Service (CMS) and are “charged with deciding which medical items and services are reasonable and necessary, or otherwise covered, for Medicare beneficiaries under Title XVIII of the Social Security Act.” Medicare protocols provide the standard of care for anyone in the conventional system, not just the elderly and disabled.

### Real Life Examples

COVID is the cover to move the euthanasia agenda on the fast track. Grace was killed by end-of-life meds, like those used in hospice care – Precedex, Lorazepam, and Morphine delivered in 29 minutes. The staff would not revive her because of an illegal Do Not Resuscitate (DNR) order. We are contacted weekly by others because of the publicity surrounding Grace’s death. The most egregious example was a Down

Syndrome lady murdered on December 9, 2021. She was given death row meds – Fentanyl, Midazolam, and Vecuronium Bromide, along with an illegal DNR order. These meds were obtained from the State prison systems, at the requests of doctors in April 2020 – to treat COVID! You can't make this up. Of course, the medical community has a cover for these situations, blaming COVID for their "palliative" care decisions.

On December 5, 2022, we received an e-mail from the Wisconsin Department of Safety and Professional Services (DSPS) in response to our complaint regarding a unilateral DNR order put on Grace by the doctor (9). This agency is supposed to protect the public. The statute that involves DNR orders in Wisconsin is State Statute 154 Subchapter III, 'Do-Not-Resuscitate Orders.' In the e-mail, the State claims "Chapter 154 of the Wisconsin Statutes does not apply to physicians operating in a hospital, non-emergency room setting such as the one in question." The exercise of judgment by a physician working in a non-emergency hospital setting is informed by many variables, including but not limited to patient prognosis, expected medical benefit of the considered care, and patient and family wishes expressed contemporaneously through a living will, or through a health care power of attorney agent empowered to make decisions on behalf of a patient."

Just like 007, the doctors now have a license to kill.

#### The Excuse

The 2021 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, dated August 31, 2021, concluded (page 11): "The financial projections in this report indicate a need for **substantial** changes to address Medicare's financial challenges." In Nazi Germany, one of the main reasons Hitler was able to implement his agenda was the cost of reparations from WWI. In the U.S., 39% of the federal budget is for direct expenses related to the elderly and disabled – there are more than 62,000,000 Americans on Medicaid and Medicare (10), (11).

Of course, the government is backed by fiat currency and can print money to cover any obligation it deems worthy, so the propaganda excuse is complete bull\_\_\_ at best. As a pointed example, on March 11, 2021, the U.S. government passed the \$1.9 trillion America Rescue Plan Act (12). This act provides \$500 million for nursing home STRIKE TEAMS to deal with the created "emergency" in nursing homes. With the elderly being the number one "cause" of COVID deaths in the U.S., they bowled a strike, successfully incentivizing deaths of another short-term target group. American Rescue Plan Act – BOHICA!

#### What's Next?

The United States is number one in the world with COVID hospital deaths. Number two was India, at less than 50% of the U.S. deaths – even though India has four times the population of the U.S. and is only one-third the size of the U.S. How can this be? The U.S. incentivized murder with bonuses for following protocols that kill and provided immunity from liability! The elderly and the disabled were the number one and two "causes" of COVID hospital deaths! The Cabal's short-term goal was accomplished.

Now that euthanasia has been successfully implemented on a short-term basis, what should we expect? Problem/reaction/solution has dominated the government's use of propaganda designed to control us. Now that we have been programmed and desensitized to heart attacks, strokes, cancer, and unlimited plandemics, we should expect more pre-ordained "solutions". We will likely see many repercussions of the jab that will allow the preprogrammed spin cycle to take many more lives – which is the longer-term goal of the Satanic dark side agenda. Cancer vaccines – of course! Gene alterations and AI will presumably become more widespread to calm the fear of those who have rejected God's way to cure our temples. To

that end, President Biden signed an Executive Order on September 12, 2022, advancing the use of bioweapons on humans (13)! What's next? Full scale eugenics – no one is safe!

### Our Defense

We have been fearfully and wonderfully made by a Creator who desires us to love Him. He made our bodies to be self-healing when we take care of them. None of the Satanic methods of putting the responsibility for your health onto the medical system, big pharma, government edicts, WHO, CDC, NIH, FDA, CBS, ABC, CNN, etc. replace God. We need to stand with God, and against these idols.

### Sources:

- (1) **TN Liberty Network report:** <https://ouramazinggrace.net/resources-Blood-Money-in-US-Healthcare>
- (2) **Article regarding hospital financial difficulties:** <https://www.weau.com/2022/12/02/telehealth-department-dissolving-marshfield-clinic-health-system-facing-financial-difficulties/#:~:text=Telehealth%20department%20dissolving%2C%20Marshfield%20Clinic%20Health%20System%20facing,eliminated%20due%20to%20%E2%80%9Cbusiness%20reasons%2C%E2%80%9D%20effective%20ec.%201>
- (3) **Historic overview of Euthanasia Argument:** <https://www.prolifewi.org/euthanasia-faqs>
- (4) **Euthanasia trends:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8491122/>
- (5) **Kate Shemirani research:** <https://sonsoflibertymedia.com/kate-shemirani-on-the-murder-of-elderly-disabled-1600-per-day-killed-in-england-has-nothing-to-do-with-the-shot-video/>
- (6) **'A Good Death' documentary:** <https://rumble.com/v12rphn-a-good-death-midazolam-morphine-haloperidol-hyoscine-documentary.html>
- (7) **Death Panels: Sarah Palin Was Right (10/19/17 by Wesley J. Smith):** <https://www.washingtonexaminer.com/weekly-standard/death-panels-sarah-palin-was-right-2010114>
- (8) **MEDCAC Charter:** <https://www.cms.gov/regulations-and-guidance/guidance/faca/downloads/medcaccharter.pdf>
- (9) **December 5, 2022 e-mail regarding "legal" DNRs:** <https://ouramazinggrace.net/resources-wisconsin-medical-Illegal-DNRs>
- (10) **Medicare Trustee's Report:** <https://www.cms.gov/files/document/2021-medicare-trustees-report.pdf>
- (11) **Social Security Report:** <https://www.ssa.gov/budget/FY21Files/2021BO.pdfhttps://www.ssa.gov/budget/assets/materials/2021/2021BO.pdf>
- (12) **America Rescue Plan Act:** <https://www.naco.org/resources/featured/american-rescue-plan-act-funding-breakdown>
- (13) **Bioweapons Executive Order analysis:** <https://www.truth11.com/bidens-sept-12-2022-executive-order-declares-that-americans-must-surrender-all-human-rights-that-stand-in-the-way-of-transhumanism-clinical-trial-safety-standards-and-informed-consent-w/>