



Breggin: The Global Kidnapping of American Medicine Turns Hospitals into Killing Fields

Description

It is imperative for Americans to recognize that global Technocracy is the clear and present danger to all of society, and to force policy makers to reject all technocrat policies across the board. The pandemic assault is only the first wave of attacks in a larger coup to launch the Great Reset by 2030. The clock is ticking. ? TN Editor

The terror campaigns, the bullying, the arbitrary and ever-changing orders coming from the World Health Organization and our federal and state administrations have resulted in the destruction of the world-class system of American medical care.

In the U.S., in March 2020, we were told that we needed to lock down for two weeks to protect our hospitals from being swamped with sick and dying covid-19 patients. We were also told assertively that [the new pandemic could cause up to 2.2 million deaths in the U.S. alone](#). That model was flawed at the outset. Author Neil Ferguson of the *Imperial College London* was known for his earlier “[sensational death estimates from mad cow disease, bird flu, and swine flu](#).” Three strikes, and he should have been out. Instead of striking him out, his flawed model provided much of the justification for establishing and enforcing the draconian lockdown rules.

Since then, citizens have been betrayed again and again by the public health system, representatives of medicine and public health in the U.S., including Anthony Fauci, Deborah Birx, directors of the CDC, NIH, and executives with the Department of Health and Human Services. [We have learned of multiple betrayals and manipulations of data](#) by international medical journals, universities, medical centers, and public health officials. The pandemic prevention and treatments were ordered by the World Health Organization, a specialized agency chartered by the United Nations [to protect global health and coordinate international health issues, including epidemics or pandemics](#).

If medical professionals had held the line, had upheld their ethics and the Hippocratic Oath, had demanded rational treatments for their patients, and had stood up to bullying by their administrators and state public health officials, [the local health care quality would have been preserved](#), and the cold,

heartless quality of assembly line medical “care” would have been rejected.

In America, with all its patient rights protections, there are crisis cases of very ill patients admitted in life-threatening distress to hospitals around the country whose families request medical interventions for covid-19 symptoms. Hospitals have refused family requests and personal physician demands for the best available treatments.

There are instances where hospitals are placing patients on Do Not Resuscitate orders, despite the family and patient refusing them. Some cases have been won in court, and [patients have been saved from near-death by the treatments the courts ordered hospitals to deliver](#). [Other patients had died when nothing moved the hospital to change its course of action](#).

“It’s therapeutic nihilism to say that doctors can do nothing,” Dr. Paul Marik said. “Supportive care is no care at all.” Dr. Marik, sixty-three, is the endowed professor at the Eastern Virginia Medical School and a world-renowned clinician-researcher. He has been described as [“America’s most published critical care doctor \[who\] made some of the greatest breakthroughs of the pandemic, saving countless lives globally.”](#)

As documented meticulously in our book *COVID-19 and the Global Predators: We are the Prey*, courageous physicians of conscience were developing early treatment plans that prevented the worst of the covid-19 disease processes, keeping patients safe at home and in recovery. Two main courses of treatment evolved through the brilliance and tenacity of heroic doctors: [hydroxychloroquine with zinc, azithromycin, ivermectin](#), and [other supplementals](#). They proved to be miracle drugs that, when administered, brought about recovery from some of the worst and deadliest symptoms that landed patients in hospitals, on ventilators, and suffocating from lack of oxygen. Further treatment plans have been developed, and all the plans are consolidated, maintained, and updated by the [Truth for Health Foundation](#).

Grace Schara was a nineteen-year-old young woman with Down Syndrome. Her father, Scott Schara, was Grace’s patient advocate under the Americans with Disabilities Act, so he was able to stay with her when she was hospitalized with covid in September 2021. Despite all the father’s efforts, “if he had known then what he knows now, his daughter would still be alive. He cannot explain why a hospital would dictate care based on faulty medical equipment, isolate Grace from ADA advocates, prevent her from eating to the point that she needed a feeding tube, restrain her, unilaterally label her DNR, administer an ICU sedative for an extended time, and finally combine it with narcotics that rapidly ended her life,” said [a report in the New American](#). “I agree the medications killed your daughter,” Scott was told by an intensivist after a review of her records. “What happened to Grace is awful and scandalous; unfortunately, this is what is happening across the country. Hospitals have become dangerous places for patients.” Since her death, her father has gone on to speak about the abuses, the neglect, and the outright harm caused by the hospital where Grace died and to advocate for a return to patient-centered treatment.

Nicole Sirotek is a registered flight nurse trained to oversee a ventilator and worked in May 2020 on the frontlines in New York City at the height of the first wave of covid-19 hospitalizations. She was horrified by the deaths she witnessed in two hospitals that she states were from “medical mismanagement” and “gross negligence.” She issued a [twenty-four-minute video](#) detailing the mismanaged deaths she was witnessing and was subsequently [let go from her duties](#). She has since founded [American Frontline Nurses](#)

. She [testified in January of 2022](#) before Senator Ron Johnson's panel in the U.S. Senate.

Peter A. McCullough MD, MPH, is an internist, cardiologist, and epidemiologist. He is a treating physician for patients with covid and now also for patients who have developed adverse reactions to covid vaccinations. He stated, "the human body has an amazing system of cell surface recognition molecules called the major histocompatibility complex (MHC), which is designed to allow our immune cells to recognize our own healthy cells from pathogens such as bacteria or other invading micro-organisms. With the genetic vaccines, particularly mRNA, for the first-time human cells are forced to produce a highly abnormal, pathogenic spike protein. The body reacts to this almost immediately [with an attack on any cell that has taken up mRNA and expressing the spike protein.](#)"

Patients are suffering grave injury and, too often, death from receiving the mRNA or DNA covid experimental vaccinations, which were railroaded through the FDA based on an Emergency Use Authorization. A growing number of [research papers](#) documenting the damage and injury from covid vaccination have been published. One of the most recent publications was authored by MIT professor Stephanie Seneff along with three other co-authors, including Peter A. McCullough, MD. It states in part: "The mRNA SARS-CoV-2 vaccines were brought to market in response to the public health crises of covid-19. The utilization of mRNA vaccines in the context of infectious disease has no precedent. The many alterations in the vaccine mRNA hide the mRNA from cellular defenses and promote a longer biological half-life and high production of the spike protein. However, the immune response to the vaccine is very different from that of a SARS-CoV-2 infection. In this [paper](#), we present evidence that vaccination induces a profound impairment in type I interferon signaling, which has diverse [adverse consequences to human health.](#)"

Many of these same courageous physicians and other brave nurses and treating healthcare practitioners are being threatened and charged in their home states with misinformation and other specious citations by state medical boards.

Doctors of conscience everywhere became the only barrier to the great vaccine plan. If early treatments had been allowed and encouraged by the state and the federal government, the new, never tried mRNA and DNA vaccines never would have been released. When released, they would have been recalled within a month or two due to the unprecedented number of vaccine-related injuries and deaths.

Has the corruption of covid treatments and covid patient care spilled over to the non-covid clinical and hospital patient care? Yes.

On the ground level, patients are reporting patterns of disrespect from their physicians, nurses, and other health workers. I've heard several reports of patients who were verbally castigated for not being vaccinated or for using hydroxychloroquine or ivermectin. Many physicians who used to work in this blue state of New York are gone due to employee vaccine mandates. There are nursing shortages.

In one local clinic, the front office staff and nurses call the attending nurse practitioner “doctor,” although her highest credential is a Master of Science in Nursing. This is not a small matter. It is fraud, and a direct violation of the state’s patients’ bill of rights. Where efforts used to be made to accommodate family or friends of the patient, now they are barely tolerated or rejected outright.

[Patients’ rights and other pledges of attention](#) to individual care are still required to be offered, and patients are required to sign a document that they have been offered a copy of, but the rules are frequently violated.

Worse are the outright maltreatment of patients. One hospitalized cancer patient on a walker with serious post abdominal surgery complications was discharged. When her family member did not arrive “quickly enough,” she was ordered into a MedVan—non-emergency medical transportation. She was physically compromised, non-mobile, and frightened by the driver, who was loudly verbally abusive.

Another patient who had suddenly emerging mobility issues in his lower back was ignored by his primary internist for several weeks when requesting a referral to a neurologist. After multiple requests, neurology was eventually arranged, and the MRI of the spine was viewed by a surgeon who recommended surgery for the patient without doing any physical examination. Most individuals I speak to post-covid have become loathe to see their doctor or seek help from a hospital.

Our battered and broken health care system can be fixed, but we must reject the dangerous and damaging authoritarian control directed by federal and international agencies during the pandemic.

Instead, the current U.S. administration is actively helping implement the WHO lust for power over sovereign nations. James Roguski has written a [Substack column documenting amendments proposed by a bureaucrat](#) at the U.S. Department of Health and Human Services. These amendments will be voted upon on May 22 to 28 of this year at the 75th World Health Assembly (the WHO governing body). These amendments establish an even stronger hierarchy of authority, with WHO at the top and senior to any nation or state.

The amendments endow WHO with enforcement powers for any health-related issues that might constitute or be suspected of becoming an emergency. They abdicate national authority and control of U.S. healthcare.

Meanwhile, the preamble of the Constitution of the World Health Organization codifies such broad health principles that WHO becomes completely weaponized to order about nation-states, and take enforcement action that is not defined, should states refuse to cooperate. The WHO, and its biggest supporter, [China](#), have been vehemently embracing [totalitarian solutions](#) to the covid health crisis and still [defend their actions](#).

Another common yet more drastic measure has been prepared by the WHO’s Director-General Tedros. WHO is encouraging the world’s nations to make legally binding treaties with the UN agency, giving over their healthcare systems entirely to the governance of WHO. WHO would become the central authority of worldwide healthcare, called One Health, which would treat all citizens as equal to animals and the environment.

These two measures—first, passing the U.S. amendments to empower WHO to investigate suspected health dangers in any country regardless of its stated desires and, second, making treaties with as many countries as possible to give over their healthcare sovereignty to WHO—will eventually erode the sovereignty of all the world's nations, leaving the global predators to exploit all of us.

We have all had a taste of totalitarian medicine during the recent pandemic and are witnessing its continued destructiveness. Unless our government refuses to be consumed by this UN agency, the United States and all its citizens within will be enslaved by unelected globalists, and our former health freedoms will never be returned to us.

Renowned psychiatrist and medical reformer Peter R. Breggin M.D. and journalist Ginger Breggin are co-authors of the book [Covid-19 and the Global Predators: We Are the Prey](#). It is a remarkable investigation, documented with more than a thousand footnotes, of the transformational corruption of multinational pharmaceutical companies, the federal government, and global elites led by the World Economic Forum, which orchestrated a deadly pandemic for wealth and power. The couple continues their investigation with a new series on "the strategy to take over the world while the world is lulled to sleep by the temporary loosening of covid-19 restrictions." Ginger Ross Breggin is the primary author of this essay. You can follow their work on RESCUE.

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