

# You Can Check in, but You Can Never Leave

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

## STORY AT-A-GLANCE

- › Dr. Elizabeth Lee Vliet from Truth for Health Foundation lays bare what's been happening inside America's hospital system over the last two years, bringing to mind the 1977 dystopian Eagles' hit song, "Hotel California," where people can check in, but they can never leave
- › Where once people could sign out of the hospital against medical advice (AMA), the Foundation's COVID Care Strategy Team has sometimes needed a show of force from police, attorneys, media and family members to liberate patients from a hospital
- › Hospitals have good reason to want to keep patients from leaving since the government has incentivized them to keep you there and watch you die, paying bonuses for every patient tested, admitted or treated with remdesivir for COVID, for every COVID patient on a ventilator and every COVID death
- › Human rights attorney Thomas Renz estimates each of these bonuses can potentially add up to \$100,000 extra per COVID patient; this may be one more reason why hospitals are not administering safe and effective medications like ivermectin or hydroxychloroquine
- › Vliet cautions people not to get overwhelmed by fear, and instead take action; get prepared with a COVID survival kit and make an action plan if you must be admitted to the hospital

**In this 40-minute interview with Dr. Elizabeth Lee Vliet, she reveals to host Dr. Peter R. Breggin many of the atrocities that are happening in hospitals today – not in the name**

of science, research or misguided intervention, but in the name of worship of the almighty dollar.

Vliet refocused her medical practice in 1985, when she set up an integrated practice that encompassed medicine, psychology, psychiatry, faith and health and wellness practices outside the boundaries of western medicine. She also founded Truth for Health Foundation,<sup>1</sup> Breggin calls the foundation's focus "refounding America," or the effort to return to the founding principles of the country.

She resigned from insurance contracts so she would answer only to her patients and not be constrained by insurance regulations.<sup>2</sup> Instead of approaching medicine from a fragmented perspective, treating one symptom or condition at a time, she decided to address the health of her patients from the perspective that every bodily system affects every other.

Fast forward to 2020, when Vliet found herself treating patients on the front line of COVID-19 using treatments that had been employed in the past for viral and bacterial illnesses. In the role as an advocate for patients and their families, she has discovered:<sup>3</sup>

*"COVID patients in America's hospitals today are actually treated worse than prisoners in America's jails. They don't have visitation rights. They don't have the right to decide treatment. They are refused fluids and nutrients. They are not given antibiotics. They are not given corticosteroids. Ivermectin is what's been in the news; it's more serious than just one drug. They're not getting a whole lot of things that I just listed."*

## **Patients Discover You Can Check in, but You Can Never Leave**

Vliet has gathered a strong group of professionals who are as committed as she to lead Truth for Health Foundation. Each has a unique skill set to lend to the ongoing work of the organization. The board and advisers include names you may recognize:

**Dr. Peter McCullough** — Chief medical adviser, internist, cardiologist and epidemiologist; he has 46 peer-reviewed publications on SARS-CoV-2 and has been an outspoken leader

in the medical response.

**Michael Yeadon, Ph.D.** – Chief science adviser; he holds a Ph.D. in respiratory pharmacology; his career in the biopharmaceutical industry spanned nearly 30 years leading projects seeking new treatments for asthma and COPD; until 2011 he was chief science officer in allergy and respiratory research worldwide with Pfizer U.K until the facility was closed.

**Paul. E. Alexander, Ph.D.** – Director of evidence-based medicine and research methodology; a former assistant professor at McMaster University in evidence-based medicine; COVID Pandemic adviser to WHO-PAHO (2020); and senior adviser to COVID pandemic policy for the U.S.

**Dr. Richard Blumrick** – Maternal-fetal medicine adviser; his fellowship research focused on the use of lipid coatings to increase transport across the placenta; he also has direct research experience on the risks of the lipid-coated gene therapy COVID shots for developing babies.

Vliet recounts some of the experiences of the foundation's COVID care strategy team, such as learning that, much like the 1977 dystopian Eagles' hit song "Hotel California", people can check in to the hospital, but they can never leave. Vliet says:<sup>4</sup>

*"Our COVID care strategy team works diligently to assist patients and family members of patients who are trying to rescue their loved ones from hospitals where they are trapped, isolated, alone and [have] no access to their advocates, no access to family, priests, rabbis, pastors, and no access to effective treatment ... It will turn out to be one of the most shameful eras in American medicine in our history when all is exposed."*

It was human rights attorney Thomas Renz who asked the foundation to set up a medical advisory team to help families rescue their loved ones from hospitals. This became the COVID Care Strategy Team. Vliet goes on to explain that for the team to successfully liberate patients from the hospital, it sometimes requires a show of force.

The team may have to organize the presence of local police, an attorney to confront hospital administrators, family members getting media on the hospital grounds and having ambulances on-site to hopefully get the patient released. All this in a country where the Constitution and Bill of Rights guarantee your right to freedom.

In the past years, you may have been able to sign a paper indicating you were leaving against medical advice (AMA), but during the pandemic, you are more likely to be held hostage, since some doctors and administrators may threaten patients who want to leave. Vliet shared:<sup>5</sup>

*"All of the situations our team has been involved in have had hospital administrators, doctors and nurses tell the patient, "Well, if you try to leave, you're going to die." Well, one patient, an 83-year-old woman, feisty spirit, said right back to the doctor, "Well, you tried to kill me yesterday by taking away my oxygen and putting me on morphine. I'd rather die with my family.""*

## **Hospitals Are Paid to Keep You Sick**

During her interview with Breggin,<sup>6</sup> Vliet shared how hospitals are being incentivized to keep people sick under the direction of the NIH and Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and chief medical adviser to the president.

Vliet has access to information from Renz and whistleblowers from hospitals, who are protected under federal whistleblower protection.<sup>7</sup> She says those hospitals are getting paid a bonus for using only remdesivir to treat COVID, a fact which is also published on the CMS site for Medicare patients.<sup>8</sup>

Remdesivir was developed as an antiviral drug and tested during the Ebola breakout in 2014. Developing the drug cost taxpayers at least \$70.5 million, and that number may be higher.<sup>9</sup> After analysis showed disappointing results for treating Ebola, it was once again tested in the early months of 2020 during the COVID-19 pandemic.<sup>10</sup>

However, those trials were also disappointing<sup>11,12,13</sup> and worse, revealed significant and life-threatening side effects from the drug, including kidney failure and liver damage.<sup>14</sup> Despite the research, the FDA first approved the drug under emergency use authorization in May 2020,<sup>15</sup> and then fully authorized it in October 2020.<sup>16</sup>

Vliet said the hospitals are also paid a bonus each time a patient with a COVID-19 diagnosis is admitted, for every PCR test on any patient, each time a patient is placed on a ventilator, and for every COVID-19 death.<sup>17</sup>

As you can imagine, it would not take much to convince hospitals to prescribe only remdesivir to patients when the hospitals are given a bonus for administering the drug and the medication leads to additional bonuses from ventilator care or death. In fact, Renz and the whistleblowers have calculated from the data<sup>18</sup> “that the hospitals, at a minimum, are making \$100,000 extra per COVID patient, for following all of these directives, and not deviating from them.”

Additionally, Vliet reports Renz has shared in press conferences information from CMS whistleblowers that 84.9% of Texans who are placed on ventilators die within 96 hours.<sup>19</sup> “We have never had a death rate in our hospitals that high in my lifetime,” she said. “And yet they continue to do it.”

Vliet mentions that patients are being denied nutrition and fluids, which you may find difficult to imagine. After all, that sounds too much like torture and against the Geneva Convention, which is the foundation of international humanitarian law. Under rule 53<sup>20</sup> you may not starve a person as it constitutes a war crime and under rule 118<sup>21</sup> you must provide basic necessities to people who are deprived of their liberty, as they are admitted to a hospital in isolation.

However, as Nancy Ross, power of attorney for Chicago’s iconic QAnon adherent Veronica Wolski, clearly states in her interview,<sup>22</sup> she had to beg the hospital to give Wolski food and nutrition.

## **Approved Medications Are Vilified**

Vliet touched on the meaning of FDA-approved medications and the latitude that physicians have had in the past when prescribing drugs “off-label,” which is prescribing a drug for an indication that is not approved by the FDA. For example, Viagra was originally approved and marketed for high blood pressure and angina,<sup>23</sup> but was prescribed off-label for erectile dysfunction before it was approved for that use.

During the interview, she said “that all of this about ivermectin not approved for COVID is a lot of hogwash the hospitals are putting up because it is an FDA-approved medicine.”<sup>24</sup> She went on to explain:<sup>25</sup>

*“This is a lie to the public when they say “Well, it’s not FDA approved for COVID.” That just means the drug company can’t market it for COVID. It does not mean doctors cannot use it to treat COVID, and doctors worldwide have been doing that very successfully ... we have over 60 studies that show how it works and that it is very effective if given early, and even when it’s given later in the hospitalization.”*

Ivermectin, by the way, is an FDA-approved drug for several health conditions, including treatment for worms, onchocerciasis, intestinal strongyloidiasis and onchocerciasis or river blindness, and dengue, Zika and yellow fever.<sup>26</sup> Federal employee and master’s-prepared nurse Jodi O’Malley spoke with Project Veritas about the conditions at Phoenix Indian Medical Center.<sup>27</sup> She is one of the whistleblowers working with Renz.

In one segment of a Veritas video, you see a pharmacist telling O’Malley she’s unwilling to fill ivermectin, saying “I am not going to lose my job over this.”<sup>28</sup> Taken at face value, the pharmacist decided to keep her job rather than give a patient life-saving medication.

Vliet explains that she has used hydroxychloroquine, another of the “vilified” medications, as a foundation for treatment since it has several unique properties that make it effective for this infection.<sup>29</sup>

## **Gates Declared 2010 Would Begin the Decade of Vaccines**

The COVID pandemic is one fruit of Gates' announcement at the 2010 World Economic Forum at Davos, when he pledged \$10 billion toward the effort.<sup>30,31</sup> Forbes reports Gates said, "The magic tool of health intervention is the vaccine, because they can be made very inexpensively."<sup>32</sup> The Forbes journalist wrote:<sup>33</sup>

*"Health = resources ÷ people. And since resources, as Gates noted, are relatively fixed, the answer lay in population control. Thus, vaccines made no sense to him: Why save kids only to consign them to life in overcrowded countries where they risked starving to death or being killed in civil war?"*

However, as the article continues, after discovering that people often had large families because their children died young, he switched his perspective for greater control. "'We moved pretty heavily into vaccines once we understood that,'" says Gates."<sup>34</sup>

Getting back to Breggin's interview with Vliet, he asks a broad question: How could Dr. Vliet be right?<sup>35</sup> How could they incentivize to withhold treatment and let people die, at the same time calling them COVID-19 patients to legitimize their actions, when many of them may not even have COVID-19 or it may not be what's killing them? It's the treatment that's destroying lives. Why would they do it?

Breggin believes it looks like it's part of culling the population, which he points out that Gates has never openly admitted to trying. Yet, as Breggin also notes, Gates' vaccines have killed people before, when children in Africa died from the DPT vaccine.<sup>36</sup> More recently, in June 2021, calls for Indian authorities to charge Gates with violations of medical ethics were trending on social media.<sup>37</sup>

Vliet believes much of the focus in health policy changed during the Obama administration when a private health care adviser, Dr. Ezekiel Emanuel, created the Complete Lives System.<sup>38,39</sup> Emanuel is a breast oncologist who was also chair of the department of bioethics at the National Institutes of Health from 1997 to 2011.<sup>40</sup>

As Lawrence R. Huntoon, M.D., Ph.D., wrote in an editorial,<sup>41</sup> the Complete Lives System is a form of socialism with five principles that were aimed at achieving "equal outcomes so as to achieve "complete lives." The system basically seeks to redistribute "life years"

from older individuals to younger individuals.” Or, as Vliet put it, “people over 50 had lived a complete life and we shouldn't waste medical resources on them.”<sup>42</sup>

In August 2009, a journalist for The Wall Street Journal<sup>43</sup> called Emanuel “Obama's Health Rationer-in-Chief,” writing, “True reform, he [Emanuel] argues, must include redefining doctors' ethical obligations.” He meant the obligation of physicians to care for each patient equally — and it appears we’ve arrived at that point.

## **Steps to Prepare to Care for Yourself and Stand for Freedom**

Vliet encourages you not to let fear overwhelm your ability to take action. While hospitals have become “death camps,”<sup>44</sup> she believes you must prepare to care for yourself at home. You cannot count on hospitals for individualized care like you could in the past. She advises people to create their own COVID survival kit, in much the same way you might have a tornado or hurricane kit.<sup>45</sup>

*“This is your life. Your life is God's gift to you, it is not the government's to control. That's the fundamental idea that made America different from Marxism, communism, socialism, monarchies and everything else. The government does not own you. You have the right to your bodily integrity,” she said.*<sup>46</sup>

Vliet and Breggin point out that we can all do something in this fight to remain free. They shared several suggestions to help you be prepared and stand for freedom. Vliet points out that David had the stones to kill Goliath, but he wouldn't have succeeded if he did not use them. Here are some “stones” for you to gather and use as you stand for freedom:

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Download information you need to treat illness at home. Truth For Health Foundation,<sup>47</sup> has a treatment guide available and several other resources.

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Prepare the nutraceuticals and prescription medications from a telemedicine consult that you would want at home if you do get sick.

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Use your mind and your intellect to make your own decisions based on the science



and not what someone else tells you to think.

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Make an action plan if you are admitted to a hospital. For example, set up a power of attorney now, get a strong family or friend you trust to act as an advocate, and make a list of the medications and nutraceuticals that you would be taking if you were sick.

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Vliet points out that if you were taking medication at home and put that on your admission papers, the hospitals are obligated to continue those medications. If they refuse you can advise them that you have been informed and offer to waive their responsibility if you take the medication. You may need an outside advocate or attorney to ensure you are given the medication.

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Stand for freedom in your home and community by refusing the vaccine mandate.

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Get involved on a local or national level. Make phone calls, go to your school board meetings or run for the school board. Write emails, donate to organizations that are fighting the mandate, march in protest or share the information with family and friends.

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In the video Breggin ends the interview by reminding the listener that:<sup>48</sup>

*"Since the Founding Fathers and Mothers of this country, no generation, except perhaps the Civil War, has had the opportunity to stand up for freedom as we do. And, at no time since the founding has the democracy itself been under such threat, from in this case the global predators and ultimately the Chinese communists and Marxism."*

## Sources and References

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- <sup>4</sup> [Brighteon.com, December 22, 2022 Min 10:15](#)

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- <sup>6</sup> [Brighteon.com, December 22, 2022 Min 11:30](#)
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- <sup>47</sup> [TruthForHealth Foundation](#)