

Lethal Connections: "Complete Lives" Morphs into "COVID Protocol" in America's Hospitals - AAPS | Association of American Physicians and Surgeons

By Elizabeth Lee Vliet, MD

In a shocking departure from traditional hospital policies, a hospital admission has become like reporting to prison. Prisoners in America's jails have more visitation rights than do COVID patients in America's hospitals.

One family member, a professional psychologist with a career focus treating victims of trauma, said that in many hospitals COVID patients are treated "little better than animals."

Shocking recordings of Mayo Clinic-Scottsdale and Banner Health System hospital executives have been released by an attorney on the Legal Advisory Council of [Truth for Health Foundation](#), an Arizona public charity. Executives were discussing coordinated efforts to restrict fluids and nutrition for hospitalized COVID patients and to suppress all visitations for COVID patients.

The COVID protocol that hospital physicians must follow, in lockstep across the U.S., appears to be the implementation of the 2009-2010 "Complete Lives System" developed by Dr. Ezekiel Emanuel for rationing medical care for people older than 50.

Dr. "Zeke" Emanuel, who was the Senior White House Health Policy Advisor to President Obama and has been advising President Joe Biden about COVID-19, stated in his [classic 2009 Lancet paper](#): "*When implemented, the complete lives system produces a priority curve on which individuals aged between roughly 15 and 40 years get the most substantial chance, whereas the youngest and oldest people get chances that are attenuated.*"

"Attenuated" means *rationed, restricted, or denied* medical care that commonly leads to premature death.

In 2021, whistleblower doctors, nurses, attorneys, patient advocates, and journalists have [exposed egregious hospital abuses](#), neglect of patients, denial of vital intravenous fluids and basic medicines to hospitalized COVID patients across the U.S.

The Complete Lives Protocol apparently derives from the 1990s UK National Health Service "Liverpool Pathway," which in effect constituted euthanasia.

Now we see its malevolent manifestation in the "COVID Protocol." Age-based rationing is happening every day on COVID units of our hospitals, since the overwhelming majority of COVID patients are older than 50, the age at which Emanuel claims that a life is "complete" and not worth the use of medical resources.

"Complete Lives System" and the "COVID Protocol" are pathways leading to suffering and premature death, mainly of older Americans. They achieve the government's goal of reducing Medicare costs. At the same time, hospitals make untold extra millions with extra incentive payments for COVID patients during their tortured path to death, while they are chemically and physically restrained and isolated from families, pastors, priests, and rabbis.

The heartbreaking story of [Veronica Wolski](#), a well-known Chicago Freedom advocate, was widely publicized. Once hospitalized in ironically named Resurrection Hospital, Veronica was given remdesivir, which she had repeatedly refused, denied proper basic medical care that could have been life-saving, and was not allowed access to her family, priest, or healthcare power of attorney. The hospital blocked Veronica leaving the hospital when she and her attorneys demanded release. Her healthcare power of attorney was removed by hospital security. Veronica died alone as a medical prisoner in a Catholic hospital denied even a priest at the end of her life.

Unconscionable hospital violations of human rights, including even violations of the Geneva Convention codes established following World War II to prevent abuses of prisoners, are occurring daily across the U.S.

- Patients are coerced to take rapidly approved drugs like Remdesivir, in spite of known risks of kidney and liver failure, and to be placed on ventilators, both of which bring in incentive payments and create huge profits for hospitals.
- Patients are denied adequate fluids and nutrition, as well as vitamins, inhaled and intravenous corticosteroids, antibiotics, antivirals, and adequate doses of "blood-thinners" (anticoagulants).
- Patients suffer inhumane isolation with use of chemical and physical restraints, in violation of existing guidelines for patient protection.
- Hospitals are using law enforcement to deny access to hospital grounds for family and advocates.

Patients and their advocates have been denied information on benefits of early treatments and denied access to such treatment. Autopsies have confirmed many patients died because of inadequate doses of standard anticoagulation, even after family members went to court to demand therapeutic doses to help save lives.

Doctors and nurses risk their careers, their licenses, livelihoods, and even their lives as they courageously speak out to inform their patients and the public with life-saving information. One ICU physician colleague posted this on social media recently:

Just finished a 10-night stretch in the ICU. Patient bashing and blatant meanness have taken on a whole new level within our healthcare colleagues. How can we NOT spiral downwards towards despair when this behavior is allowed and is being normalized?? ...I feel I've been thrown into a Mean Girls sequel. Making fun of patients and families for not being V'd is the cool thing now. ...I don't mind taking care of COVID patients. But this hateful vibe that has permeated my world is what's going to end my career if it doesn't end."

Welcome to the brave new world of government-directed medical care carried out by obedient, profit-focused hospital executives eager for the government handouts

of incentive payments for following the "COVID Protocol."

About the author: Dr. Vliet is the President and CEO of Truth for Health Foundation, a 501(c)(3) public charity, and the creator of the Foundation's innovative six initiatives that advocate for early outpatient COVID treatment, assist families of hospitalized patients denied effective treatment, defend medical freedom, and provide international educational and training programs focused on effective strategies for COVID and on the interconnections of health, faith and lifestyle approaches for restoring resilience and quality of life.

Since February 2020, Dr. Vliet has been part of the team of frontline physicians treating COVID early at home to reduce hospitalizations and death. With Dr. Peter A. McCullough, she is a co-author/editor of the *Guide to COVID Early Treatment: Options to Stay Out of Hospital and Save Your Life*. (<https://www.truthforhealth.org/patientguide/patient-treatment-guide/>). Dr. Vliet is a 2014 Ellis Island Medal of Honor recipient for her national and international educational efforts in health, wellness, and endocrine aging in men and women. She is also the 2007 recipient of the Voice of Women from the Arizona Foundation for Women, and a past director of the Association of American Physicians and Surgeons (AAPS) and a member of the AAPS Editorial Writing Team since 2009.

Dr. Vliet has been a leader in patient centered, individualized medical care. Since 1986, she has practiced medicine *independent of insurance contracts that interfere with patient-physician relationships* and decision-making. Dr. Vliet is the founder of Vive Life Center with medical practices in Tucson AZ and Dallas TX, specializing in preventive and climacteric medicine with an integrated approach to evaluation and treatment of women and men with complex medical and hormonal problems from puberty to late life.

Dr. Vliet's consumer health books include: *It's My Ovaries, Stupid; Screaming To Be Heard: Hormonal Connections Women Suspect— And Doctors STILL Ignore; Women, Weight and Hormones; The Savvy Woman's Guide to PCOS, The Savvy Woman's Guide to Great Sex, Strength, and Stamina*.

Dr. Vliet received her M.D. degree and internship in Internal Medicine at Eastern Virginia Medical School and completed specialty training at Johns Hopkins. She earned her B.S. and master's degrees from the College of William and Mary in Virginia. Dr. Vliet has presented hundreds of professional CME programs for physicians and allied health professionals, healthcare Town Halls addressing the economic and medical impact of government intrusion into medicine, free market reforms, and consumer seminars and radio shows on integrated approaches to Men's Health and Women's Health.

Dr. Vliet speaks as an independent physician, not as a spokesperson for any healthcare system, pharmaceutical company, insurance plans, or political party. Her allegiance and advocacy is to and for patients. Dr. Vliet's medical and educational websites are www.TruthForHealth.org And www.ViveLifeCenter.com