

# Biden's Bounty on Your Life: Hospitals' Incentive Payments for COVID-19

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Association of American Physicians and Surgeons  
November 17, 2021

Upon admission to a once-trusted hospital, American patients with COVID-19 become virtual prisoners, subjected to a [rigid treatment protocol](#) with roots in Ezekiel Emanuel's "Complete Lives System" for rationing medical care in those over age 50. They have a shockingly high mortality rate. How and why is this happening and what can be done about it?



As [exposed in audio recordings](#), hospital executives in Arizona admitted meeting several times a week to *lower* standards of care, with coordinated restrictions on visitation rights. Most COVID-19 patients' families are deliberately kept in the dark about what is really being done to their loved ones.

The combination that enables this tragic and avoidable loss of hundreds of thousands of lives includes (1) The [CARES Act](#), which provides hospitals with bonus incentive payments for all things related to COVID-19 (testing, diagnosing, admitting to hospital, use of remdesivir and ventilators, reporting COVID-19 deaths, and vaccinations) and (2) [waivers of customary and long-standing patient rights](#) by the Centers for Medicare and Medicaid Services (CMS).

In 2020, the [Texas Hospital Association](#) submitted requests for waivers to CMS. According to Texas attorney Jerri Ward, “CMS has granted ‘waivers’ of federal law regarding patient rights. Specifically, CMS purports to allow hospitals to violate the rights of patients or their surrogates with regard to medical record access, to have patient visitation, and to be free from seclusion.” She notes that “rights do not come from the hospital or CMS and cannot be waived, as that is the antithesis of a ‘right.’ The purported waivers are meant to isolate and gain total control over the patient and to deny patient and patient’s decision-maker the ability to exercise informed consent.”

Creating a “National Pandemic Emergency” provided justification for such sweeping actions that override individual physician medical decision-making and patients’ rights. The CARES Act provides incentives for hospitals to use treatments dictated solely by the federal government under the auspices of the NIH. These “bounties” must pay back if not “earned” by making the COVID-19 diagnosis and following the COVID-19 protocol.

**The hospital payments include:**

- A “free” *required* PCR test in the Emergency Room or upon admission for every patient, with government-paid fee to hospital.
- Added bonus payment for each positive COVID-19 diagnosis.
- Another bonus for a COVID-19 admission to the hospital.
- A 20 percent “boost” bonus payment from Medicare on the *entire hospital bill* for use of remdesivir instead of medicines such as Ivermectin.
- Another and larger bonus payment to the hospital if a COVID-19 patient is mechanically ventilated.
- More money to the hospital if cause of death is listed as COVID-19, even if patient did not die directly of COVID-19.
- A COVID-19 diagnosis also provides extra payments to coroners.

CMS implemented “value-based” payment programs that track data such as how many workers at a healthcare facility receive a COVID-19 vaccine. Now we see why many hospitals implemented COVID-19 vaccine mandates. **They are paid more.**

Outside hospitals, physician MIPS quality metrics link doctors’ income to performance-based pay for treating patients with COVID-19 EUA drugs. **Failure to report information to CMS can cost the physician 4% of reimbursement.**

Because of obfuscation with medical coding and legal jargon, we cannot be certain of the actual amount each hospital receives per COVID-19 patient. **But Attorney Thomas Renz and CMS whistleblowers have calculated a total payment of at least \$100,000 per patient.**

What does this mean for your health and safety as a patient in the hospital?

**There are deaths from the government-directed COVID treatments.** For remdesivir, studies show that 71–75 percent of patients suffer an adverse effect, and the drug often had to be stopped after five to ten days because of these effects, such as kidney and

liver damage, and death. Remdesivir trials during the 2018 [West African Ebola outbreak](#) had to be discontinued because *death rate exceeded 50%*. Yet, in 2020, Anthony Fauci directed that remdesivir was to be the drug hospitals use to treat COVID-19, even when the COVID clinical trials of remdesivir showed similar adverse effects.

In ventilated patients, the death toll is staggering. A National Library of Medicine January 2021 report of 69 studies involving more than 57,000 patients concluded that fatality rates were 45 percent in COVID-19 patients receiving invasive mechanical ventilation, increasing to 84 percent in older patients. Renz announced at a [Truth for Health Foundation Press Conference](#) that CMS data showed that in Texas hospitals, 84.9% percent of all patients died after more than 96 hours on a ventilator.

Then there are deaths from restrictions on effective treatments for hospitalized patients. Renz and a team of data analysts have estimated that more than 800,000 deaths in America's hospitals, in COVID-19 and other patients, have been caused by approaches restricting fluids, nutrition, antibiotics, effective antivirals, anti-inflammatories, and therapeutic doses of anti-coagulants.

We now see government-dictated medical care at its worst in our history since the [federal government mandated](#) these ineffective and dangerous treatments for COVID-19, and then *created financial incentives* for hospitals and doctors to use only those "approved" (and paid for) approaches.

Our formerly trusted medical community of hospitals and hospital-employed medical staff have effectively become "bounty hunters" for *your* life. Patients need to now take unprecedented [steps to avoid going into the hospital](#) for COVID-19.

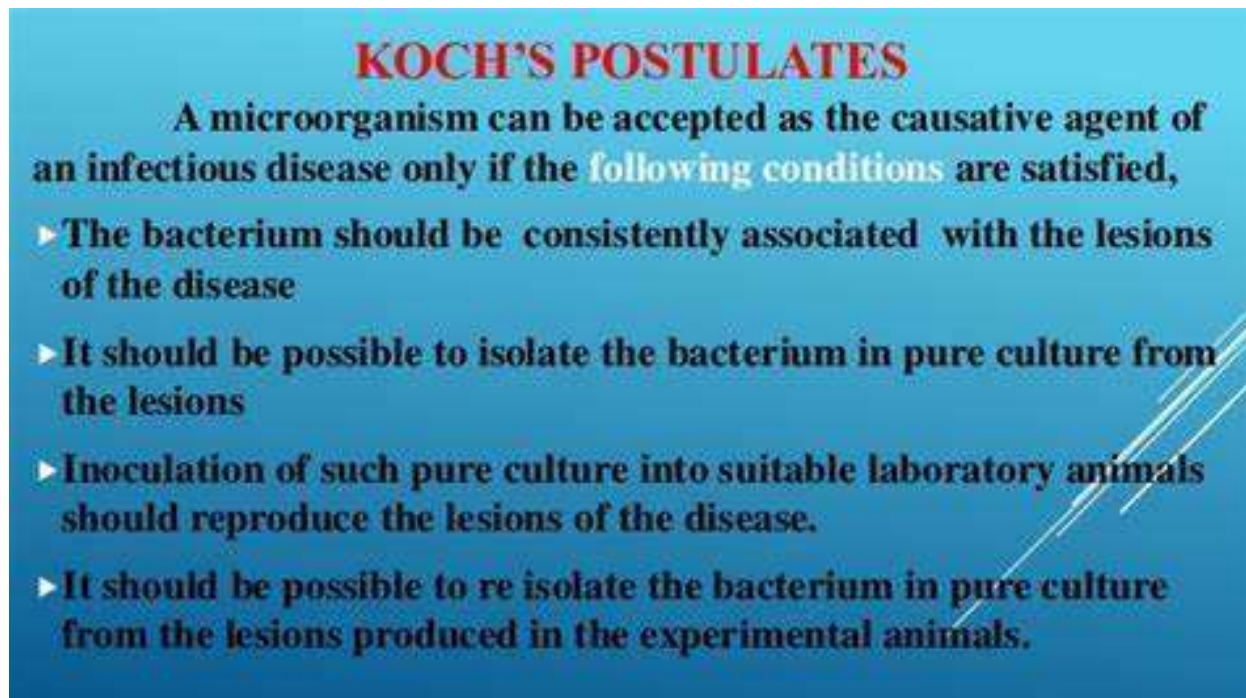
Patients need to take active steps to plan before getting sick to use [early home-based treatment of COVID-19](#) that can help you save your life. **You will be shocked by what follows and how the government benefits from your death!**

If this does not smack of government health agency premediated manslaughter if not murder, please educate me as to what does. The authors of this article that was in one of my news links may or may not be aware of other aspects to this story of "genocide" of other pieces of this puzzle of eliminating elderly (current age of death for Covid deaths was 72-74 throughout this entire time VAERS was reporting) certainly suggests of medical homicide.

Shortly after the "pandemic" was called by the WHO on March 11, 2020, governments and health agencies were instructed not to autopsy victims; and then the CDC stated that the CDC would compensate families for funeral and burial costs up to \$10,000. Fortunately, a number of autopsies were done regardless of the instructions of the WHO. At least five that I am aware of revealed that the decease had not succumbed to the alleged Covid, but rather had evidence of radiation poisoning. This has a correlation with exposure to 5G EMF radiation poisoning although does not necessarily prove causation.

Russian President Vladimir Putin ordered Russian Ministry of Health to conduct a number of autopsies against the WHO's instructions, and their results confirmed earlier autopsy findings elsewhere, no such Covid-19.

The issue of the existence of Covid-19 remains a mystery to this present day, as no official lab anywhere in the U.S. or elsewhere have confirmed the presence of an alleged Covid-19 or having ever existed at all. Medical investigative reporter Jon Rappoport has written numerous pieces on the fact that Covid-19 does not exist ever, it has never been isolated, despite numerous attempts to say it has been isolated, have proven unsubstantiated according to the "Gold Standard" of the Koch Postulates.



The above chart is the newest graphic that I could find explaining this "Gold Standard" of confirming the existence of a microorganism established by Robert Koch.

As applied to viral agents, "Koch's Postulates" for establishing causation require virus isolation from a diseased organism, growth of the agent in pure culture, and the development of disease when the virus is re-introduced into a healthy organism (Koch, 1884, Rivers, 1937). On the next page is the chart of "Koch Postulates" that I have presented in other articles.

Achieving meeting those standards is not as easy as one might think in proving the existence of a viral agent called Covid. The following is from an abstract from 2003 titled: *"Koch's postulates fulfilled for SARS virus"*

[Microscopic slide sample photos were excluded for space purpose and their relevance to SARS only]

“Severe acute respiratory syndrome (SARS) has recently emerged as a new human disease, resulting globally in 435 deaths from 6,234 probable cases (as of 3 May 2003). Here we provide proof from experimental infection of cynomolgus macaques (*Macaca fascicularis*) that the newly discovered SARS-associated coronavirus (SCV) is the aetiological agent of this disease. Our understanding of the aetiology of SARS will expedite the development of diagnostic tests, antiviral therapies and vaccines, and may allow a more concise case definition for this emerging disease.

According to Koch's postulates, as modified by Rivers for viral diseases, six criteria are required to establish a virus as the cause of a disease<sup>1</sup>. The first three criteria — isolation of virus from diseased hosts, cultivation in host cells, and proof of filterability — have been met for SCV by several groups<sup>2,3,4,5</sup>. Moreover, of 96 individuals complying with the World Health Organization's definition of SARS<sup>6</sup> in Hong Kong, 86 (90%) yielded laboratory evidence of SCV infection.

Both SCV-inoculated macaques became lethargic from 3 d.p.i. onwards and developed a temporary skin rash, and one suffered respiratory distress from 4 d.p.i. onwards. The macaques excreted virus from the nose and throat at 2–6 d.p.i., as shown by polymerase chain reaction with reverse transcription (RT-PCR) and by virus isolation (see supplementary information). The isolated virus was identical to that inoculated, as shown by negative-contrast electron microscopy (Fig. 1a) and RT-PCR analysis. Seroconversion to SCV, as determined by indirect immunofluorescence assay using infected Vero cells, was demonstrated in two other SCV-infected macaques at 16 d.p.i.. The virus was also isolated from the faeces of one of these animals (see supplementary information).

a, Virus particles re-isolated from nasal swabs of infected macaques display typical coronavirus morphology. b, Diffuse alveolar damage in the lung; alveoli are flooded with highly proteinaceous fluid (arrowhead) that stains dark pink. c, Several syncytia (arrowheads) are present in the lumen of a bronchiole and surrounding alveoli. Original magnifications: a,  $\times 200,000$ ; b,  $\times 150$ ; c,  $\times 100$ .

At gross necropsy, one macaque had severe multifocal pulmonary consolidation, and SCV infection was detected in lung tissue by RT-PCR and virus isolation. Histologically, both macaques had interstitial pneumonia of differing severity. The one with gross lesions had diffuse alveolar damage, marked by necrosis of alveolar and bronchiolar epithelium and flooding of alveolar lumina with proteinaceous fluid, admixed with fibrin, erythrocytes, alveolar macrophages and neutrophils (Fig. 1b). Occasional multinucleated cells (syncytia) were present in the lumen of bronchioles and alveoli (Fig. 1c). These lesions are indistinguishable from those in biopsied lung tissue and in autopsy material from SARS patients<sup>5</sup>, including the presence of syncytia in alveolar lumina<sup>4</sup>.

SCV thus fulfils all of Koch's postulates as the primary aetiological agent of SARS. This does not exclude the possibility that other pathogens, including human metapneumovirus (hMPV) and *Chlamydia pneumoniae*, may have exacerbated the

disease in some SARS patients. However, these were not present in SCV-inoculated macaques (results not shown), were not found consistently in SARS patients, and do not usually cause the lesions associated with SARS. Moreover, lesions in macaques infected experimentally with hMPV isolated from a non-SARS individual<sup>7</sup> were limited to mild suppurative rhinitis and minimal erosion in conducting airways, and disease was not exacerbated in two SCV-infected macaques subsequently inoculated with hMPV (results not shown).

## Koch's Postulates

1. The same pathogen must be present in every case of the disease;
2. The pathogen must be isolated from the diseased host and grown in pure culture;
3. The pathogen from the pure culture must cause the disease when it is introduced into a healthy but susceptible organism.
4. The pathogen must be isolated from the inoculated animal and be shown to be the original organism.

I am fully aware that for the untrained medical mind, this may be hard to grasp. The point of this is to suggest to this day, no one, no health agency, no lab has been able to confirm the existence, presence, of a 'live' virus called Covid-19. Well over a hundred world-wide labs requested from the U.S. CDC in Atlanta slide-samples for comparison purpose, and their requests were met with: "They do not exist". As Jon Rappoport has said: "No slide samples, then there is no Covid-19 virus!"

**Jon Rappoport: The non-existent virus; an explosive interview with Christine Massey**

**Publié le [7 octobre 2021](#) par [lettreelectronique](#)**

**The non-existent virus; an explosive interview with Christine Massey**

by Jon Rappoport

With a background in biostatistics, Christine Massey has been using Freedom of Information (FOIA) requests as a research tool, as a diamond drill, to unearth the truth about SARS-CoV-2. As in: Does the virus exist?

Her approach has yielded shocking results.

In a half-sane world, Christine's work would win many awards, and rate far-reaching coverage. In the present world, more and more people, on their own, are waking up to her findings and completely revising their perception of the "pandemic."

Here is my recent interview with the brilliant relentless Christine Massey:

**Q: You and your colleagues have made many FOIA requests to public health agencies around the world. You've been asking for records that show the SARS-CoV-2 virus exists. How did you develop this approach?**

**A: In 2014, a lady in Edmonton submitted a freedom of information request to Health Canada asking for studies relating to the addition of hydrofluorosilicic acid (industrial waste fluoride acid) to public drinking water (water fluoridation). HealthCanada's response indicated that they had no studies whatsoever to back up their claims that the practice is safe or effective.**

A few years later, some high quality government-funded studies showed that common fluoride exposure levels during pregnancy are associated with lower IQs and increased ADHD symptoms in offspring. Nevertheless, dentists and the public health community continued to promote and defend the so-called "great public health achievement" of forcing this controversial preventative dental treatment onto entire communities, and were dismissive of those studies. **So I used freedom of information requests to show that various institutions promoting and defending water fluoridation in Ontario, Alberta and Washington State could not provide or cite even one primary study indicating safety with respect to those outcomes.**

**So once I learned from people like David Crowe, Dr. Andrew Kaufman, Dr. Stefan Lanka and Dr. Thomas Cowan that the alleged [COVID] virus had never been isolated (purified) from a patient sample and then characterized, sequenced and studied with controlled experiments, and thus had never been shown to exist, I realized that freedom of information (FOI) requests could be used to verify their claims.**

Most people are not going to take the time to check all of the so-called "virus isolation" studies for themselves, so FOIs were a way to 1) ensure that nothing had been overlooked, and 2) cut to the chase and back-up what these gentlemen [Kaufman, Cowan, Crowe, Lanka] were saying, if they were indeed correct.

So in May 2020 I began submitting FOI requests for any record held by the respective institution that describes the isolation/purification of the alleged “COVID-19 virus” from an unadulterated sample taken from a diseased patient, by anyone, anywhere on the planet.

**Q: How many public health and government agencies have you queried with FOIA requests?**

**A: I have personally queried and received responses from 22 Canadian institutions. These are public health institutions, universities that claim to have “isolated the virus”, and 3 police services – due to their enforcement of “COVID-19” restrictions. I have also personally received responses from several institutions outside of Canada including the U.S. Centers for Disease Control and Prevention and Anthony Fauci’s National Institute of Allergy and Infectious Diseases (NIAID). I await responses from a number of additional institutions. Many people around the world have obtained responses to the same/similar, or related, [FOIA] requests, from institutions in their own countries. One person who has done a lot of work on this in New Zealand and other countries is my colleague Michael S. Also a fellow named Marc Horn obtained many in the UK. A handful of other people obtained several responses, and lots of people have obtained 1 or 2.**

I have been compiling all of the responses that are sent to me on my [FOI page](#), and as I type this (October 4, 2021) we have FOI responses from 104 institutions in well over 20 countries all relating to the purification/existence of the alleged virus. Additionally, there are court documents from South Africa and Portugal. In total, 110 instructions are represented at this moment on my website. There are FOI responses from more institutions that I haven’t had a chance to upload yet.

**Q: How would you characterize the replies you’ve gotten from these agencies?**

**A: Every institution without exception has failed to provide or cite even 1 record describing purification of the alleged virus from even 1 patient sample. Twenty-one of the 22 Canadian institutions admitted flat out that they have no such records (as required by the Canadian legislation). Many institutions outside Canada have admitted the same, including the CDC (November 2, 2020), Australia’s Department of Health, New Zealand’s Ministry of Health, the UK Department of Health and Social Care...**

And in some cases, silly excuses were provided. For example, the Norwegian Directorate of Health’s response was that they do not own, store or control documents with information about patients. Public Health Wales told Dr. Janet Menage that they have not produced any such records, and that while they would normally be willing to point her towards records that are in the public domain it would be too difficult in this case.



Brazil's FDA-like injection-approver, the Health Regulatory Agency (Anvisa), told Marcella Picone that they have no record of virus purification and are not required to by law, thus it is (in their minds) not their obligation to make sure that the virus actually exists.

**Q: What is the exact text of your FOIA requests?**

The text has varied somewhat over time. For example, in the beginning I used the word "isolation". But since that term gets abused so badly by virologists, I now stick to "purification".

In all requests I specified exactly what I meant by isolation/purification (separation of the alleged virus from everything else), and that the purified particles should come directly from a sample taken from a diseased human where the patient sample was not first adulterated with any other source of genetic material (i.e. the monkey kidney cells aka Vero cells and the fetal bovine serum that are typically used in the bogus "virus isolation" studies).

I always clarified that I was not requesting records where researchers failed to purify the alleged virus and instead cultured something and/or performed a PCR test and/or sequenced something. I also clarified that I was requesting records authored by anyone, anywhere – not simply records that were created by the institution in question. And I requested citations for any record of purification that is held by the institution but already available to the public elsewhere. The latest iteration [of the FOIA request] is posted on a page of my website where I encourage others to submit requests to institutions in their own country: [Template for "SARS-COV-2 isolation" FOI requests.](#)

**Q: These agencies are all saying they have no records proving SARS-CoV-2 exists, but at the same time some of these agencies sponsor and fund studies that claim the virus does exist. How do you account for this contradiction? I will address this by way of an example.**

**The Public Health Agency of Canada (PHAC) is the only Canadian institution that failed to provide a straightforward "no records" response thus far. Instead, they provided me with what they pretended were responsive records.**

The records consisted of some emails, and a study by Bullard et al. that was supported by PHAC and their National Microbiology Laboratory, and by Manitoba Health and Manitoba's Cadham Provincial Laboratory.

**Neither the study nor the emails describe purification of the alleged virus from a patient sample or from anything else. The word "isolate" (or "isolation" / "purify" / "purification") does not even appear, except in the study manuscript in the context of isolating people, not a virus.**

...in the Materials And Methods section we find that these researchers performed PCR “tests” for a portion of the E gene sequence (not a virus), and they incubated patient samples (not a virus) on Vero cells (monkey kidney cells) supplemented with fetal bovine serum, penicillin/streptomycin, and amphotericin B, and they monitored for harm to the monkey cells.

No virus was looked for in, or purified from, the patient samples. No control groups of any kind were implemented in the monkey cell procedures. No virus was required or shown to be involved anywhere in the study, but “it” was blamed for any harm to the monkey cells and “it” was referred to repeatedly throughout the study (I counted 26 instances).

Nevertheless, this was the sole paper provided by the Public Health Agency of Canada.

And although the researchers did not claim to have “isolated” the alleged virus in this paper, they performed the same sort of monkey business / cell culture procedure that is passed off as “virus isolation” by virologists in country after country. (Because virology is not a science.)

...Note the admission in the [study] Abstract: “RT-PCR detects RNA, not infectious virus”.

...So I wrote back to the Public Health Agency of Canada and advised them that none of the records they provided me actually describe separation of the alleged virus from everything else in a patient sample, and that I require an accurate response indicating that they have no responsive records.

In their revised response, the Agency insisted that the gold standard assay used to determine the presence of intact virus in patient samples is visible cytopathic [cell-killing] effects on cells in a cell culture, and that “PCR further confirms that intact virus is present”.

...As you have pointed out to your readers again and again: No one has isolated/purified “the virus”. They simply assume that patient samples contain “it” (based on meaningless PCR tests). They adulterate patient samples with genetic material and toxic drugs, starve the cells, then irrationally blame “the virus” for harm to the cells. They point to something that has never been purified, characterized, sequenced or studied scientifically, in a cell culture and insist « that’s the virus ». They fabricate the « genomes » from zillions of sequences detected in a soup. It’s all wild speculation and assumptions, zero science. So the people responsible for the blatantly fraudulent claims made by these institutions are either wildly incompetent or intentionally lying.

—end of interview—

**To bolster Christine's final comments, these agencies will respond to FOIA requests with: "we have no records of virus purification"—and then sponsor studies that claim the virus HAS BEEN purified and discovered, because... The standards for purifying the virus in the studies are no standards at all. They're entirely irrational.**

**However, because Christine is very precise and accurate in her FOIA requests, when it comes to what purification means, the agencies are compelled to reply... "Well, in THAT case, we have no records of virus purification..."**

**Meaning: There are no records showing the virus has been isolated; there are no records showing the virus exists.**

At this point, having studied this hoax for two years ongoing, my conclusion is that the world has been scammed by some very smart, but criminal individuals, knowing that the public are not about to question the powers at be on the legitimacy or lack of legitimacy of the so-called Covid-19 virus. My thoughts suggest that there is a different agenda behind the so-called "pandemic" driven by fear. This past two years has been a classical example of the Hegelian Dialectic: Thesis-Antithesis-Synthesis or stated another way: Problem-Reaction-Solution.

The WHO and their associates created the problem with inflammatory language to create a fear-factor that snowballed such to create a panic situation in which the government is forced to offer a political answer, hence the EAU "gene" therapy solution. As we have seen these so-called vaxxes are loaded with toxic poisons that result in serious debilitation and even death, almost 19,000 in the U.S. alone, and nearly 30,000 in the EU countries.

We have proof in the form of 4,000 patents exposing the complicity of the government and individuals like the CCP doing work for the NIH, NIAID, under Dr. Anthony Fauci's were involved in making viruses from the SARS virus into a pathogen that will harm and murder people with greater effect. Dr. David Martin was tracking Dr. Fauci, and his fellow criminals doing their crimes since 1999, almost out in the open since few would understand what they were up to. Peter Daszak, and the EcoAlliance, and others were motivated by money in their crimes. Dr. David Martin spells it all out for us in the link below:

[MIND-BLOWING! Dr David Martin Exposes the 'The Great Reset and COVID19 Vaccines' Agenda](#)

**There's none so blind as those who will not see.**

You cannot make someone pay attention to something that he or she does not want to notice.

Dr. Peter McCullough, an internist, cardiologist, epidemiologist and a full professor of medicine at Texas A&M College of Medicine in Dallas, analyzes evidence that shows Covid vaccines are very dangerous and more people are dying from the injections

rather than from illness diagnosed as Covid. Dr. McCullough said that Americans stopped taking Covid vaccines in late April after many Covid injection-linked deaths were reported and he contends that Americans failed to meet Joe Biden's target of a 70% vaccination rate. He said that people are walking off the job rather than risking their lives by taking Covid shots. According to a September 2021 analysis, the COVID shots have killed five times more seniors (65+) than the infection itself. In younger people and children, the risk associated with the COVID shot, compared to the risk of COVID-19, is bound to be even more pronounced. 50% of reported deaths after COVID-19 "vaccination" occur within 24 hours, and 80% occur within the first week; we have previously reported that the CDC counts people as unvaccinated if they only received one dose of a Covid injection and if it has been less than two weeks since they received their second jab. Data show higher vaccination rates do not translate into lower COVID-19 case rates.

I have 65,000 saved documents on this entire subject, of which have many related threads and links that for many people make little sense; and, apart from a common denominator would be confusing for most. I stand on my original premise of Dr. Paul Erlich's book, *'The Population Bomb'* that "Depopulation is the #1 Problem since 1968". They simply want us dead, ASAP.

Covid-19 is not doing the job as fast as they want and so now you can look for them to reactivate Ebola or the Spanish Flu of 1917. The elite have long viewed a rising population as a threat to their dominance. They realized that eventually a large number of people will inevitably overthrow and remove them from power. They are particularly concerned with the middle class whose intelligence and capacity to organize makes them the biggest threat. Consequently, the elite plan to destroy the middle class and make all the of public equally poor and thus incapable of rebelling. As written on the Georgia Guide Stones, they want a global population of just 500 million. This means 6+ billion people must die over the coming century.

The government has on book debts of \$28-trillion dollars and as large as that is, it is the off book debt of \$230-trillion that dwarfs the national debt. The generosity of the government health programs to hospitals and the CDC's plans to pay for burial/funeral expenses are all so out of character from a government that will hound taxpayers with penalties and interest on past due taxes. Elon Musk of Tesla fame has been floating a stock sale so that he can raise cash to pay his past due taxes.

A question we've been hearing lately: *"Is it worth it to shut down the economy to save lives?"* Or *"Should we let people die to save the economy?"* The only way to answer this question is to figure out what a human life is worth ... in dollars. This happens all the time. In fact, U.S. government federal agencies have a very specific answer. They say a human life is worth about \$10 million. At some point in the past two or three years that value has changed from an older amount that ranged from a million up to two million a person.

The cumulative Covid-19 death total for the U.S. as of 11/17/21 is 764,000 rounded off, and so at \$10 million a person that is a net savings of \$7.64-Trillion dollars to the U.S. government. The government will not tell you how they get their value of a human life is worth about \$10 million but I will explain that.

This little secret has to do with the fact your birth certificate is in all CAPITAL LETTERS; and your labor is pledged collateral on the National Debt. This is known as your “Straw Man” There is the physical “You” and then there is the “Straw Man” you!

Furthermore it is your “Straw Man” that is traded on the stock market in bundles and they hold a life insurance policy on all citizens in the form of a bond and the government is the beneficiary of that life insurance (a term life) policy proceeds when paid at death to the government under the “Strawman” clause. Many corporations will take out insurance policies on their senior or most important employees, some do so on all their employees, once largely unbeknown to their employees. These policies now require the consent of the employee and are usually worded in such a way that does not meet resistance. I could have a field day with this but my main point in this article is that you are worth more dead to the government than you are alive! The larger story is for a future article on how you are a human commodity in the markets!

Blessings,

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