

# President Obama's Ultimate Plan: Overwhelm Our Healthcare System

BY DAVE GIBSON

This past year will be remembered in many medical journals as a year of firsts. The year 2014 saw this nation's first case of Ebola (and Ebola death); an epidemic of Enterovirus D68, sickening thousands of children and leaving many of them with permanent lung damage and limb paralysis; and it was the same year that more than eight million Americans lost their health insurance.

In early October, Great Britain banned travel from the Ebola-stricken nations of Liberia, Guinea, and Sierra Leone, joining a then-growing list of nations attempting to protect their citizens from the deadly virus. In contrast, President Obama chose not to impose any restrictions on travel from the region. Instead, White House spokesman Josh Earnest told reporters:

*We've provided guidance to pilots, flight attendants, and others who are responsible for staffing our transportation infrastructure to ensure that if they notice individuals who are exhibiting symptoms...that the proper authorities are notified.*

Of course, the first confirmed case of Ebola in the U.S., was brought here by Thomas Eric Duncan, a Liberian national, who easily obtained a U.S. travel visa and apparently lied on a health form before boarding a flight from Monrovia.

*That case demonstrated the rather absurd nature of relying on "self-reporting," rather than a travel ban to keep those infected with Ebola from entering this country.*

In addition to Great Britain, the following countries have placed bans on travel from Liberia, Guinea, and Sierra Leone: Cameroon, South Africa, Mauritius, Sudan, Gabon, Namibia, Gambia, Rwanda, Cape Verde, Chad, Senegal, and Saudi Arabia.

It would seem that the leadership of the aforementioned

nations, unlike the Obama administration, take seriously, their responsibility to their citizens. However, it would appear that some time during our pre-Obama period, we also had federal officials who sought to protect us.

In its official (and rather laughable) mission statement, the Centers for Disease Control (CDC) claims to work "24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad..."<sup>1</sup>

The section of U.S. Immigration law entitled "Classes of Aliens Ineligible for Visas or Admission," states that admission will be denied to "any alien who is determined to have a communicable disease of public health significance," or anyone who has "a physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others."<sup>2</sup>

On September 14, 2014, CDC Director Thomas Frieden, appearing on Fox News' "The Kelly File," responded to a question from host Megyn Kelly, on why the Obama administration has not placed a ban on all travel from the West African countries currently being ravaged by the deadly Ebola virus. Frieden said the decision was made by medicine's guiding principle of "above all, do no harm."

Of course, *Obama's open-door policy with the world has done a great deal of harm to many Americans.*

A portion of the exchange between Kelly and Frieden follows:

TF: We're always looking at ways that we can protect Americans.

MK: This is one!... A travel ban from West Africa until we are certain that our facilities here are up to the task and that our system has solved the flaws that you today admitted exist.

TF: If we are doing things that are going to make it harder to stop the epidemic there (West Africa), it's going to spread to other parts of Africa.

MK: How is it (banning flights) going to make it harder to stop it?

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TF: Because you can't get people in and out.

MK: Why can't we have charter flights?

TF: You know, charter flights don't do the same thing commercial airliners do.

So, either Dr. Frieden was ignorant of the facts that charter or military flights can easily ensure that medical personnel and supplies would be brought to West Africa, and that *isolating the outbreak is epidemiology 101*, or, he is lying.... Now, one does not graduate from the Columbia University School of Medicine (which Frieden did) by being ignorant, so the latter conclusion must apply.



CDC Director Thomas Frieden

Unfortunately, it would seem that the CDC (a branch of the U.S. Health and Human Services agency) is more concerned with the health and safety of Liberia, than it is with that of the United States.

Of course, the failure to enact a travel ban on those who have recently been to Liberia, Sierra Leone, and Guinea, which resulted in the spread of the virus to this country, is only the most widely reported example of the Obama administration's disregard for the safety of the American people.

### **The 'open-borders' virus is leaving children paralyzed and dead**

The rarely seen Enterovirus D68 (EV-D68), which has been sending children to emergency rooms across the country, was first identified in California in 1962. It can cause mild flu-like symptoms with a runny nose, fever, and body aches. However, it can also send its victims into severe respiratory distress.

Perhaps, because the presentation of this virus is so unusual in this country, there is no vaccination against it, and the only treatment is IV fluids, over-the-counter medications for fever, and oxygen therapy.

All of those infected are children, under the age of 16. The current, expanding outbreak began in mid-August...the same time children were registering for school and actually starting classes in many states.

So, what was different about this school year?

The most glaring difference is the fact that tens of thousands of children who entered this country illegally from Mexico and Central America during the spring and summer months (with the encouragement of the Obama administration), have now entered this country's public school system.

Not convinced that the massive influx of so-called "unaccompanied minors" is the problem?

Then, consider the following facts:

- Unlike most enteroviruses, EV-D68 can be spread like the common cold. One can become infected by coming into close proximity with someone coughing or sneezing, or by simply touching an infected surface (*such as a desk or lunch table*).

- Outbreaks of tuberculosis, scabies, lice, and chicken pox have already occurred over the past few months in Border Patrol stations and detention centers dealing with the recent surge of illegal aliens.

- Between 2009 and 2013, there were only 79 reports of EV-D68, while there have been 97 such confirmed cases in the last few weeks (as of September 12), according to the CDC. However, a week ago, Children's Mercy Hospital in Kansas City reported to CNN seeing nearly 500 children for the virus, since mid-August.

The hospital's director of Infectious Diseases, Dr. Mary Anne Jackson, told CNN:

It's worse in terms of scope of critically ill children who require intensive care. *I would call it unprecedented. I've practiced for 30 years in pediatrics, and I've never seen anything quite like this. We've had to mobilize other providers, doctors, nurses. It's big.*<sup>3</sup>

It would appear that the CDC, which is a federal agency, has been attempting to downplay the numbers. For example, the agency's website now states (as of November 15, 2014): "*CDC recommends that clinicians only consider EV-D68 testing for patients with severe respiratory illness and when the cause is unclear.*"

Why would they try to suppress the number of children being infected?

Perhaps, it is due to the fact that *a clear link exists* between the spread of EV-D68 during the 2014-2015 school year, and the waves of children allowed to illegally enter this country during the spring and summer months.

*Between October 1, 2013 and August 31, 2014, there were 66,127 so-called "unaccompanied minors" entered this country along our Southern border, according to U.S. Customs and Border Protection (CBP).*

The CBP lists the country of origin for most of those children...<sup>4</sup>

- El Salvador...15,800
- Guatemala...16,528
- Honduras...17,975
- Mexico...14,702

While the evidence seems to point to the recent surge of illegal aliens as the cause of the EV-D68 outbreak, now there is proof...

A 2013 Defense Department study conducted in Central and South America on patients with flu-like illness, *did identify EV-D68* in some of the test subjects. All 3,375 test subjects were age 25 or under.<sup>5</sup>

What follows are but a few examples of the “human toll” being paid for Obama’s open border policy:

- On November 20, 2014, the CDC confirmed that *11-year-old Bryan Sotelo* tested positive for EV-D68, several months after the young boy was admitted to Children’s Medical Center of Dallas with a severe respiratory illness.

Since that time, the normally active middle school student *has undergone a tracheotomy, and is now enduring the rigors of physical therapy, in hopes of one day regaining the full use of his legs and one of his arms.*

At times the little boy has been too weak to even speak, but he is now able to talk to his mom, though he still can’t give her a hug.

Unfortunately, Sotelo is merely one of dozens of children who has been left paralyzed by EV-D68—many of those cases have been seen at the same hospital where he is being treated.

Children’s Medical Center neurologist, Dr. Benjamin Greenberg, told CBS DFW:

*When we look back in history to the illness that has the closest connection to this, it was polio, which at its height paralyzed hundreds and thousands of children around the world.*<sup>6</sup>

- On October 10, 2014, *21-month-old Madeline Reid* succumbed to the effects of EV-D68, while being treated at Children’s Hospital of Michigan in Detroit (CHMD). She was that state’s first recorded death from EV-D68, according to officials with the Michigan Department of Community Health.

The toddler had been on life support since September 14, as the virus caused organ failure, according to Madeline’s family.

- In mid-October, *5-month-old Lancen Kendall*, died in Banner Thunderbird Medical Center in Phoenix, after arriving in an unresponsive state, five days earlier. Apparently, the child showed no signs of sickness, until he failed to wake up from a nap.

Lancen’s parents rushed him to the hospital, where he was placed on life support, and where he would

eventually be declared ‘brain dead.’ *Testing has confirmed that the cause of death was EV-D68.*

The boy’s mother, Kathleen Kendall, told 3TV:

*It’s kind of terrifying that it literally came out of nowhere... We want there to be some sort of awareness, if anything. If there’s nothing else that we can do, at least let them be aware that it’s out there and that it’s happening.*

Of course, since Obama’s announcement of an executive order amnesty, we can only expect multitudes continuing their illegal journey to this country, and with them—more disease.

### Ever heard of ‘Mexican Ebola?’

One of the diseases common throughout Mexico and Central America is dengue fever, which is a virus spread victim-to-victim through the bites of female mosquitoes. Dengue causes flu-like symptoms in both children and adults, but does not ordinarily cause death.

However, the virus can develop into a much more severe illness known as *dengue hemorrhagic fever*, which like Ebola, *causes massive internal bleeding and organ failure.*

The illness initially causes small spots of blood (petechiae) to appear on the patient’s skin, followed by larger patches of blood (ecchymoses) to appear under the skin. After those rather gory symptoms present themselves, *the patient slips into a state of shock, which is followed by death in half of these patients.*

The National Library of Medicine lists the following symptoms for dengue hemorrhagic fever:

#### Early symptoms include:

- Decreased appetite • joint or muscle aches
- fever • malaise • headache • vomiting

#### Acute phase symptoms include:

- Restlessness followed by • ecchymosis
- generalized rash • petechiae

#### Worsening of earlier symptoms as well as:

- Shock-like state • sweating
- cold, clammy extremities

Why should we be worried about this disease, which some in the American Southwest refer to as “Mexican Ebola?”

- In 2013 alone, 2.35 million cases of dengue fever were reported across the Americas (with only a few cases seen as far north as Florida and Texas), of which *37, 687 cases developed into dengue hemorrhagic fever*, according to the World Health Organization.<sup>7</sup>

- Those younger than 12 years of age, females, and Caucasians are more at risk for contracting dengue hemorrhagic fever.

- As stated earlier, unlike those who come to this country legally, the more than 100 thousand who came

here illegally this summer, received little to no health checks before being sent to live with their relatives (already here illegally) across the U.S., and many could have easily been infected before leaving or while making the trip to this country atop freight trains.

- There is no treatment, nor vaccine for dengue, other than providing relief for some of the symptoms.

It is important to remember, that flu-like symptoms were widely reported at Border Patrol stations and detention centers, and unlike the adults, as a matter of policy, the government is not allowed to detain children who come here illegally for more than three days, before placing them in a home (*the incubation period for dengue is 4–10 days after being bitten by an infected mosquito*).

All it takes is the bite from one mosquito, after it has bitten an infected human.

While it is true that for those living in northern portions of the United States, this threat is only seasonal, there are portions of the country such as the American Southwest, southern Florida, and the Gulf Coast region where mosquitoes remain a problem year round.

### **Is Obama's executive order amnesty a scheme to boost Obamacare enrollment?**

According to the Obama administration, 7.3 million people are now enrolled in Obamacare, a disappointing number for the Democrat Party, who passed the unpopular bill without one Republican vote. Considering the latest data show that *a record 47 million Americans are now living without health insurance*, Obamacare will continue to be a drag on the Democrats, and will prove a hindrance for the party in 2016.

On September 9, 2009, while addressing Congress, President Obama told the nation that the Affordable Care Act, better known as "Obamacare," would not cover illegal aliens, saying: "The reforms I'm proposing would not apply to those who are here illegally."

However, just as the now, infamous Obama promise of "If you like your doctor, you can keep your doctor," has been proven to be false...it appears the president's claim that only citizens would be eligible for taxpayer-subsidized coverage, is yet another lie.

The Spanish language section of California's Obamacare enrollment website, known as "Covered California" has a page entitled: "*No temas si eres indocumentado/a y quieres inscribir a tu familia en un seguro médico.*" ("*Fear not if you are undocumented and want to enroll your family in health insurance.*")

Potential illegal alien applicants are assured that none of their information will ever be turned over to federal immigration authorities.

The page states:

According to the laws and implementing regulations, the information provided by individ-

uals for coverage cannot be used for purposes other than ensuring the efficient functioning of the insurance market or administration of the program, or to verify certain eligibility determinations including verification of the immigration status of these people.

Though the publicly stated policy of the Obama administration is the denial of any federal medical benefits to illegal aliens, an internal U.S. Immigration and Customs Enforcement (ICE) memo paints a much different picture. The memo *states*:

Consistent with the ACA...*ICE does not use information about such individuals or members of their household that is obtained for purposes of determining eligibility for such coverage as the basis for pursuing a civil immigration enforcement action against such individuals or members of their household.*<sup>8</sup>

By December 31, 2013, the number of Americans who had lost their health insurance due to the implementation of Obamacare was up to 4.7 million, according to the Associated Press. By spring 2014, the number was over 7 million, and growing.

So, as millions of Americans continue to lose their health insurance as a direct result of the implementation of Obamacare, illegal aliens are not only being granted coverage, but are being shielded from deportation by this administration as well.

As such, they make easily the perfect dupes to boost the Obamacare rolls. So, as millions of illegal aliens begin to "come out of the shadows" to partake in the newly (though illegally) granted amnesty, *they will likely become the newest sign-ups for the government exchanges...*thus, instantly raising the numbers of insured "Americans," thanks to Obamacare.

### **The cost of Obama's epidemics**

As far as treating children for EV-D68, the following costs apply:

- Sweating Pediatric Intensive Care Unit...\$6,523.00 per day
- Sweating Nebulizer (respiratory therapy)...\$193.25 per treatment
- Sweating Ventilator...\$1,084.75 per day
- Sweating CPAP therapy...\$833.25 per day<sup>9</sup>

And, as for the costs associated with Ebola infections, NBC News reported:

At UNMC, it has cost around \$1.16 million to treat the two patients directed to us by the federal government. Treatment costs vary based on the severity of the patient when they arrive, but the cost is well beyond the normal

costs incurred for an intensive care patient,” the school’s chancellor, Dr. Jeffrey Gold, said in prepared testimony for a hearing of the House Energy and Commerce Committee’s oversight subcommittee.

*It cost about \$30,000 a day to treat a single Ebola patient*, Gold said. Ashoka Mukpo, the NBC camera operator, and Dr. Rick Sacra, the medical missionary, each stayed for about 18 days, Gold said. He said Emory University Hospital incurred similar costs in treating the four patients it took care of.

In addition to the direct costs, we also take additional beds in the ward out of service when an Ebola patient is being treated, which is a direct financial cost to the hospital. We estimate having to take those additional beds out of service has cost \$148,000 so far.<sup>10</sup>

On October 30, 2014, *Businessweek* reported the average cost of treating an Ebola patient in this country is \$500,000.

So, why then is Obama, or “Obala” (*as talk show host Michael Savage has dubbed him*), now intentionally risking the lives of those he is sworn to protect?

These aforementioned costs, combined with Obama’s intention to keep our borders wide open, will

eventually bankrupt hospitals, insurance companies, and private individuals — leaving Americans no place to turn for medical treatment other than through government services, which is Obama’s ultimate goal.

Remember, everything this president does is scripted. ■

### Endnotes

1. <http://www.cdc.gov/about/organization/mission.htm>
2. <http://www.uscis.gov/iframe/ilink/docView/SLB/HTML/SLB/act.html>
3. <http://www.cnn.com/2014/09/06/health/respiratory-virus-midwest/>
4. <http://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children>
5. <http://www.virologyj.com/content/10/1/305>
6. <http://dfw.cbslocal.com/2014/10/02/rare-virus-partially-paralyzes-allen-11-year-old/>
7. <http://www.who.int/mediacentre/factsheets/fs117/en/>
8. <http://www.ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf>
9. <http://www.nationwidechildrens.org/price-information-list>
10. <http://www.nbcnews.com/storyline/ebola-virus-outbreak/cuban-doctor-catches-ebola-n251576>

## Importing New Deadly Tick-Borne Diseases

BY WAYNE LUTTON

**I**n the summer of 2014, Kansas farmer John Seested checked himself into the University of Kansas Medical Center, while displaying symptoms of a tick-borne disease, including high fever, severe headaches, muscle aches, and nausea. Despite testing negative for any known diseases transmitted by ticks, Seested, 68, died before Christmas from multi-organ failure. The federal Centers for Disease Control (CDC) later disclosed that he died from what they dubbed Bourbon Virus (after the Kansas County he resided in). The virus shares a genome structure with viruses that have been found in Eastern Europe, Asia, and Africa, but “no virus like that has ever been identified in the Western Hemisphere,” much less the United States, until now, according to Dr. Dana Hawkinson, University of Kansas Hospital infectious disease expert. Mr. Seested, note, had not traveled outside the U.S.

Bourbon Virus is just the latest deadly tick-borne virus to find a new home in the U.S. Two others are Heartland Virus, which is found in the rest of the world, but only turned up here in 2009, and can be spread through a bite from a mosquito, tick, or sand fly. In 2013, Powassan Disease, transmitted by the blacklegged tick and mosquitoes, made its first U.S. appearance in the greater New York City metropolitan area and has since spread from the northeastern states to the Great Lakes region. Victims develop high fever and meningitis, often lapsing into delirium, before becoming paralyzed and then dying.

So, how have these new viruses entered the U.S.? Ticks arriving with uninspected foreigners and with products, including food, imported from overseas is the answer. Globalization has numerous downsides, including the spread of diseases for which there is currently no vaccine, and the strains continue to mutate and evolve, becoming more dangerous. ■

[Sources: New ‘Bourbon Virus’ Blamed for Kansas Man’s Death, [ABCNews.com/Health](http://ABCNews.com/Health), December 22, 2014; Bourbon Virus: Deadly Tick-Borne Disease Discovered in Kansas, [AP & Aquisitr.com](http://AP & Aquisitr.com), December 21, 2014; Centers for Disease Control and Prevention, Tickborne Diseases of the U.S., [www.cdc.gov/ticks](http://www.cdc.gov/ticks); Heartland Virus—What Do I Need to Know?, Missouri Department of Health and Senior Services, <http://health.mo.gov/living/healthcondiseases/>]