

In the summer of 2021, after taking care of hundreds to thousands of patients successfully with ivermectin and hydroxychloroquine I had my first patient enter the hospital where I was Chief of Staff. He had been started on ivermectin by me as an outpatient, as well as a few other therapies. His oxygen saturation was low 80's when I saw him in my clinic. He told me adamantly that he did not want hospitalization. By that night he had messaged me that he was feeling significantly improved. The next morning he had another drop in his saturation (which was a common event with covid, particularly the Delta variant) and his wife was very panicked and called the ambulance and I advised her that since I was Chief of Staff her husband should be able to receive the care he needed, including ivermectin at my hospital. I discussed his case with the hospitalist since I was leaving out of town (actually for the Frontline Doctor's event in San Antonio) and he said that if I thought it was a safe and effective medication he would use it. I advised the wife to bring it from home if the pharmacy didn't have it. I was confident that the patient would do well if he received ivermectin and not receive Remdesivir or ventilation. Well, when I called to check on him none of my wishes had occurred and he had tanked. I quickly went into action and asked the new hospitalist to please give him ivermectin and I also secured Vit C for it to be delivered to the hospital and infused. The hospitalist told me I was going to kill him with those measures and refused to administer either of the items. The patient ended up dying a few days later. I was asked to step down from my position as Chief of Staff and then a few weeks later I was terminated from my employed physician position for not following the vaccine protocol my institution set in place. The following year I was hit with a board complaint by a family member of the patient that died who said they were informed by members of staff at that hospital that my early use of ivermectin is what killed him, not the harmful protocols of Remdesivir or ventilation or the refusal to administer ivermectin or helpful vitamins. My event was a classic case of refusal to do good, harming the physician that tried to educate for and facilitate the good and correct intervention, and also the hospital performing the harmful protocols that I believe ultimately led to his death.