

I am an ER nurse, a mother, and a widow. I was at the frontlines of COVID and on numerous accounts a witness to horrific unspeakable discussions made by my colleagues and coworkers. I personally believe these discriminatory acts and hospital greed was the result of my husband Robert Ricks's death on November 3rd, 2021.

On the morning of October 13, 2021 I dropped my husband Rob off at Intermountain Medical Center ER for SOB and suspicion of Pneumonia he was also positive for Covid.

I was not contacted by the attending ER Dr while Rob was in the ER to establish mental baseline which was normal protocol despite the Dr's findings and note on his chart that stated he was "confused."

They allowed a "confused" patient to sign over his rights to a trial medication that may have been remdesivir despite his verbal and handwritten note stating not to be given remdesivir.

He was admitted to the Shock Trauma ICU despite my PCP contacting me to ask why he had not been vaccinated and that he was to be admitted to Med Surg early on. This change in room status was more equitable for the hospital despite his stable status and shows a precursor decision that they would put him on a ventilator.

No one in the hospital contacted me or discussed anything about my concerns for pneumonia until the night of October 14, 2021 due to my sending of an Advanced Health Care Directive and my Medical POA. My requests for sputum culture and broad spectrum antibiotics was not heard even though this was the usual treatment prior to covid for pneumonia.

On the early evening of October 16, 2021 Rob was placed on a ventilator even though I had spoken to the day shift nurse and they stated his vital signs were stable on High Flow. Usual protocol is to go from High Flow to Bipap to allow time for Dr to call me because I had POA. They had called in the past for permission for a PICC line so they were aware of my POA yet no one called for permission for him to be placed on a ventilator.

They refused to take him off the ventilator despite being within the 24-hr window of causing less harm despite my requests as his POA and my own knowledge as an RN.

His sputum cultures showed he was positive for Pseudomonas and Klebsiella. No antibiotics were given till October 18, 2021. 5 days of no antibiotics even though I was right that he did in fact have bacterial pneumonia. No monoclonal antibodies were given either although a previous patient of mine was given the monoclonal antibodies at the same hospital a few weeks earlier but that patient was vaccinated and my husband was not.

I was able to be at his side every day after he was already vented. I was able to see the medications they subjected him to with some being contraindicated for pneumonia yet still given knowing he was positive for it without permission.

On October 30, 2021 I spoke with the very same Dr. that admitted him to the Unit along with his Fellow and told me to prepare for my husband's impending death and questioned my children's vaccine status prior to them coming.

On November 3, 2021 I received the call from the attending ICU Dr to request me to come for end of life. He passed away shortly after they had turned off the ventilator and medications.

I can say as his wife and RN that his death was premeditated for financial gain and I believe he was one among many. There were so many routine protocols purposely missed in my opinion that were not addressed. His death has resulted in a lifetime of nightmares and trauma for my children and me and we miss him every day.