

Statement for the Record

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Thank you, Senator Johnson, for creating a record for healthcare workers who were inside hospitals during COVID-19. I am a master's-prepared registered nurse and worked at Phoenix Indian Medical Center (PIMC), an Indian Health Service hospital, from November 2018 until my removal on December 14, 2022. I worked in the Emergency Department, ICU, Med-Surg, and as a night-shift House Supervisor.

In August 2021, I cared for a COVID-19 patient whose treating physician agreed to prescribe a protocol that included ivermectin. The pharmacy did not dispense it. In a contemporaneous recording, the pharmacist told me ivermectin was **“not allowed at this facility”** for COVID-19 and stated that she would lose her job if she dispensed it for that purpose. The patient did not receive the requested treatment and later died. I also recorded discussions with other hospital personnel regarding restrictions on ivermectin prescribing and dispensing.

On August 25, 2021, I cared for another patient who had been admitted for alcohol withdrawal and had also tested positive for COVID-19. He developed significant respiratory distress, fever, and tachycardia. I advocated for additional diagnostic evaluation and obtained a sputum specimen. At approximately 9:11 p.m., a physician called in an antibiotic order. Within approximately one minute, pharmacy questioned that order. The patient's culture subsequently identified *Staphylococcus aureus*, *Streptococcus agalactiae*, and *Legionella pneumophila*. He deteriorated, was intubated within days, and later died. I contemporaneously recorded portions of the events and discussions surrounding his care.

I also personally cared for a man in his thirties who developed myocarditis, pericarditis, and congestive heart failure four days after his second COVID-19 vaccine dose. During my MSPB proceedings, PIMC physicians testified about VAERS reporting practices, including instances in which adverse events were not reported and assumptions that someone else was responsible for reporting them. My concerns regarding failure to report COVID-19 vaccine adverse events became one of the disclosures adjudicated in my whistleblower case.

I also documented the workplace response to my questioning of COVID policies. On August 30, 2021, a PIMC nursing assistant told me in a recorded conversation that a pharmacy supervisor had repeatedly come to the ICU, was “instigating,” and was discussing reporting me to the Arizona State Board of Nursing because of my advocacy and questioning. In another recorded conversation that day, an Emergency Department charge nurse asked me, **“Should we have to take care of you if you didn't get vaccinated?”** I include these statements not as conclusions about anyone's intent, but because they document the environment in which healthcare workers were discussing COVID policy and dissent.

I raised concerns internally, later made disclosures to the U.S. Office of Special Counsel, and participated in the September 20, 2021 Project Veritas release of recordings from PIMC. On October 13, 2021, I was placed on investigative administrative leave for approximately fifteen months. On April 6, 2022, my second-level supervisor nevertheless rated my 2021 performance “**Achieved More Than Expected.**” I had no prior discipline. HHS removed me from federal service on December 14, 2022.

My MSPB case proceeded through an evidentiary hearing and an Initial Decision. On August 19, 2026, through counsel, I filed a Petition for Review with the Merit Systems Protection Board.

I am providing contemporaneous recordings, documents, dates, and testimony so the Committee can evaluate for itself what occurred when hospital policies affected treatment options, diagnostic decisions, adverse-event reporting, and frontline clinical judgment.

Respectfully submitted,
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