

I am a Stanford and USC- trained anesthesiologist with specialty training in critical care. I was an Attending in Anesthesiology, Surgery/Traumatology, and Radiology and covered the Surgery/Trauma, Cardiothoracic, and Neuro ICUs at the University of Pennsylvania. Subsequently, I was the Surgical ICU Director at the West Los Angeles VA. In solo private practice during Covid, I cared for over 3,000 patients and kept all but three out of the hospital. Of these, two died after getting Remdesivir and a ventilator.

My first patient was a healthy, single, 45-year-old Caucasian male who was admitted to a Los Angeles hospital in October, 2020. He had shortness of breath and a low oxygen. He texted me from the hospital, asking for help getting him out. He was not allowed visitors. I texted him back that I did not have hospital privileges and inquired about his primary care doctor. All my subsequent attempts to connect/text him were unsuccessful. His family later told me that he died after getting Remdesivir and being put on a ventilator. Before then, I didn't know about Remdesivir.

I fought for my second patient who was a young, newlywed man in his 30's. In March of 2022, he was already on a ventilator in a San Francisco Hospital ICU. His wife was not allowed to visit. He had been given multiple doses of Remdesivir. I pleaded and screamed at the Attending to give ivermectin for compassionate use. He refused. But he offered that if I got the ER doctor to write for it, he would give it. I spoke with the ER doctor, who agreed to write for ivermectin; unfortunately, when it was finally given, 5 days passed. The dose was much lower than agreed upon. By that time, he was in multi-system organ failure (MSOF) and it was too late. When I again spoke to the ICU doctor, he blamed the MSOF on the ivermectin (not on the Remdesivir) and threatened to report me to the California Medical Board for "killing the patient". Subsequently, the patient rapidly progressed to Adult Respiratory Distress Syndrome, dying after being ventilated for weeks.

The third patient was an elderly gentleman with dementia in a Riverside ER who had waited in the parking lot in an ambulance for 8 hours. Fortunately, I had called ahead of his arrival and spoke to the Attending ER doctor, so I knew her name. When the family called me in a panic two weeks later, they said that their father was sedated and restrained by the wrists on a "Covid floor". They also withheld his dementia medications but sedated him with benzodiazepines and refused to give him any water to drink. After being unable to connect with the Attending Physician, I persisted with a huge sense of urgency and called the same ER doctor, I begged and pleaded with her to personally walk upstairs and demand that the Team discharge my patient. Thanks to the Lord, she did. Within hours, the man went home to his family and survived.

From then on, none of my patients went to the hospital; I thank God that He allowed me everything possible to successfully keep them out.