

In May 2024, I filed a sworn attestation for criminal investigations into COVID-19 wrongdoing. It contains firsthand accounts of conduct I witnessed. The attestation was subsequently sent to the Attorneys Generals and Governors of all 50 states. I am a licensed physician who began practicing as a surgeon in 2006 with expertise including, general, trauma, and surgical critical care. Now I provide concierge primary care. I have treated essentially every patient population in the U.S.

During COVID-19, I was a staff surgeon and ICU provider at the hospital where the first diagnosed COVID patient in the U.S. was treated. I cared for hundreds of COVID patients and also contracted to perform independent ICU quality reviews at the hospital in addition to my surgical and ICU duties as a physician.

My reviews uncovered fraud extending to senior hospital leadership. I reported these findings. There were protocols put in place that caused demonstrable patient harm and increased mortality.

After our hospital was given remdesivir by federal authorities, we were provided misleading and inaccurate information about the drug by medical leadership. When I had a young trauma patient who was a perfect candidate for remdesivir based on guidelines, **the infectious disease doctor on call told me privately to not give it to her because “she seemed like a nice girl.”** Any physician honestly reviewing the real-world data could have recognized early that remdesivir caused more harm than good.

I observed messaging by the hospital to falsely inflate COVID infections and deaths, contributing to public fear and generating misleading headlines.

In my experience, we did not face shortages of equipment or staff. I witnessed nurses being sent home because there were not enough patients while headlines about our hospital were simultaneously stating we were overwhelmed by COVID patients.

I further observed mask and PPE protocols initiated during COVID lacked scientific bases and did not medically work. But the mask/PPE protocols did dehumanize patients and staff. I witnessed patients who died from trauma and other causes were reported as COVID-19 deaths on their death certificates.

I watched previously compassionate and devoted Doctors and Nurses become cruel and ambivalent about the well being of patients as the COVID experience evolved.

The head of infectious disease at my hospital privately told me that he was working with the state government to restrict the civil rights of unvaccinated people – including their ability to drive and therefore work by making driver's license renewal dependent on COVID vaccine status.

Hospital leadership, including the Chief Medical Officer of our medical group endorsed the local medical establishment's refusal to provide healthcare to unvaccinated patients. Primary care and urgent-care physicians refused to see unvaccinated patients with the CMO's knowledge and approval.

In response I opened a free community clinic to care for those denied care through my local Church. I observed many of the alternative treatments were highly effective that were censored by medical societies, social media, the press, and established health agencies. Treatments including ivermectin, hydroxychloroquine, vitamin D, zinc, quercetin, and exercise were highly effective at treating COVID.

When I advocated for patient care rather than harmful protocols and spoke against the fraud, I was targeted for removal through baseless disciplinary actions, with the stated goal of taking away my medical license. I endured countless unfounded disciplinary hearings and “show trials,” including threats of arrest in retaliation for speaking out. I defeated every attack, remaining in good standing because I told the truth.

I witnessed physicians and nurses who observed the harms done by the COVID protocols were either silent or forced out of our community.

The public-health officials, hospital leaders, and physicians who implemented these treatments and protocols should be held accountable. The data were available and the harms were obvious. Accountability is necessary if we are going to maintain public trust and a functioning healthcare system.