I'm Dr. Stephen Guffanti. I'm a retired Emergency Medicine physician.

On July 22, 2021 I came down with COVID: fever, cough, sore throat, no smell or taste, no appetite, bone-deep fatigue. Over the next ten days I simply could not get enough air.

On August 1 my wife drove me to a local hospital. I tested positive and was put in isolation. Our hospitalist, told me I had already stopped shedding virus—yet I stayed isolated, and he could not say why. My oxygen on room air was in the 80s.

He started Remdesivir after replication had ended. He said the real problem was my own immune system and gave me 6 mg of dexamethasone—the dose used for an 18-pound baby with croup. He added plain albuterol, no steroid. I had to insist on a steroid inhaler.

Two days later my saturation dropped. They pushed oxygen to 80 liters a minute and gave me tocilizumab, an arthritis immunosuppressant. On the 4th he finally added an inhaler with steroids; flow peaked at 85 liters. By the 11th they had weaned me to 10.

That is when my story became my roommate's.

He was 51, a widowed father of five, a marathon runner, and he was slipping. He asked me to speak for him. His incentive spirometer topped out at 1,000 ml; mine was twice that. His white count was 20,000 and the chest film showed worsening pneumonia. No one had treated him for bacterial infection. I asked that our doctor be called. The names on the whiteboard were erased. No doctor came.

By 2 a.m. on the 12th he was markedly worse and still no physician had appeared. The nurse refused to give us our doctor's name. With his permission I posted his picture under the headline "Patient Abandoned At SMH." The charge nurse said I had committed a HIPAA violation and would have to be moved. I offered to leave against medical advice. They asked me to wait in bed for the papers.

At 3:45 a.m. security arrived instead. They tied me to the bed, took my oxygen, and put me in isolation. A random doctor wrote "agitated, psychotic, disruptive behavior." A brief psychosis lasts at least a day; what they documented lasted 34 minutes and began when they restrained me. Hours earlier a nurse had called me "a very sweet man." Another had written "alert and oriented ×4." There was no note of violence. It was a diagnosis written to cover two felonies.

At 9 a.m. doctor at change of shift sent me home. My saturation was still in the 80s.

The next day I started myself on azithromycin, budesonide nebulizers, and a rented concentrator. I cleared my illness in about ten days after being released.

People found the Facebook post and began to call. Some wanted me to read a chart and tell them why their loved one had died. Others wanted an advocate for a relative still inside the hospital. It did not matter which hospital or which state: the pattern was the same. The CDC later recorded that 91.9 percent of 378,048 death certificates listed another diagnosis that could reasonably explain the death.

My roommate died a month later. He was 51.

Here is what I learned.

First, If family had been in the room, the doctor would have been called. Neither of us had the strength to fight the nurses' resistance and COVID at the same time.

Second, A single unvarying protocol cannot work for 330 million people. Insisting that every doctor follow it was a death sentence for a million people.

Third, no physician following a script written by a committee can give informed consent —especially a script that set aside the oldest standards we have in medicine: treat early, stop what is failing, and look again at the diagnosis when the patient is not getting better.

And one more thing I kept seeing. Nearly every physician left a trail of labs they did not have to order—labs that pointed to a diagnosis they were not allowed to treat. For example, our hospitalist ordered a Chest X-ray on my roommate for a suspected pneumonia that he would never be allowed to treat because treating any disease other than Covid was not in the protocol. The protocols tied doctors' hands. They did extra testing to show other problems besides COVID, but the protocol stopped them from treating. This reads like a call for help, hoping someone would notice and free the doctors to treat based on their training. In a personal discussion with a pulmonologist treating a Covid patient, he said I can't draw a test to see if we're controlling the inflammation because I'm not allowed to change the treatment. And this reality was repeated thousands of times for thousands of patients.

Stephen Guffanti, MD