



Nurses Who Left the Health Care System to Focus on Early Treatment Describe ‘Brutal’ COVID-19 Treatment Protocols

Description

USA: Nurses who witnessed “brutal” hospital COVID-19 treatment protocols kill patients paint a bleak picture of what is taking place in state and federally funded health care systems.

“They’re horrific, and they’re all in lockstep,” Staci Kay, a nurse practitioner with the North Carolina Physicians for Freedom who left the hospital system to start her own early treatment private practice, told The Epoch Times. “They will not consider protocols outside of what’s given to them by the CDC (Centers for Disease Control and Prevention) and the NIH (National Institute of Health). And nobody is asking why.”

Fueled by cognitive dissonance amid an array of red flags, Kay said hospital staff is ignoring blatantly problematic treatments that performed poorly in clinical trials, such as remdesivir, and protocols such as keeping the patient isolated, just to adhere to the federal canon.

“I’ve seen people die with their family watching via iPad on Facetime,” Kay said. “It was brutal.”

As a former nurse in intensive care, Kay said she had seen her share of tragedy, but how she saw COVID patients being treated “had me waking up in the middle of the night in a cold sweat with chest pains.”

“I hated my job,” Kay said. “I hated going to work. I was stressed in a way I’ve never been before in my entire life.”

Keeping families isolated was especially difficult, she said, because people couldn’t come to say goodbye to their loved ones.

‘We Can Do Better’

Kay was looking for other options when she found an inpatient protocol designed Dr. Paul Marik, founding member of Front Line COVID-19 Critical Care Alliance, which purported to have a 94 percent

success rate.

However, after Kay pitched it to the head of the pulmonary critical care department, she was dismissed, and the physician boasted that the hospital had a 66 percent survival rate at the time.

"I told him, 'I feel like we can do better,' but I was very quickly shut down," Kay said. "I became very angry because I'm watching people die and I knew we could have been doing better."

It was as if formerly smart people had become brainwashed, "and then just dumb," Kay said, lacking the mental wherewithal to discern true from false.

This led Kay to begin treating patients in the outpatient setting to prevent their admission into the hospital system, which is now her full-time job after being fired for not submitting to what she described as illogical testing requirements for those who weren't vaccinated.

At her telemedicine business, Kay said she's seeing multiple cases of people suffering from COVID-19 vaccine injuries.

"I saw things on the inpatient side, too, that I suspected were vaccine injuries that went unacknowledged by our physicians," Kay said. "I saw brain bleeds, seizures out of nowhere, cancer that just spread like wildfire, ischemic strokes, and I saw one person die horrifically from myocarditis."

On the outpatient side, she said she's seen conditions resulting from the COVID-19 vaccine such as brain fog, cognitive decline, joint pain, gastrointestinal dysfunctions, and neuropathy, which is numbness and tingling in hands, feet, and extremities.

'The Old School Becomes The New School'

Kay's business, Sophelina Counseling, provides telemedicine, mobile urgent care, and mobile IV therapies. It's independent of corporate, federal, and state control, which she said is a solution to a health care system paralyzed with oppressive requirements.

"As long as there's corporate control over medicine, whether it's Medicare or private insurance companies, you're always going to have providers who are forced, pressured, and coerced to do things that they wouldn't normally do," she said. "Physicians don't have the treatment they used to have."

Because of this corporate control, Kay said the list of boxes they must check takes time away from the actual patient.

"Getting away from this corporate structure is going to be a game changer," she said.

Kay advocated for returning to the "old school" way, which is the direct, primary care model, in which the patient pays a monthly or annual fee to have access to the provider without the interference of a traditional insurance company that requires "too many hoops to jump through, headaches, and checkboxes."

Kay points to a health care model called GoldCare, designed by Dr. Simone Gold, founder of America's Frontline Doctors.

Gold, who was sentenced to two months in prison for her alleged involvement in the Jan. 6 breach of the Capitol, created GoldCare as a private membership association (PMA).

Because much of what insurance companies do revolves around potential lawsuits, to be a member of the PMA, one must sign a clause, agreeing that they won't sue.

"What that does for us is we don't have to order unnecessary testing or consults just to cover our back end because that's most of what corporate medicine does," she said.

As a result, Kay said, both the patient and the physician are happier because the treatment process hasn't been weighted down with bloated insurance requirements.

For Kay, this model—an evocation of a simpler time in medical care when doctors were more connected with their patients—is key.

"The old school is going to have to become the new school," Kay said.

NIH and the CDC did not respond to The Epoch Times' request for comment on COVID-19 treatment protocols.

Boycotting the System

Having taken salmon, eggs, and honey for payment, a nurse in Washington state who wished to remain anonymous shares Kay's more traditional vision for the future of health care.

She told The Epoch Times that people "need to boycott their health insurance."

"I think people who don't need surgery to save their life should not go to the hospital," the nurse said. "I think people need to find doctors who are private pay and pay for only what they need to be done."

The federal government must be removed from the health care equation, she added.

"I especially don't think any children should be going to these practitioners who are accepting state funding or Medicare and Medicaid reimbursements," the nurse said

The nurse requested anonymity because—in addition to being unvaccinated—in Washington and Oregon state, she said the government has made it possible for the public to submit anonymous complaints, "devoid of evidence," against health care workers who promote treatments that deviate from the official protocols.

After the nurse was fired for not complying with the vaccine mandate, she started her own private care business that offers monoclonal antibodies, L-lysine and vitamin C infusions, infrared red light therapy, and nebulizer machines as treatments as needed and when indicated.

‘Widespread Data Suppression’

With her newly launched business, she performed the early interventions that she said hospitals should be doing, “but refuse to do because they say there’s no evidence for it.”

The nurse works with a growing network of physicians and providers that function as a “total parallel society” existing in the shadows beside the “crooked” health care system, she said.

In the aftermath of the public vaccine campaign in her community, the nurse said she saw an increase in strokes and embolization procedures as doctors engaged in “widespread data suppression,” such as not reporting to the Vaccine Adverse Event Reporting System what she saw as vaccine injuries and deaths and recording non-COVID deaths to be caused by COVID.

Even before the CDC had modified its definition of the unvaccinated, the hospital system was reclassifying patients who had only received one vaccine as unvaccinated, she said.

“The worst part of it was when the pulmonologists decided that unvaccinated patients would get seven days on the ventilator, then they would tell the families that nothing more could be done,” she said. “They would then terminally extubate these patients even when more could have been done.”

The nurse personally witnessed this, she said, with a 33-year-old mother of two children.

“She had been on ivermectin at home and was viewed as an anti-vax conspiracy theorist,” the nurse said.

Before the mother was terminally extubated and her status changed to “comfort care,” the nurse said she argued with hospital administrators for 12 hours.

She had asked the pulmonologist to consider running more tests, she said.

“It had been over a week since the last D-dimer, and this would have indicated whether fibrin in the bloodstream was increasing or decreasing,” the nurse explained. “The usual process with a known pulmonary embolism was to check every three days. There were more anticoagulant drugs and routes of administration that could have been utilized. Intravenous heparin is reversible. If they were willing to withdraw life support, why were they not willing to try something that could clear a circulatory impairment?”

In the end, the hospital won, she said.

“The mother died gasping for air while my hand was on her back,” she said. “I couldn’t believe it. I went to my manager and asked for an audit to be done on our coagulation times and pulmonary embolism treatment protocols. That got me booted from the ICU until I was fired.”

The nurse said she observed administrators repeatedly promoting the safety of the vaccine, though these claims weren’t reflecting what they were seeing with the growing cases of vaccine injuries.

Though there was some staff who saw the truth but ignored it to keep their jobs, there were many

whom she observed—just as Kay reported—who exhibited “mind-blowing cognitive dissonance.”

“They received the vaccines themselves, and if they were to ever confront the possibility that they willingly became the hands of a truly evil agenda, I don’t think they could live with themselves,” the nurse said. “I used to consider my co-workers as people with whom I’d trust my life, but after they got that second dose of the vaccine, it was like they had a hive mind bent on hatred. It’s very eerie to say that out loud.”

By Matt McGregor

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