WHAT THE NURSES SAW

An investigation into systemic medical murders that took place in hospitals during the COVID Panic and the nurses who fought back to save their patients

Ken McCarthy

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An Investigation Into Systemic Medical Murders That Took Place in Hospitals During the COVID Panic and the Nurses Who Fought Back to Save Their Patients

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"Whenever we give up, leave behind, and forget too much, there is always the danger that the things we have neglected will return with added force."

— Carl Jung*, Memories, Dreams, Reflections*

"We're killing these patients with protocols that obviously don't work and they're not only not listening to the nurses, they are firing anyone who speaks out."

— Erin Olszewski, Registered Nurse

"All men make mistakes, but a good man yields when he knows his course is wrong, and repairs the evil. The only crime is pride."

— Sophocles*, Antigone*

Dedication

To Nicole Sirotek—who went first—and to *all* the nurses who honored their oath, said “no,” and worked, and continue to work, to protect their patients from a thoroughly corrupt system gone mad.

To the nurses and others who persist in advocating for their patients in the face of bullying, loss of employment, challenges to their licenses, legal harassment, slander by the so-called news media, and physical threats to themselves and their families enabled by the tech companies who control social media.

To all the nurses, and to all who support them and will come to support them in the future, who have put themselves on the front line in the struggle to create a medical system based on integrity and designed to put the interests of the patient first.

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Introduction

> *"The world is a dangerous place to live, not because of the people who are evil, but because of the people who don't do anything about it."*
>
> – Albert Einstein

Hippocrates, the father of western medicine, is reputed to have given the following advice to physicians: "First, do no harm."

This is good advice for any profession, but it's particularly important in medicine given that death resulting from medical treatment is the #3 leading cause of death in the United States. (Johns Hopkins). Some analysts think it might even be the #1 cause, which would put it ahead of even heart disease and cancer as the leading cause of death for Americans.

Medicine is familiar with this phenomenon and even has a technical term for it: "iatrogenesis." Like many medical terms which come from Greek (pericardium, "around the heart"; thrombosis, "disease of clotting") the meaning of iatrogenic is a lot clearer in the original language: "iatros" (doctor) – "genesis" (origin).

No human activity can ever be free from error and this book is not about the kind of error all human beings are prone to.

Instead its about the systematic coercion of health care professionals (nurses, physicians, respiratory therapists, and others) by institutions (federal and state bureaucracies; hospitals

and the corporations that own them; and licensing boards) into actively withholding known safe and effective treatments (ibuprofen and steroids) and deploying dangerous protocols that were in many cases completely unnecessary (intubation and venting) and known to be harmful and lacked legitimate scientific or medical justification for their use (remdesivir).

As you will learn from the eye-witness accounts and technical information presented in this book, calling the failed COVID protocols “errors” is not accurate.

These protocols were explicitly ordered by those who took dictatorial control of the medical system early in the Panic (spring of 2020). Further, when they were shown to be demonstrably failing and harming many thousands of people, experienced health care professionals who raised informed concerns were silenced through demotion, firing, and organized campaigns of harassment promoted by the news media and enabled by companies like Google, Facebook, Twitter, and TikTok, in some cases in collaboration with the White House and the Department of Justice’s FBI.

If this sounds very bad, it’s because it is.

What This Means for You

At some point in your life, you or one of your loved ones may find yourself in an intensive care unit or requiring serious medical care. If this ever happens, your survival will depend on a number of factors.

The first thing most people think about in circumstances like this is the desirability of having a skilled and experienced doctor or doctors on the case. Others will also hope to have access to the

latest in medical technology. These factors can indeed make the difference between life and death and successful recovery or a life of disability, but they leave out a third essential factor: the quality of the nurses who will be treating you.

• It is the nurses who carry out the doctor's best idea of what needs to be done.

• It is the nurses and allied professionals who maintain, operate, and monitor technology and drug reactions to make sure they are doing what they are intended to do and not causing harm. Given that the #3 cause of death in the U.S. is iatrogenic (caused by medical treatment) this is not a trivial function.

• It is the nurses who care for the patient after the doctor is gone and keeps doctors informed of the details of the patient's progress or setbacks.

And it is the nurses who when witnessing mistakes are *required by the oath of their profession* to speak up and advocate for patients when patients are unable to do so and their loved ones are not immediately available to do so for them.

This trio of factors — physicians, technology, nurses — constitutes the full team and this is the full team you should be praying to have.

The Hidden Players in the Game of Saving Your Life

Unfortunately, today in what we call "modern" medicine, there are other factors besides the people in the room working to save your life and help you recover your health.

The hospital administrator, often a non-doctor who has never participated in the medical care of any human being, will determine what level of resources you will receive from the doctors and nurses who treat you—unless your doctor and/or nurse push back on your behalf.

The administrators in turn take their orders from the hospital CFO (chief financial officer), who in turn get their orders from the CFO and CEO of the hospital group that owns the hospital. The technical term for these owners is an Integrative Delivery Network (IDN) and these IDNs wield vast power. Of the over 6,000 individual hospitals, over 10% are operated by just five IDNs.

Above the IDNs are governmental organizations. In the U.S. that would be the CDC, the FDA, and the NIH. The NIH produces what it calls "research" which the FDA turns into regulations regarding drugs and procedures and which then become specific advice from the CDC. The people at this level, who may or may not have medical training, are not involved in the day-to-day bedside care of patients. Every sovereign nation has its own layers of medical bureaucracy similarly configured.

One More Player Who'd Like to Rule Them All

At the time of this writing, there is a proposal to add yet another layer on top of the current structure: the WHO, the World Health Organization, headquartered in Geneva, Switzerland, an agency of the United Nations.

WHO decisions are passed down by the decree of whoever happens to be Director-General at the time. The delegates,

members of the World Health Assembly (an organization made up of unelected bureaucrats appointed by their respective national governments), cast their votes by secret ballot for Director-General. No citizen of any country plays any role in the process. The Director-General is in office for five years and can, if re-elected, serve one additional five-year term.

The current Director-General of the WHO is Tedros Adhanom Ghehreyesus. He began his political life as a member of an ethnic paramilitary group called the Tigray People's Liberation Front of Ethiopia, which fought a 15-year armed struggle against the then-government of Ethiopia.

Not a medical doctor, Tedros earned a Ph.D. in community health. With this foundation, he was appointed Minister of Health by the leader of the Tigray People's Liberation Front when it ultimately succeeded in taking over Ethiopia. In 2012, he was appointed Ethiopia's Minister of Foreign Affairs and in 2019 he was elected the Director-General of the WHO.

I bring this up for two reasons:

First, Tedros' biography is representative of the career path of many of the people who become voting members of the World Health Assembly, the people who gave him his position as supreme leader of the WHO. They are, first and foremost, political operatives, and may or may not be trained or experienced in giving medical care. (The vast majority are not.)

Second, there is a very real possibility that we will all someday be living in a world in which whoever occupies the office of the Director-General of the WHO will determine: a) what level of care you will or will not receive, b) what drugs and/or procedures you will have access to or be denied access to, and

c) what medical procedures will be perpetuated even if they are obviously ineffective and dangerous.

Under a “new and improved” system, which is currently being proposed, the proclamations of the Director-General of the WHO will override the health and medical policies of the bureaucrats of the 194 countries that are members of the WHO.

What this means in practice is that what your doctor and nurses can do to help you when you need help and the technology and drugs they will be permitted to use in the process of helping you will be controlled by the man or woman who occupies the post of Director-General of the WHO.

IDNs (conglomerates that operate scores of individual hospitals) which today take their orders from bureaucrats in Washington, DC and pass them down to hospital administrators will then take their orders from Geneva and those orders will come from a man or woman who may or may not be someone with a medical education and clinical experience.

Whether this particular hyper-centralized system ever comes to pass or not, it’s important for you to know that when your doctors and nurses are hard at work trying to save your life in an emergency situation in a hospital or doctor’s office, other parties — parties who are not doctors and have economic and/or political considerations that have nothing to do with the saving of your life — may, in fact, be the most important factor in whether or not you avoid death or serious disability.

If you are comfortable with such an arrangement, you possess a degree of equanimity that I do not. Thus my writing of this book.

What The Nurses Saw — It was Murder

"What the Nurses Saw" is documentation of what happens in the real world when bureaucrats, in this case bureaucrats in Washington DC, take literal dictatorial control over the practice of medicine.

The book's subtitle brings more precision to what's in the narrative: "Systematic Medical Murder in Hospitals During the COVID Panic..."

The practice of medicine today is nothing if not a systematized, top-down operation. I don't think any honest physician practicing in today's environment would dispute this. Whatever happens in U.S. hospitals follows bureaucratic policy that is by definition systematic.

I use "medical murder" to mean murder by medical means, specifically death caused by the deliberate withholding of specific drugs and procedures that are known to work and/or the use of specific drugs and procedures that are known to be harmful. For the purpose of this book, I am defining such activities as medical murder.

The law defines the killing of others with a variety of technical terms — murder, homicide, manslaughter — and each U.S. state defines things differently in an attempt to differentiate circumstances. There's homicide of varying degrees. There's manslaughter of varying degrees. Then there is criminally negligent homicide which, despite containing the word "homicide" in it, is considered a less serious charge than manslaughter.

In New York State (every state defines things differently and I had to pick one) "criminally negligent homicide" means causing a death by an act or a failure to act. The perpetrator's act does not need to be intentional or even reckless to qualify.

For example, if a doctor or a nurse who is employed to care for a particular patient deliberately withholds a medication that is known to be life-saving and the patient dies, a prosecutor can make the case that, beyond garden-variety malpractice, an act of criminally negligent homicide has occurred. The same principle could apply if the health care practitioner deliberately applies a therapy that they have reason to believe not only does not work but also is known to seriously injure and kill patients.

I use the term "murder" in the title, not as a specific legal term, but in the way murder is understood in common speech. In short, if you carry out an act that is likely to injure someone and they die, it's murder.

The COVID Panic

During the COVID Panic, the legal waters were muddied considerably because bureaucrats at the U.S. federal, state, and local levels ordered doctors and nurses to both deny traditionally accepted protocols for respiratory distress and related inflammation and use entirely new and poorly tested drugs and other protocols that gave every indication at the level of actual practice of being ineffective at best, and injurious to the point of being fatal at worst.

I use the phrase "COVID Panic" instead of "pandemic" for two specific reasons.

First, the term “pandemic” was decreed by the WHO, specifically by the non-physician Tedros Adhanom Ghehreyesus whose background I described earlier. In the case of what was and continues to be called COVID, it uses a new definition of the term “pandemic” that is legalistic, not medical, and until recent years would never have been accepted in the way it was and continues to be used today.

Second, seasonal occurrences of respiratory distress have been a fact of human life since long before the beginning of recorded history. Early false narratives to the contrary, all of which have since been thoroughly refuted, the symptoms of COVID were not entirely new and neither was the virus type, the coronavirus. Previous to COVID, science had long accepted that the coronavirus type was one of the carriers of what’s called “the common cold.”

In short, the “pandemic” was exaggerated and did not merit the label. Further, the disorder associated with it, while threatening to people in frail or seriously compromised health, was inconsequential to the overwhelming majority of the population with near zero statistical risk to young people, children, and infants, and then only in cases with serious preconditions. For this, the world was shut down with trillions of dollars in damages to poor and working people around the world, which was only the tip of the iceberg of the grave, widespread, and lasting social harm that was done in the maniacal and unhinged crusade to “stop the spread”.

Further, I use the term “panic” with very specific and deliberate intention. “Panic” is a noun and it is both a transitive and intransitive verb. If you slept through grammar class as I did the first time, here’s what this means. In one case, a person can panic. That’s an intransitive use of the verb. A person can also

panic another person. That's the transitive use of the verb. Panic can also be used as a noun. For example the phrase "He felt panic" is an example of panic being used as a noun.

Sometimes the word "panic" is used in conjunction with the word financial, as in "financial panic." This refers to a social condition when large numbers of people suddenly become worried about the safety of their bank accounts, pensions, financial investments, and the condition of the economy. Panics can be, and sometimes are, created with malicious intent. For example, a miscreant yelling "Fire!" in a crowded movie theater when there is no fire has created a panic. History shows that bureaucrats, politicians, and news media owners have been involved in creating panics to serve their own agendas.

It is my opinion, though I do not attempt to prove it in this particular book, that what is called the "COVID Pandemic" should more accurately be called the "COVID Panic." (In three other books *Unraveling the COVID Con: Part One*, *Unraveling the COVID Con: Part Two*, and *Fauci's First Fraud*, I lay out my case for this in some detail.)

In summary, the subtitle of this book "Systematic Medical Murder in Hospitals During the COVID Panic..." is not arbitrary and not intended to be sensational. On the contrary, I am attempting, in good faith, to be as accurate and descriptive of the situation as I can be.

...And the Nurses Who Fought Back

This book is specifically about what nurses saw in ICUs (intensive care units) and other components of the medical system in the U.S. and Canada during the COVID Panic. And what they saw was systematic, top-down ordered murder.

We won't know how many people died this way and, absent of any serious attempt by the government to get to the bottom of this crime against humanity, we will, in all probability, never know.

We do know how many people were reported to have "died of COVID" in the U.S.: Roughly 1,000,000. We also know what percentage of these people died in hospitals (vs. at home): roughly 90%.

This means roughly 900,000 people who reportedly died of COVID were under the care of a medical system that: a) denied patients well-established therapeutics for respiratory infections and inflammation (ibuprofen and steroids), b) used ineffective and poorly understood pharmaceutical products known to cause organ failure (ex. remdesivir), c) overused and misused ventilators including injurious and obviously incorrect settings and without even minimally acceptable levels of skilled supervision, and d) denied patients drugs like ivermectin that have a well-established high safety profile and that clinicians around the world reported were effective in treating the symptoms associated with COVID. In short, nurses were ordered to do things they could see were injuring and killing their patients and were prohibited from doing things that they knew had a chance to save them.

A small percentage of nurses honored their professional oath to be advocates for their patients and spoke up against these practices. In retaliation, these nurses were harassed and removed from ICUs and, in many cases, fired and professionally blackballed. (Recall that a small number of corporations (IDNs) control the vast majority of the nation's hospitals.) Some had their licenses challenged and taken away from them.

In one particularly egregious anti-social operation, a group of Internet troll-thugs, who called themselves Team Halo and

were literally endorsed by the U.N., targeted specific nurses like Nicole Sirotek to whom this book is dedicated. This resulted in death threats against her, threats of violence against her children, and strange men showing up on her property, aided by the fact that Team Halo members went so far as to post Sirotek's home address on the Internet. (Sirotek's book *Dark Influence: How Social Media Influencers Were Used to Manipulate the COVID Pandemic* documents this and other officially-supported and officially-tolerated abuses of the Internet.)

In addition to the nurses who spoke out and paid the price for doing so, some nurses quietly stayed on to mitigate harm, in some cases even assisting families to evacuate their at-risk family members from hospitals where they were clearly not safe.

Making Sense of the Evil

Despite the heroic actions of many nurses, only a small fraction of whom appear in this book, the vast majority of nurses went along with the top-down orders to do things that predictably and repeatedly ended in the death, often the miserable death, of the vulnerable people entrusted in their care.

To the thousands of new and inexperienced nurses, some young and some mid-life career transitioners, who were put in COVID ICUs with zero ICU training and experience (a shockingly large number): You were lied to, actively deceived, and aggressively bullied into taking the actions you took by people who fundamentally abused their authority.

The entire episode gives the appearance of being deliberately engineered in order to: a) enrich cooperating hospitals, b) raise the "COVID" death count, and c) create justification for the

Emergency Use Authorization of dangerous drugs like remdesivir and d) provide the foundation for a multi-billion-dollar media program which terrorized and then coerced millions of people into accepting inadequately tested medical technology (mRNA vaccines) that has proven to be neither effective nor safe.

What's Needed, What's Next

A book like this could have appeared as early as the fall of 2020. That it is only appearing now towards the end of 2023 and had to be compiled by someone who is not a journalist, not a historian, not an attorney, not a medical ethics professional, and not a professional public health advocate is an indication of how thoroughly and completely the decent people of the world have been abandoned by the so-called establishment.

In a decent society, the moment that professional nurses with years of emergency medicine and ICU experience spoke up about the harm COVID protocols were causing, they should have been listened to by news media outlets, government officials, and the healthcare hierarchy.

Of course, this did not happen.

Instead, the nurses who honored their oath were ignored, harassed, slandered, and attacked, often viciously. The good news is that in the face of this fundamental assault on the practice of nursing, many thousands of nurses have opted out of the system and are now serving their communities directly and outside of what is giving all the appearances of a hopelessly corrupt system. The book documents some of these fledgling and promising efforts. I hope you will support them. Your life and the lives of your loved ones may well depend on it someday.

In a decent society, experienced nurses who witnessed this massive crime against humanity would have been invited to give their eyewitness testimony to investigators and would be protected from harassment by law enforcement. Additionally, hospital administers; CEOs of hospital groups; local, state, and federal bureaucrats; ad agency and public relations operatives; politicians and their appointees; and executives of social media companies who participated and sometimes even coordinated harassment and terror campaigns against the nurses and other medical professionals who spoke out, would be subpoenaed and compelled to answer pointed questions about the details of how this system operated, how it came into being and who directed it.

We need something like the Nuremberg Doctors Trials which were held after World War II, but something far more serious and comprehensive. I am working on a book that addresses this in detail called *The Nuremberg Code and Its Modern Enemies.*

In the absence of such an initiative, which I imagine can only be undertaken adequately by Congress given the resources and legal clout required, we need to acknowledge that our healthcare system has reached the point where it's not only incompetent and corrupt, it's become a positive danger to human life. We also should have long ago stopped calling it a health care system. It cares little for health and provides very little care. It should be called the medical services industry and the octopus-like grip it has taken on our country should be acknowledged.

On a pure dollar and cents level, one of every five dollars spent in the U.S. is spent on the products of the medical services industry, as is one of every three tax dollars. The U.S., more than any country in the world, and by a large measure, has been colonized by this industry. As part of this process, the industry and its operatives have corrupted and perverted science, academia, and

the news media. Now it's hard at work to weaken and degrade the last pillar that keeps the system even remotely functioning — the integrity of the nursing profession.

If we fail to support our good nurses, help them hold the line, and start aggressively turning things around, there is no practical limit to how far this totalitarian medical dictatorship which we in fact live under will go in its future abuse and exploitation of human beings.

Ken McCarthy
August 24, 2023

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As you will learn from the eye-witness accounts and technical information presented in this book, calling the failed COVID protocols "errors" is not accurate.

What The Nurses Saw — It was Murder.

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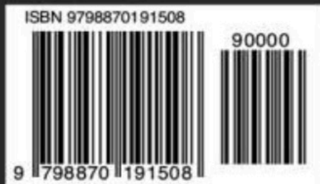
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