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Ventura County Nurses Blow the Whistle on Crisis in Local Health Care

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Ventura County nurses from different sectors and specialties are coming forward to blow the whistle on what they deem serious lapses in local health care practices, mostly related to COVID-related protocols, "vaccine" mandates and politically and financially motivated bullying of medical staff, which these health care workers say is seriously compromising the general quality of local care.

The Guardian spoke with multiple nurses of various ages and at different stages in their careers, all of whom work in medical care settings or hospitals in Ventura County. Each preferred to speak under a pseudonym for now. Each described seriously declining standards of care, atmospheres of intimidation and fear in hospitals, and distrust and disillusionment among medical professionals.

> "Before COVID, nurses, staff and the community were confident in treatment modalities and in doctors' competencies," says one nurse. But now, "People are confused."
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> "They're very confused," agrees a veteran Ventura County nurse. "I think doctors are confused.... I don't think the community's confident. I'm not.... Because where's the truth?"

Most shocking, perhaps, is how doctors and administrators refuse to report the rising number of unexplained medical problems in otherwise healthy people as potential adverse reactions to COVID-19 experimental vaccine shots. To suggest that these shots are the cause of any medical problem — or that they are contributing to the alarming rise in non-COVID-related hospital populations — invites professional ridicule.

> "Nobody is considering that [these medical problems] could be vaccine-related," says an ICU nurse in a county hospital. "It's not even in question. You might as well say you want to start treating people with crystals and burning sage. If you say it's the vaccine, they look at you and say, 'It's the safest thing ever produced. Why would you say that?'"

Yet, doctors are at a loss to explain the increase in non-COVID-related ailments, including a reported increase in heart attacks in young people, mainly men, who received the COVID-19 vaccines.

> Doctors "just chalk it up to genes," one nurse says.

'Bury the Bodies in the Parking Lot'

When nurse Daniel first heard of the novel coronavirus spreading in China in December 2019, he immediately bought N95 masks for his family. His superiors told him to prepare for a "worst-case scenario."

> "I made a video to each of my kids and my wife, just in case," he says. "[Our hospital was] saying, 'Every floor will have ventilators. There's not enough PPE. Nurses and doctors are dying in Italy. Somebody's going to have to bury the bodies in the parking lot because that's how many people are going to die.' That's the picture they painted, all these people you respect and have gone to school a lot longer than I have and have accolades by their names."

Daniel sent his wife and kids to live elsewhere for a month and a half while he prepared to handle the rush of dead and dying. What happened next, he says, was that "nobody came."

> "I was getting called off a shift almost every other week because there was such a low patient population in the hospital," he says. "Not only did ventilators not happen, but we had only six COVID patients in our ICU. The hospital had canceled all these elective surgeries, and we were not getting even a tenth of the ventilated patients they said it would be. Not even close."
> Initial predictions were so off that "it was like they carried the zero several times. That's the magnitude."

> But by spring 2021, "an interesting thing" happened, he says. In the wake of widespread vaccinations, the number of non-COVID patients "really started picking up."

> "Pneumonia cases, stroke cases," he says. "We've had more strokes than normal. Women in particular with venous sinus embolisms. We're seeing a lot of autoimmune issues: rashes on the body, the body attacking the nervous system, producing symptoms like a weakening of the muscles."

One patient came in with severe respiratory distress and went into respiratory failure, with symptoms first showing three weeks after he took the Pfizer shot.

> "His lungs were completely destroyed, totally wrecked," says Daniel. "He had ground-glass opacity on the CAT scan, which is a hallmark of COVID."

The patient's doctors insisted it was an exceedingly rare condition, though the man had never suffered respiratory distress before. When the man's wife brought up the possibility of vaccine-related damage, the doctor simply said, "No."

> "It was a non-starter to the discussion," Daniel says. "He did not want to talk to her about it. It was just crazy talk [to him]."

> One fit, healthy nurse in her twenties whom Daniel knows went into cardiac arrest three

> weeks after she received the Pfizer shot. An aortic dissection ruptured a portion of her aorta like a balloon. She was resuscitated, underwent open-heart surgery and made a full recovery. But she could not abide the suggestion that the COVID vaccine shots had caused it.
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> "She said, 'It's not possible. It's not the vaccine,'" Daniel says of the woman. "She's petite and doesn't have any condition that would lead to this. … Sometimes you can't accept information because it's affecting you on a deeply emotional level. People don't want to admit they were wrong — they were fooled. Some have staked their lives on this decision, and nothing's going to change that."

Adverse reactions among those who took one of the vaccines continue, he says, but go virtually unreported.

> "If you look at our hospital's reporting on adverse reactions, this vaccine would have no adverse reactions," he says.

No VAERS Reporting

Angela, a nurse for more than 25 years, confirms that in her hospital's emergency room, they say they are seeing more heart problems in young adults, which are never reported to the Vaccine Adverse Event Reporting System (VAERS) as potential adverse reactions to COVID "vaccinations."

Another nurse, Jennifer, says ER nurses privately say they are seeing "all the clotting, bleeding and things you would expect from the vaccine six months later — brain bleeds, heart attacks in younger 50-year-olds. No doctor will admit this is from the vaccine. They won't make the VAERS report."

When Daniel asked fellow nurses and practitioners if they report to VAERS, they looked at him like, "What's that?"

> "I've seen people in their thirties [with these problems], and the doctor's just like, 'Oh, you have s—y genes,'" he says. "I'm like, are you kidding me?"

All nurses interviewed say they are seeing "ground-glass opacity" results in the CT scans of people's lungs who recently took the experimental vaccines — and that this is never reported to VAERS.

> "Doctors and intensivists [treat it like] a ludicrous thought," says one ICU nurse. "Nobody is putting it on their differential diagnosis."

'Voodoo Statistics'

For that and other reasons, COVID-related data amounts to what one nurse calls "voodoo statistics." In her particular unit and others, they are no longer testing everybody for COVID. Rather, they began testing only those who are symptomatic — with shortness of breath, for example — and those who say they are unvaccinated.

Why?

> “They don’t want their numbers to skyrocket when all the vaccinated people come in,” says Jennifer.
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> “Or they don’t want to report that they’re seeing 80 percent of the people in the ER are vaccinated, but only 40 percent of the county is vaccinated,” adds another nurse. “That’s an odd statistic. … Is there an adverse effect occurring from these shots that’s not being reported? If they’re not screening people ubiquitously, there’s a slant to whatever numbers are coming in. That stuff is not going to be elucidated in the data.”

But with “vaccinated” people increasingly hospitalized with actual COVID or adverse reactions, the way forward becomes murkier.

> “These vaccines are non-sterilizing. They allow you to carry and transmit the virus,” points out one nurse. “It does not solve the contagion issue. The virus is still spreading among the vaccinated.”

For example, in a recent group of COVID patients at one hospital, the sickest ones were double-vaccinated.

> “The first to die had both Pfizer shots,” says Daniel, who took care of the patient. “Another guy who had both shots died as well. His lungs were destroyed.”
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> “But they’re not talking about that,” confirms another nurse.

Medical Bullying

> In the meantime, “Everybody’s getting browbeaten and told they are going to lose their livelihoods” if they don’t receive the vaccines, one hospital nurse says.
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> “A lot of nurses at the hospital just said, ‘Fine,’ [and took the vaccine], because nobody wants to lose their job,” says Susan, a nurse with more than 30 years of experience. “But since when in the history of the country have we ever been mandated to do anything like this?”

“Unvaccinated” medical staff also are accused of being “carriers” or of being physically unfit to perform, and in at least one case, one nurse was berated by a doctor in front of colleagues.

> “They do this to people like me who don’t want the vaccine,” Angela says. “They are discriminating against people who refuse the vaccine. They put us down. Pretty much, they’ve been brainwashed.”

One benefit of being tested regularly, says one nurse who will not take the vaccine, is that when “vaccinated” co-workers acquire COVID, they can’t blame their “unvaccinated” colleagues.

> “I can always say, ‘Hey, I have my negative [test]. You didn’t get it from me,’” says this nurse. “Because that’s what the media’s saying, right? [But in reality] this is not a pandemic of the unvaccinated, because you’re not getting it from me because we’re being tested multiple times a week.”

‘Alone and Afraid’

Ironically, vaccinated nurses in non-COVID units remain "terrified" of COVID-positive patients, say a number of nurses. "They're freaked out. Freaked out," according to one. As a result, they combine the day's care into one or two visits, suiting up, ducking in and leaving as quickly as possible.

> "The patient is left in the room for the majority of the time alone and afraid," says Jennifer. "That's someone who shouldn't be alone and afraid."

During the early days of the viral outbreak in 2020, a number of patients came in with non-COVID-related medical problems, tested positive for COVID and were placed on the COVID floor, sometimes to die, one nurse says.

> "A young person was admitted to the hospital for something completely unrelated to COVID. Some type of autoimmune bowel issue," this nurse remembers. She then tested positive for COVID and was placed on the COVID floor.

Her condition worsened, and "Nothing was really done" until she went into cardiac arrest and died.

The oversight and advocacy that used to exist "is not there anymore because you have that COVID documentation, that positivity, and you're just put on the floor and left to your own devices," Daniel says. "This was a young person, very young and didn't need to die, but because she had this COVID diagnosis, everyone was, 'Fine, whatever, whatever.' She died not from COVID but from nobody treating what she was suffering from."

Lack of family advocates has led to worse outcomes.

> "You bet your butt that if someone's mom was in there, she would have said, 'What's going on? We should run some tests,'" this nurse says. "How many people have died in the hospitals because no one was there to advocate for them?"

Overlooking Natural Immunity

All the nurses interviewed for this article agreed that the most overlooked subject regarding COVID is antibody tests. Doctors minimize them in favor of promoting the vaccines, even though natural immunity convincingly offers a more robust defense against all viruses, while vaccines target one narrow characteristic.

> "That's the main thing," says Jennifer. "If this was about immunity, they would be checking antibodies. The medical community, our hospitals are not checking anybody's antibodies. We're having to do it on our own."

> "Why aren't they concerned about natural immunity?" Susan echoes. "That should be their first concern. But they're not."
> One nurse asks rhetorically: "How many people do you see come in that have had COVID before, and they're back in the ICU? It doesn't happen."

They also agree, with sadness and clear alarm, that the quality of health care at California hospitals is rapidly declining. They cite serious mistakes in surgeries, chronic understaffing, and the loss of veteran nurses due to mandates and COVID browbeating. These seasoned professionals cannot easily be replaced by what one nurse calls "this onslaught of new girls [who are] so green around the gills."

> "If any more doctors and nurses leave this field, we'll turn into a third world," says one ICU nurse. "We won't be a premier medical destination. It's really scary to see how everything is unfolding."

During a break in a roundtable discussion, several nurses talked about getting surgeries in out-of-town hospitals due to falling quality at their own places of employment. One said flatly, and not entirely jokingly, "I think I'd rather get treated by a veterinarian. They are probably a lot more objective and evidence-based. They're not pushing something."

As evidence comes in over time, the tide of opinion may be shifting against the "vaccines."

> "I know a lot of [health care workers] who will not get a booster shot," says Daniel. "They felt like they took a huge risk. I know a lot of people who felt terrible for months after the shot, and they don't want to experience that again. They see that it's not protecting people from getting sick or even hospitalized. … A lot of people are very leery of the whole thing. Once they hear about the booster, they're like, 'Wait, what? I thought I took the risk, and it was good.'"

Many doctors he knows "regret getting the shot because they see the side-effect profile is probably much larger than is being reported."

Standing Up for Hope

More than half the nurses the Guardian spoke with are heading for the exits and are looking to retire or move to another state to continue their careers. Some express optimism, while all express great concern for their profession.

> "I am so upset by all of this," says Daniel. "I had maybe this starry-eyed view of what medicine was. I've lost all faith in the medical field. I think, 'Who's been bought and paid for now?' It seems like money is the thing pushing these drugs more than evidence. These doctors and even nurses — we're supposed to be critical thinkers. The pharmaceutical companies aren't supposed to make all the rules. We're supposed to be advocates for our patients. But they all want to keep their jobs and not ruffle any feathers. Nobody wants to be audited or have the spying eye of the government on them as individuals or institutions."

He feels that the medical community sees independent thinkers like him as the enemy now.

> "The state sees you as an opposition force, for your opinion," he says. "All these mandates and enforcements are not based off of science; they're based off of peer pressure. Fear, political, emotional manipulation."

Other local nurses want to stay but will not under such invasive requirements.

> "Ventura County is a beautiful place, but not with this," says one who raised children here.

They also speak among themselves of building private member association hospitals, where unvaccinated people can go to work.

> "People are getting smart. They're going to create their own, separate, parallel system," Jennifer says.

> “They are going to say, enough is enough,” Susan agrees.
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> Angela says that by talking publicly now, “I’m hoping more people will speak up and be bold about this. I hope there will be more people whose eyes are open, and they will have the courage to speak their opinions and beliefs. Freedom of choice and freedom of speech should not be infringed. This is America, and it’s becoming like China.”

Susan, who repeated “Jesus, I trust in you” countless times to get through the pandemic, says, “I do feel like this is a spiritual warfare. I do. But I know for sure, because I’m a faithful woman, that God will prevail. Good will prevail. I know that. And that is what we all need.”

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