State of Vermont
Office of the Secretary of State

Sarah Copeland Hanzas, Secretary of State
S. Lauren Hibbert, Deputy Secretary

Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402
sos.vermont.gov

January 20, 2023

Sandra Kennedy
236 Corrow Basin Road
Westfield, VT 05874-0176

Case: Sandra Kennedy
Credential: License # 026.0118605
Docket No: 2022-176

Dear Ms. Kennedy:

Enclosed please find a copy of the *Findings of Fact, Conclusions of Law, and Order* in the matter captioned above. This is a final administrative determination.

If you are aggrieved by this decision, you may begin the appeal process by filing a Notice of Appeal with the Office of Professional Regulation. **The notice must be received no later than 30 days from the decision's date of entry** (see last page of order). Send the appeal to:

Office of Professional Regulation
Attn: Agatha Kessler, Deputy Director
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402

The appeal does not stop the disciplinary action from going into effect. If you wish to have the disciplinary action stayed during the appeals process, you must specifically request a stay in writing. Your request for a stay will be considered, and a decision to grant or deny a stay will be issued. Please see the enclosed instructions.

If you have questions, please do not hesitate to contact the Office at (802) 828-2367.

Sincerely,

DocuSigned by:
Agatha Kessler
74418E28DA26447...
Agatha Kessler
Deputy Director

Enclosures: *Findings of Fact, Conclusions of Law, and Order*

cc: George Belcher, Esq., Hearing Officer
Ultan Doyle, Esq., Prosecuting Attorney
Kristin Donnelly, Case Manager
Sandra Kennedy, Respondent, First Class Mail, Certified Mail & Email

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
VERMONT BOARD OF NURSING

In re: SANDRA KENNEDY	}
License No. 026.0103871	} Docket No. 2022-176
	}

Participating Board Members:
Jennifer Laurent, APRN, Chair
William White, Jr., Public Member
Daniel Coane, Public Member
Thomas Harvey, RN
Jennifer Lyon, RN
Matthew Choate, RN
Kelly Sinclair, LNA
William "Jamie" Floyd, RN
Deb Belcher, *ad hoc*, Public Member

Appearances:
Prosecutor: Ultan Doyle, Esq.
Respondent: Participated in the hearing *pro se*

Presiding Officer: George K. Belcher

Exhibits:
State Exhibit 3: UVMC Electronic Record Access Audit (for Patient with the rash)
State Exhibit 4: UVMC Electronic Record Access Audit (for Cardiac Patient)
State Exhibit 5: Electronic video of Stew Peters interview with Respondent https://rumble.com/vmr2rx-september-20-2027.html
Respondent Exhibit A: Letter of Sen. Ron Johnson to CDC 6/23/2022
Respondent Exhibit B: Letter of Sen. Ron Johnson to CDC 7/25/2022

Summary Suspension Order
FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

This matter came before the Board of Nursing as a contested hearing on January 9, 2023. The hearing was held electronically with the Attorney for the State, the Respondent, the witnesses, and the Board members all participating by telephone or via electronic means

pursuant to the Office of Professional Regulation Rules for Remote Hearings.

Findings of Fact

Based on the evidence presented at the hearing and the arguments of counsel, the Vermont Nursing Board finds as follows:

1. Respondent is licensed as a Registered Nurse (RN) in the State of Vermont. The Respondent is subject to the regulatory authority of this Board. 3 V.S.A. §§ 129, 129a, 26 V.S.A. Chapter 28, the Administrative Rules of the Board of Nursing, and the Rules of the Office of Professional Regulation.
2. The prosecutor filed a Specification of Charges on or about June 30, 2022, alleging four Counts of unprofessional conduct. The Respondent filed an extensive, 15-page answer.
3. The Respondent participated in the hearing, representing herself. There were no objections to notice.
4. The Respondent has been a nurse for approximately 32 years with experience in home care nursing, mental health nursing, emergency department nursing, and management. In 2016 she moved to Vermont from another state. Her Vermont License was first issued in March of 2016. From 2017 to 2019 she worked at North Country Hospital in Newport, Vermont. In 2019 she began working at the UVM Medical Center hospital as a staff nurse on the "Baird 3" Unit.
5. During the course of her work, the Respondent became concerned that COVID-19 vaccinations were causing medical issues with patients. She believed that some unexplained medical conditions of patients might be caused by the COVID-19 vaccines. (See Respondent's Answer to Violation #2, Page 1, and her testimony.) In order to address "these anomalies" the Respondent began researching the literature regarding the COVID-19 vaccines and specifically the Pfizer documents associated with the CDC approval of their vaccine. Her concerns were expressed to the physicians with whom she worked at the hospital but, according to her, "Every attempt was brushed off with no follow through to investigate my claims." (See Respondent answer, Page 2 and her testimony.)

Cardiac Patient

6. On or about April 17, 2021, the Respondent admitted to her nursing unit a cardiac patient who had been admitted through the Emergency Department. The admission was done toward the end of her shift. The Respondent believed that the patient's symptoms were not explained, and the patient had a particularly high white-blood-cell count. She asked the patient whether the patient had been vaccinated for COVID-19 and she was told that the patient had received a second COVID-19 vaccination dose 3-7 days before his admission. The Respondent could not recall whether she expressed any concern to the patient's treating physician regarding her suspicion that the vaccine may have caused the patient's illness. The Respondent ended her shift and returned to work four days later after having studied more literature about the risks about the COVID-19 vaccine. The patient was discharged from the hospital on April 18, 2021 (Exhibit 4, Page 3). On April 21, 2021, the Respondent accessed the patient's electronic chart at

least twice over the period of about 30 minutes. She looked at the chart but made no entries or notes herself in the chart because at that point the patient had been discharged and the Respondent was no longer the patient's treating nurse.

7. The Respondent testified that the reason for her accessing the patient's chart on April 21, 2021, was: (1) for her own information about patient care in general; (2) for the Respondent's education; and (3) "for my personal knowledge".[1]
8. When asked whether the Respondent had been instructed about the limits of health information access by nurses, or whether she considered checking the rules, policies, and laws before accessing the patients' medical charts in this case, the Respondent answered that she had not. Her testimony that she had not received instructions about HIPPA was not credible for a nurse of her experience.
9. Following this incident, the Respondent could not recall bringing her concerns about this to the Patient's treating physician. She did not raise any of her concerns about this Patient's treatment or diagnosis to the Hospital Administration, Hospital Board, or the Department of Health.

Patient with a Rash

10. During her practice, the Respondent treated a patient who had an unexplained rash. The Respondent suspected that the rash may have been evidence of micro-clots caused by the COVID-19 vaccine. On May 22, 2021, the Respondent was in an employee lounge where there was a discussion with other nurses and physicians about a case of another patient who had an unexplained rash. (The patient with the rash was not the patient of the Respondent.) The Respondent accessed an electronic medical chart of the Patient with the rash whose condition was being discussed. After having looked at the Patient with the rash electronic medical chart, the Respondent asked the treating physician whether the rash might be caused by the vaccine and the physician said, "no". The Respondent gave the treating physician an article relating to the COVID-19 vaccine. The Respondent asked the treating physician whether "Vaccine Adverse Event Reporting System Reports" were being made regarding unexplained symptoms. According to the Respondent, the physician did not know what these reports were, and the physician said the reports were not being made. The Respondent did not report her concerns about the Patient with the rash, this patient's treatment, or the lack of Adverse Event Reporting, to the Hospital administration, the Hospital Board, or the Vermont Department of Health.

The Video

11. In July or August of 2021, the Respondent told another nurse of her concerns about her perceived risks of the COVID-19 vaccines. That nurse relayed her information to a television interviewer, Stew Peters, who then requested the Respondent to participate in a publicly broadcast video interview.
12. The Respondent's motivation for giving the interview was an effort on her part to warn parents not to vaccinate their children against COVID-19 .

[1] Testimony of the Respondent.

13. Before she gave the interview, the Respondent knew that she would probably "put my license in danger".[2]
14. In the public interview the Respondent:
    a. Was identified as a nurse at the UVM Medical Center.
    b. Confirmed that she had identified five cases linked to the COVID-19 vaccine.
    c. Stated that she had treated a Cardiac Patient. She described this patient's age, sex, number of hours the patient was treated in the emergency room, the various tests the patient had been given, the results of those tests, the number of children of the patient, the ages of the children, information about the patient's spouse, and the vaccination status of the patient.
    d. Stated that the patient's spouse did not want to be vaccinated but was "forced" to become vaccinated if the spouse wanted to visit the patient in the hospital.
    e. Stated that in her opinion that this Cardiac patient had been injured by the vaccine.
    f. Stated that she believed that the CDC was conducting "criminal acts" and that the doctors were following the directions of the CDC in not asking patients about the vaccine.[3]
15. Following the release of the video, Nurse Dragoon, who was the Nurse Manager and Assistant Nurse Manager on Baird 3, was contacted by other hospital nursing staff about the Respondent's interview. She performed an investigation into the disclosure of confidential patient health information by the Respondent in the interview. Her investigation included the information contained in State's Exhibits 4 & 5, including the times, dates, and nature of the Respondent's accessing of the medical charts for the Cardiac Patient and the Patient with the rash. Following her investigation, it was the opinion and conclusion of Nurse Dragoon that the Respondent had no legitimate purpose for accessing the medical records of these two patients when she did so on April 21, 2021, and May 22, 2021. The Board finds that the Respondent had no legitimate purpose in accessing the medical records of these patients.
16. Members of the staff at UVMMC who had seen the video were able to identify the patients described by the Respondent in the video. Because of the specific description of the Cardiac Patient in the video by the Respondent, it is very possible that the Cardiac Patient and the patient's friends and relatives might be able to make the connection between this patient and the patient's medical information, which was disclosed in the video. This includes the opinion of the Respondent that the patient's medical problem was caused by the vaccine.
17. In her testimony, the Respondent testified that she made up the ages of the Cardiac Patient's children and that the ages were "hypothetical". The Board does not know whether the ages of the patient are correct or not, but, either way, the Respondent was either disclosing protected patient health information or fabricating patient information in a public forum. She also testified that it was "…probably not the best judgment on my part mentioning the … children, etc."
18. The Respondent testified that she was within the bounds of the law and rules of patient confidentiality because she did not disclose the name of the patient. If this is the

[2] Testimony of the Respondent

[3] In her Answer, the Respondent stated, "It was then and is now my professional judgment that what I witnessed at UVMMC was crimes against humanity", Answer, page 3.

understanding of the Respondent, she is either uninformed or misinformed. Access of confidential information without a legitimate purpose is prohibited, regardless of disclosure. Disclosure of protected information which is sufficient to identify the patient is prohibited without consent by the patient. If permitted disclosures are made, they are only to be made with the minimum of information necessary for the purpose of the disclosure.

Conclusions of Law

1. The evidence established that the Respondent violated: 26 VSA Sec. 1582(a)(7) [Violating confidentiality by inappropriately revealing information or knowledge about a patient]. Although the Respondent felt that she was able to disclose information about Cardiac Patient without disclosing the patient's name, the Respondent disclosed sufficient health information about the patient that his identity could be reasonably inferred or concluded from the information given.[4] Moreover, it is generally recognized that when nurses deal with protected health information of a patient, they should only disclose the minimum information which is permitted. By disclosing the age of the patient, the patient's children and their ages, the tests which had been done on the patient, and the length he was in the Emergency Department, the Respondent disclosed more information than was necessary, even if the disclosure were permitted (which it was not). The information about the Cardiac Patient and the Patient with the rash was protected health information, which was acquired by the Respondent either from her treatment of the Cardiac Patient or from the medical records of both patients. As such, it was protected health information which should not have been disclosed without the consent of the patient. The Respondent's access to the private health information of both patients was a violation of the above statute since the Respondent had no legitimate reason to access the information without the permission of the patient.[5]
2. The evidence establishes that the Respondent violated 3 VSA Sec. 129a(a)(3) [Failure to comply with the provisions of State or federal statutes or rules governing the practice of the profession]. Here the rules, statutes and laws regarding "protected health

[4] 45 CFR 160.103(4) provides in part," Individually identifiable health information is information that is a subset of health information… and:

(1) Is created or received by a health care provider, health plan, employer, or health care clearing house; and,

(2) Relates to the past, present, or future physical or mental health or condition of an individual … and,

(i) That identifies the individual; or,

(ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual. (emphasis added)"

[5] See In re Smith, Oregon State Board of Nursing, 4/24/2013, Oregon Administrative Orders – Nursing, in which a nurse's license was revoked, in part, due to violating patient confidentiality by sending a photo of the patient (but not the patient's face or name) but showing information "that could have conceivably led to the patient being identified".

information"[6] are clear and constitute an essential part of basic nursing practice. See Health Insurance Portability and Accountability Act of 1996, Public Law No. 104-191, 110 Stat 1936 (hereinafter referred to as HIPPA) as set forth in 45 CFR Sec. 160.103 and 164.502 and 18 VS Sec. 188 which incorporates HIPPA into Vermont law. There is no exception which would authorize a nurse to access (or disclose) protected health information of a patient for education or personal research by a nurse without appropriate release. There are no exceptions contained in the health information laws and rules which apply to the behavior of the Respondent as contained in the findings above. The use or disclosure of an individual's identifying health information without an individual's informed consent is prohibited.

3. The Respondent argued that her disclosures were necessary to warn the public of the danger of COVID-19 vaccines and of the crimes being committed by the CDC and the doctors implementing the CDC directives. The HIPPA law provides a narrow exception for "Whistleblower" uses of protected health information, but the Respondent did not fall within this narrow exception because she did not report her concerns to an agency within the exception.[7] Rather, she made her prohibited disclosures to the general public.
4. The evidence establishes that the Respondent violated 3 VSA Sec. 129a(a)(26) [Failing to maintain professional boundaries or violating a patient's reasonable expectation of privacy]. As set forth above, the expectations of privacy on the part of patients are generally established by the laws, rules and normal practice of the medical establishment with specific reference to HIPPA. It would be understandable that, if either the Cardiac Patient or the Patient with the rash viewed the video, they would question how and why the Respondent was able to access and use their private medical information for the purposes chosen by the Respondent without their consent.
5. The evidence establishes that the Respondent violated 3 VSA Sec. 129a(a)(15) [Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the profession]. Here, the Respondent as much as admitted using poor judgment in her statements in the video and acknowledged that her participation in the video might jeopardize her license. She clearly was aware that her behavior was outside of the professional boundaries applicable to professional nurses.

Order

1. In accordance with the above Findings of Fact and Conclusions of Law, the Board does **ORDER** that the Respondent's license be **INDEFINITELY SUSPENDED.** Respondent may petition for reinstatement. Prior to requesting reinstatement, Respondent must:

   a. At her own expense, successfully complete (i.e., receive a passing score, if applicable) the following pre-approved online courses (or equivalent that are pre-approved by the Enforcement Case Manager):

[6] "Protected Health Information" is defined in 45 CFR 160.103(4) and includes the information disclosed by the Respondent.

[7] 45 CFR 164.502(j)(1) provides an exception if: " (i) The Workforce member believes in good faith that the covered entity has engaged in conduct that is unlawful …. and; (ii) The disclosure is to: (A) A health oversight agency or public health authority authorized by law to investigate or otherwise oversee relevant conduct… (emphasis added)

i. Nursing Practice Under HIPPA; Patient Privacy
ii. COVID-19 : Credible Health Information and Hoaxes in the Media
iii. Critical Thinking in Nursing

Respondent must submit the completed workbook and written documentation of completion (certificate of completion, etc.) to the Enforcement Case Manager.

b. Upon successful completion of each of the above courses, the Respondent shall provide the Board with a brief written narrative of the course which documents what she learned from the course and how she will apply that knowledge to her nursing practice.
c. The courses described above may not be counted toward any continuing education requirement of licensure.

2. **CONDITIONED LICENSE**. If reinstated, Respondent's license shall be conditioned as follows:
   a. **Supervision.** The Respondent must have general supervision of her practice by a pre-approved Registered Nurse who has practiced for more than ten years and who is in good standing and licensed by the State of Vermont. The supervisor will be required to read this entire order and findings, and the supervisor shall monitor the Respondent's practice, in particular regarding patient confidentiality.
   b. **Employer Reports.** Within one month of the date of reinstatement and of her employment as a Registered Nurse, and monthly thereafter, the Respondent shall cause her nursing employer to submit an evaluation of the Respondent's work performance during the month. These reports shall be submitted in writing on forms issued or approved by the Enforcement Case Manager and shall indicate satisfactory performance.
   c. **Length of Conditions**. Upon the reinstatement of the Respondent's license, the conditions shall continue for a minimum period of two (2) years commencing from the date of reinstatement and employment as a nurse.
   d. **Removal of Conditions**. The Respondent must petition the Board for the conditions to be removed from her license.
   e. The Board may impose such other conditions at the time of reinstatement as may be appropriate at that time.

SO ORDERED.

Vermont Board of Nursing

By: DocuSigned by: Jennifer Laurent EBJ741915719477... Date: 1/20 2022

Jennifer /Laurent, APRN
Chair

OFFICE OF PROFESSIONAL REGULATION
DATE OF ENTRY: 1/20/2022

APPEAL RIGHTS

This is a final administrative determination by the Vermont Board of Nursing or Director of the Office of Professional Regulation. A party aggrieved by a final decision of a board or hearing authority may appeal this decision by filing a written Notice of Appeal with the Director of the Office of Professional Regulation, Vermont Secretary of State, 89 Main Street, Fl. 3, Montpelier, VT 05620-3402 within 30 days of the entry of this order. If an appeal is filed, the Director of the Office of Professional Regulation shall assign the case to an appellate officer. The review shall be conducted on the basis of the record created before the board. In cases of alleged irregularities in procedure before the board, not shown in the record, proof on that issue may be taken by the appellate officer. 3 V.S.A. §§ 129(d) and 130a.

credential
Licence #
026.0118605
Docket #
2022-176

Sandra Kennedy, RN

08/18/2022

I have included an expert sorce whom I was following early into the pandemic. I hope this will help you understand my mindset and some of the reasons I decided to speak out.

I additionally included a letter to the director of the CDC from Senator Ron Johnson who has conducted several hearing on this issue.

Violation one: 26 V.S.A. 1582 (a)(7) Violating confidentiality by inappropriately revealing information or knowledge about a patient or client.

At no time during the interview did I mention a patient by name, time of incident, or floor in which the patient was treated on. In the complaint it states, "she went on to discuss the patient whom she had treated in the ER. I did not work in the ER or treat any patient in the ER. Additionally, the claim that she knew the age, gender, marital status, number of children, their ages, length of time in the ER, and test that were administered is inaccurate. The description of the patient was a generalization, and I did not have a list of the test that were administered in the ER. I did recall, as I do today, the reporting nurse stating concerns and emphasizing that "HE HAD EVER TEST AND THE DOCTORS HAVE NO IDEA WHAT'S GOING ON WITH HIM, IT DOESN'T MAKE SENSE". The reporting nurse, then proceeded to name every familiar cardiac test available along with tests outside of a cardiac diagnosis. I've been a nurse for 30 years with several years' experience in the ER, to discuss routine tests was not specific to anyone's chart.

When I received a patient from the ER to do his admission to the unit, I was alarmed that no one had asked him if he had received the MRNA vaccine. This vaccine was authorized under the EUAA bypassing standard safety requirement and at this time Dr. Robert Malone, inventor of MRNA technology was voicing concerns with its use in humans. While admitting him, he informed me that he had received his second dose just days prior. At this early stage, many professional medical articles were available questing the safety of these vaccines and there was ample documentation noting blood clots and chest pain (myocarditis). It was additionally alarming that his wife had chosen not to receive the vaccine, but her husband stated, she would be getting it tomorrow so she could visit him. Today, my concerns regarding this patient and his wife have been proven to be valid. The covid 19 injections were causing myocarditis which Pfizer was aware of as shown in their own documents released under court order.

Violation 2: 26 V.S.A Failing to comply with provisions of Federal or State Statutes or rules governing the practice of the profession.

The violations included in this section are regarding, accessing medical records without a legitimate reason. As I have stated, there were highly qualified, and ample evidence to question the safety of the MRNA vaccine. I spent every spare moment reading articles, journals and researching in my spare time with hopes of finding some answers to assist my patient and other patients on the unit. I worked with predominantly new graduate nurses and what was occurring with my patient was also happening with theirs. They would often ask questions and I would open a chart, only to assist or look for patterns with a desire to help that patient's outcome. However, as I was being dismissed by physicians, it's my opinion that I drew much needed attention to the possibility that the MRNA vaccine was in fact causing many of the clotting, stroke, and rashes we were observing. Assisting new nurses is part of nursing, something I've welcomed throughout my nursing career. I have never accessed a patient chart with malicious intent to harm the patient, hospital or a staff member.
Feb, 2021 was the first time in 30 years that I started observing doctors who were baffled and confused at what they were observing. I was hearing conversations that included

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comments such as, " they had never encountered this before or did not know what was causing the medical condition". Given the timing of these anomalies, it was common sense to me that we should be looking at the MRNA vaccine as a possible culprit especially since all the people afflicted were recipients of the MRNA vaccine and if my memory is accurate, their problems started after their second dose. As a patient advocate, withholding information I had from these patients, I felt was ethically wrong. It was difficult for me to sleep and return the next day to pretend I didn't know what could be causing their condition. I was reading about it in articles from prominent doctors who were being ignored and censored.

I am part of the professional group of doctors, scientist, attorneys and researchers who have uncovered through the court ordered release of the Pfizer documents that Pfizer was aware prior to the roll out of the MRNA vaccines that they were causing blood clots, myocarditis, cancer, strokes, neurological diseases, autoimmune diseases, and a variety of other catastrophic adverse effects. The very things I was witnessing and alarmed about but was unable to get the doctors to question. I was told over and over, that the vaccines were proven safe and could not be the cause of my patient often threatening condition.

I attempted to follow this statute by informing doctors treating my patients that I felt this was a reaction to the covid 19 vaccine. I offer to provide article about mini blood clots, rashes, etc. Every attempt was brushed off with no follow through to investigate my claims. The more I questioned, the more I was targeted with unreasonable complaints and calls for disciplinary action against me.

Violation Three: 3 V.S.A. 129a(a)(26) Sexually harassing or exploiting a patient client or consumer or doing so to a coworker.....

I wish to reference a statement from, The Truth about Nursing which was created as a poster called, "I am a Registered Nurse". When you find yourself alone researching the VARS data, reading medical journals that are conflicting with a powerhouse such as the CDC, how do you protect yourself and your patients? I couldn't, I could only protect my job through dishonest answers that "I was unaware of what could be causing these devastating often life threating conditions. This was my struggle. It's why I left UVMMC and why I was willing to risk losing my license because I could no longer keep this pledge:

"As I care for you, it is my job to protect you from all harm. That means any harm from your illness or its symptoms, from outside forces including the care environment, and from other people, if necessary, even those involved with your health care or health financing....it is my job to defend you from poor or misguided health care from any source. I am your advocate. I vow to protect you as if you were a member of my family.

Prior to deciding to leave UVM, I found nothing more disturbing than our morning emails from administrative staff passing on the nonsensical CDC guidelines. The information I was receiving was completely contradictory to what I had learned in my 30 years career and what I was reading and observing. Today we know, The CDC admitted to giving false information about Covid-19 vaccine surveillance, including claims that the covid19 vaccine were being

monitored by the most intense safety monitoring efforts in U.S. history. Through FOIA request it was discovered that the CDC did not conduct post vaccination heart inflammation analyzing that were flowing into the VARS data system until, a year later, March 25, 2022. The information was available to anyone seeking answers, like me. This information was disregarded, buried, and deliberately hidden from doctors, and patients by the CDC.

The CDC claimed the clinical trials of the Pfizer and Moderna Covid19 vaccines detected neither myocarditis nor pericarditis two types of heart inflammation which was a false claim. By **early April 2021, the US Military was raising the alarm about post vaccination heart inflammation, and by June 2021, the CDC was publicly acknowledging a link.**

Less than 3 months after the covid19 vaccine rollout, there were many known significant adverse events. So many that Pfizer had to hire 2,400 employees to handle the volume of reports they were receiving. Despite the alarming number of AE the CDC, FDA were pushing healthcare workers, doctors and RN's to encourage pregnant women to get vaccinated. The CDC claimed that the vaccine was safe and effective.

In the May release of the court ordered Pfizer documents (reissue-5.3.6 postmarking experience.pdf page 121, the data showed that 270 vaccinated pregnant women had received the MRNA vaccine.

124 of 270 had an AE: 49 were none-serious and 75 serious. However, there were no reported **outcomes** for the 238 pregnancies. However, the outcome for the fetuses/babies were dire. Of the 28 cases reported, 25 of the babies died before birth and three after birth. Consequently, 28 out of the 36 **known** outcomes that could be found in the documents died at or before birth resulting in a 78 percent mortality rate. The missing data of the 238 pregnancy outcomes beg the question. Why did Pfizer fail to provide the data on these cases?

I exploited no one. I was morally compelled to do something to alert and protect the public.

Violation four: 3 V.S.A 129a(a)(15)

Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.

It was then and is now my professional judgment that what I witnessed at UVMMC was crimes against humanity. It is my contention the UVMMC received millions of dollars in kickbacks by complying with the CDC's nonsensical harmful and sometimes life-threatening protocols. Information at the VARS website was available to all healthcare workers and from the onset of the covid19 roll out, it was apparent the covid19 vaccines were causing death and severe health complication. Vermonters place their trust in the medical professional at UVMMC to protect them. As a volunteer researching the Pfizer documents with, (The Daily Clout's Pfizer Documents Research team) a group of 3000 highly credentialled doctors, RN's, biostatisticians, medical fraud investigators, lab clinicians, and research scientists, what I was witnessing and attempting to alert physicians and nurses too at UVM too, has now been proven beyond any doubt. The team has been reporting the finding to tell the world what is in the 55,000 internal Pfizer documents. These documents were never

intended to be seen by the public after the FDA requested the courts keep them sealed from the public for 75 years. Through a court order, the documents became available for anyone to read. The findings can be seen on the Daily Clout and as of today, multiple lawsuits have been and are in the process of being filed. Volunteers have confirmed that Pfizer and the FDA knew by December 2020 that the MRNA vaccine did not work, waned in efficacy and presented vaccine failure. They had this data one month after the mass 2020 rollouts.

I felt compelled to speak on the Stew Peters show to warn the public. I never intended to harm the medical staff at UVMMC nor did I reveal confidential information about any patient. It was an alarming overview of the activity I was witnessing within the largest and most trusted medical center in Vermont. The rollout of this experimental MRNA vaccine had no proof or statistically significant benefit or safety studies and had not undergone rigorous scientific review nor completed the necessary animal studies. I was aware along with many other healthcare professionals that this experimental drug was being forced on the American people in order to work or visit a loved one at UVMMC. This is a violation of the Nuremberg code which is a crime.

I ask the board to please consider the circumstances and evidence. My interview on the Stew Peters show was not a planned event. I agreed to speak with Stew Peters about my concerns. I did not have notes, names or documents. I was concerned for the publics safety and the judgement of UVMMC to do no harm.

Please review attached document.

Sandra Kennedy, RN

United States Senate

WASHINGTON, DC 20510

June 23, 2022

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention

Dear Director Walensky:

I write regarding the Centers for Disease Control and Prevention (CDC) tracking of COVID-19 vaccine adverse events. According to a recent article, the CDC failed to provide records responsive to a Freedom of Information Act (FOIA) request relating to the CDC's Standard Operating Procedures (SOP) document dated January 29, 2021.[1]

This SOP identified how CDC and the Food and Drug Administration (FDA) would "perform routine [Vaccine Adverse Event Reporting System (VAERS)] surveillance to identify potential new safety concerns for COVID-19 vaccines."[2] Specifically, the surveillance would include, "generating tables summarizing automated data from fields on the VAERS form for persons who received COVID-19 vaccines (e.g., age of vaccinee, COVID-19 vaccine type, adverse event)."[3] The FOIA request asked CDC to provide these tables, but the agency failed to do so.

For example, CDC failed to produce all of the "VAERS weekly tables" listed in the January 29, 2021 SOP.[4] According to the SOP, these VAERS tables would consist of at least eight different tables including, "all reports [of adverse events] following COVID-19 vaccines by severity and selected manufacturer/brand name" and the "top 25 most frequently reported [adverse events]."[5] CDC claimed that these tables would be assembled "weekly" and "available every Monday."[6] In response to the May 9, 2022 FOIA request, the CDC did not provide all of the requested tables and information.[7] CDC claimed, however, that "no information was

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[1] Josh Guetzkow, New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts, Substack, June 16, 2022, https://jackanapes.substack.com/p/new-foia-release-shows-cdc-lied-about.
[2] Vaccine Adverse Event Reporting System (VAERS) Standard Operating Procedures for COVID-19, Centers for Disease Control and Prevention, Jan. 29, 2021, https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf at 3.
[3] *Id.*
[4] Josh Guetzkow, New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts, Substack, June 16, 2022, https://jackanapes.substack.com/p/new-foia-release-shows-cdc-lied-about; Vaccine Adverse Event Reporting System (VAERS) Standard Operating Procedures for COVID-19, Centers for Disease Control and Prevention, Jan. 29, 2021, https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf at 15.
[5] Vaccine Adverse Event Reporting System (VAERS) Standard Operating Procedures for COVID-19, Centers for Disease Control and Prevention, Jan. 29, 2021, https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf at 15.
[6] *Id.*
[7] Josh Guetzkow, New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts, Substack, June 16, 2022, https://jackanapes.substack.com/p/new-foia-release-shows-cdc-lied-about.

withheld from release."[8] This raises questions about whether CDC ever collected the information on vaccine safety it originally claimed that it would in the January 2021 SOP.

In addition to CDC's failure to produce the complete set of the "VAERS weekly tables," CDC failed to provide other data reports and assessments detailed in the SOP. For example, the SOP stated that "CDC will perform Proportional Reporting Ratio (PRR) analysis . . . to identify [adverse events] that are disproportionately reported relative to other [adverse events]."[9] The SOP also noted that, "CDC will perform PRR data mining on a weekly basis or as needed."[10] However, in response to the May 9, 2022 FOIA request for these records, CDC stated, "no PRRs were conducted[.]"[11]

Public health agencies' ability to track and warn the public of potential adverse events connected to the COVID-19 vaccines is dependent on those agencies performing routine and thorough data analyses. As discussed during the October 22, 2020 teleconference on vaccine surveillance systems, a CDC official noted that CDC and FDA planned to use VAERS to conduct "data mining . . . every one to two weeks."[12] That official praised VAERS stating that it can "rapidly detect safety signals and can detect rare adverse events."[13] Indeed, as of June 10, 2022, VAERS reported 28,859 deaths worldwide following COVID-19 vaccination with 7,890 or 27 percent of those deaths occurring on day 0, 1, or 2 following COVID-19 vaccination.[14] Given the effectiveness of VAERS to "detect safety signals," it is unclear why CDC did not generate all the tables using VAERS and other surveillance data on COVID-19 vaccine adverse events even though it initially indicated that it would perform such analyses.

In order to better understand the VAERS data CDC has produced and its apparent decision not to compile certain data detailed in the January 29, 2021 SOP, please provide the following information:

1. All documents requested in the May 9, 2022 FOIA request, #22-01479-FOIA, which included the following based on the January 29, 2021 SOP:[15]
    a. Copies of all "VAERS weekly tables" described in section 2.2.2 from February 1,

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[8] Letter from Roger Andow, FOIA Officer, Centers for Disease Control and Prevention, to Divyanshi Dwivedi, Children's Health Defense, June 16, 2022, https://jackanapes.substack.com/api/v1/file/afc9ad6a-9330-4a80-a2c2-5f3bde28422e.pdf.

[9] Vaccine Adverse Event Reporting System (VAERS) Standard Operating Procedures for COVID-19, Centers for Disease Control and Prevention, Jan. 29, 2021, https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf at 11.

[10] *Id.* at 16.

[11] Letter from Roger Andow, FOIA Officer, Centers for Disease Control and Prevention, to Divyanshi Dwivedi, Children's Health Defense, June 16, 2022, https://jackanapes.substack.com/api/v1/file/afc9ad6a-9330-4a80-a2c2-5f3bde28422e.pdf.

[12] Tom Shimabukuro, Presentation before the Vaccines and Related Biological Products Advisory (Oct. 22, 2020), transcript available at https://www.fda.gov/media/143982/download, (*See* page 95).

[13] *Id.* at 94.

[14] United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - 06/10/2022, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers html on Jun. 17, 2022 4:16:13 PM.

[15] FOIA request, May 9, 2022, https://jackanapes.substack.com/api/v1/file/44421d00-9c02-4fc9-9471-65fcdb24152c.pdf.

2021, through Sept. 30, 2021, inclusive. These are described in the SOP document as "Data tables demonstrating frequency, reporting ratios and general characteristics will be generated automatically using pre-defined variables populated by VAERS data."

b. Copies of all tables, analyses and reports generated in connection with the "Signal Detection Analyses" described under sections 2.3 of the SOP document (including PRR's described in 2.3.1; Bayesian data mining described in 2.3.2; crude reporting ratios described in 2.3.3) from February 1, 2021, through Sept. 30, 2021, inclusive.

c. All tables, analyses and reports generated in connection with the "Signal Assessment" described in section 2.5 of the SOP document from February 1, 2021, through Sept. 30, 2021, inclusive.

2. If CDC did not collect any of the above information, please explain why and detail who made the decision to not follow the SOP and when that decision was made.

Please provide this information as soon as possible but no later than July 7, 2022. Thank you for your attention to this matter.

Sincerely,

Ron Johnson
United States Senator

cc: The Honorable Robert M. Califf
Commissioner
Food and Drug Administration

Enclosure

United States Senate

WASHINGTON, DC 20510

July 25, 2022

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention

Dear Director Walensky:

On June 23, 2022, I wrote to you about whether the Centers for Disease Control and Prevention (CDC) performed sufficient surveillance of COVID-19 vaccine adverse events (enclosed).[1] To date, the CDC has failed to provide a response to that letter.

In that letter, I described the CDC and the Food and Drug Administration's Standard Operating Procedures (SOP) document dated January 29, 2021, which declared that the agencies would "perform routine [Vaccine Adverse Event Reporting System (VAERS)] surveillance to identify potential new safety concerns for COVID-19 vaccines."[2] Yet, in response to a Freedom of Information Act (FOIA) request for these surveillance records, CDC failed to provide data it originally claimed it would generate.[3]

As I noted in my letter, the SOP stated that "CDC will perform Proportional Reporting Ratio (PRR) analysis . . . to identify [adverse events] that are disproportionately reported relative to other [adverse events]."[4] The SOP also stated that, "CDC will perform PRR data mining on a weekly basis or as needed."[5] However, in response to the May 9, 2022 FOIA request for these records, CDC wrote, "no PRRs were conducted" and that "data mining is outside of th [sic] agency's purview."[6]

The validity of this assertion has recently been called into question. Although CDC claimed that "no PRRs were conducted," Dr. John Su, a CDC official that works on the Vaccine Safety Team, reportedly told a media outlet that "CDC has been performing PRRs since Feb 2021, and continues to do so to date."[7] CDC's assertion and Dr. Su's statement cannot both be true.

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[1] Letter from Senator Ron Johnson, to Rochelle Walensky, Director, Centers for Disease Control and Prevention, June 23, 2022, https://www.ronjohnson.senate.gov/services/files/9914278B-A73B-4434-8349-91091138E18B.
[2] Vaccine Adverse Event Reporting System (VAERS) Standard Operating Procedures for COVID-19, Centers for Disease Control and Prevention, Jan. 29, 2021, https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf at 3.
[3] Josh Guetzkow, New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts, Substack, June 16, 2022, https://jackanapes.substack.com/p/new-foia-release-shows-cdc-lied-about.
[4] Vaccine Adverse Event Reporting System (VAERS) Standard Operating Procedures for COVID-19, Centers for Disease Control and Prevention, Jan. 29, 2021, https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf at 11.
[5] *Id.* at 16.
[6] Letter from Roger Andoh, FOIA Officer, Centers for Disease Control and Prevention, to Divyanshi Dwivedi, Children's Health Defense, June 16, 2022, https://jackanapes.substack.com/api/v1/file/afc9ad6a-9330-4a80-a2c2-5f3bde28422e.pdf.
[7] Zachary Stieber, EXCLUSIVE: CDC Says It Performed Vaccine Safety Data Mining After Saying It Didn't, Epoch Times, July 23, 2022, https://www.theepochtimes.com/exclusive-cdc-says-it-performed-vaccine-safety-data-

The American people deserve the truth and you have not been providing it. That is why I, together with millions of Americans, have completely lost faith in the CDC and other federal health agencies. It is time to start regaining their confidence and your agency's integrity by coming clean, being transparent, and telling the truth.

Accordingly, please provide an immediate and complete response to my June 23, 2022 letter and the following information by no later than July 29, 2022:

1. Is Dr. Su's statement that "CDC has been performing PRRs since Feb 2021, and continues to do so to date" true?[8]
    a. If so, why did CDC claim that "no PRRs were conducted" in response to a May 9, 2022 FOIA request?[9]
    b. If Dr. Su's statement is true, please provide all of the PRRs performed since February 2021.

2. Please make Dr. Su available for an interview with my office to discuss the types of surveillance CDC has performed regarding COVID-19 vaccine adverse events and the data CDC has generated based on its surveillance.

Thank you for your attention to this important matter.

Sincerely,

Ron Johnson
United States Senator

Enclosure

cc: The Honorable Robert M. Califf
Commissioner
Food and Drug Administration

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mining-after-saying-it-didnt_4617563.html; John Su, Advisory Committee on Immunization Practices, Vaccine Safety Team, Centers for Disease Control and Prevention, Jan. 5, 2022, https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-01-05/02-covid-su-508.pdf.

[8] Zachary Stieber, EXCLUSIVE: CDC Says It Performed Vaccine Safety Data Mining After Saying It Didn't, Epoch Times, July 23, 2022, https://www.theepochtimes.com/exclusive-cdc-says-it-performed-vaccine-safety-data-mining-after-saying-it-didnt_4617563.html.

[9] Letter from Roger Andoh, FOIA Officer, Centers for Disease Control and Prevention, to Divyanshi Dwivedi, Children's Health Defense, June 16, 2022, https://jackanapes.substack.com/api/v1/file/afc9ad6a-9330-4a80-a2c2-5f3bde28422e.pdf.

Dr Peter McCullough is board certified by the American Board of Internal Medicine in internal medicine and cardiovascular disease. He has a Masters in Public Health in Epidemiology. Dr. McCullough is an internationally recognized authority on the evaluation of medical evidence concerning contemporary issues in medicine and has published widely with more than 1000 publications and 500 citations in the National Library of Medicine. He has been a leader in the medical response to the COVID-19 disaster and has published the first guidance for the medical treatment of ambulatory patients infected with SARS-CoV-2. And, he has published a widely read OPED series on COVID-19 in The Hill. Curriculum Vitae, Heart Place

Dr. Peter McCullough

I'm a practicing internist and cardiologist in Dallas, Texas, **and I'm an expert on covid-19. I have fifty-six peer-reviewed publications on the pandemic particularly on how to treat the infection and over seven hundred and seventy overall publications in the national library of medicine and well over a thousand overall medical communications.**

I've served on two dozen data safety monitoring boards for large pharmaceutical and device and individual diagnostic studies and I consider myself both an expert on covid as well as drug and device and biological agent safety.

Vaccine Safety

The covid-19 vaccines went through clinical trials and had two months of observation. The standard regulatory guidance was 24 months for life attenuated, killed, or antigen-based vaccines. These were genetic gene transfer technology vaccines — they're classified that by the FDA, they needed five years of observation — all that was thrown out.

There was no carcinogenicity, no meningitis studies, mutagenicity studies, teratogenicity studies. So when they came out they were, and still are today, emergency use authorized, investigational which means the consent form says we don't know if these work or not, and we don't know if they're safe long term, the consent form still says that.

Under your watch, vaccine mandates started happening in the state for investigational

experimental products. **We knew by January 22nd 2021 there was a problem because the U.S. CDC Vaccine Adverse Event Reporting System had too many deaths that have already happened with the covid-19 vaccine than they had from all the prior vaccines combined.**

January 22nd of 2021, the warning bells came off and then nothing happened. We knew on January 29th through freedom of information, our FDA and Center for Disease Control was supposed to be putting out monthly safety reports for America.

No safety report, lesson learned from this committee get a vaccine safety committee together get them together and start having them meet if you're not seeing safety being provided at a Federal level. Remember it's safety, safety, safety.

It would have been wonderful if these vaccines would have worked, but it was all about safety, we now know through court-ordered documents, freedom of information documents, Pfizer knew about 1000 deaths within 90 days of release of their vaccine. Pfizer knew about it, we don't know if the FDA knew about it.

Nobody did anything and the freight train continued. Now, fast forward as death started to occur people started to get very very uncomfortable, you saw all the pushbacks, protests, all kinds of worldwide feelings of great vaccine hesitancy because people were dying shortly after the vaccine.

Papers were published 50 percent of the deaths occurred within 48 hours, 80 percent within a week. We know the vaccines installed the genetic material for the Wuhan spike protein that was manipulated in a biosecurity lab in Wuhan, China.

There are now a thousand papers published on the spike protein and the vaccines. A thousand that deal with vaccine injuries, and they're well characterized, and the FDA agrees the vaccines cause blood clots, the vaccines cause heart damage, the vaccines cause neurological damage.

They also cause well characterized immunologic and hematologic system damage. This is in the peer-reviewed literature, this is not equivocal, this is not a subject of controversy or debate, it's in our literature.

There are now brand new diseases named after covid-19 vaccine injuries. As of June 17th, 2022, our CDC VAERS system has been certified 13,388 Americans who have died with the vaccine so though either they've taken it electively or they were forced into it.

That's 13,338 people have lost their lives prematurely due to these vaccines. The vaccines qualify by the Bradford Hill Criteria, which is an organized set of criterion on causality, they qualify as causing these deaths according to these epidemiologic criteria.

I'm a trained epidemiologist, I am an expert in applying these criteria on a more probable than not basis, and almost certainly clear and convincing that these vaccines are causing death. This month, the World Council for Health which represents 70 bodies worldwide has called for a global recall of all vaccines because worldwide 40, 000 deaths that these safety databases across the world forty thousand in the big ones VAERS, the Yellow Card System, VigiSafe, and the EUDRA system.

Forty thousand deaths with the vaccines, unacceptably high. Typical standard for any biologic product is 50 deaths, pull it off the market, something's gone wrong.

50, not 40,000. So when there is a global recall by an international organization this committee ought to be having emergency meetings.

What are we going to do? A worldwide body has called for these to pulled off the market, they're still giving.

You just heard from the pharmacy director ahead of me there's still giving them out when there's a worldwide call for a recall. There should be some committee meeting so you have it down.

I mean you can tell something is going wrong here that we're in trouble in terms of vaccine safety. Dr. Malone's covered vaccine efficacy which is largely waned I will just tell you that the CDC told us as of December 10th, 2021, with the omicron strain, 79 percent of people with omicron were fully vaccinated.

That is prima facie evidence that the vaccines have completely failed against omicron variant. Now, it's inverted, the vast majority of people who are sick with covid-19 and in the hospitals worldwide with the omicron variant are fully vaccinated.

Censorship and Reprisal for Health Professionals

It is clear now that in the area of covid that it's open season for censorship and reprisal not just to physicians but of nurses and patients and family members and others and the censorship is because there is a global effort to mass vaccinate the population every six months and anything that would deter from that is going to be censored. So if a family member has lost a loved one after the vaccine that event if it's written somewhere what have you is censored.

We have widespread censorship in the medical literature now, in social media, and even in oral

presentations. I presented here on May 10, 2021.

Five statements that I made here under oath are now subject of censorship and professional reprisal by the American Board of Internal Medicine. Every single statement I made just in my written remarks and my prepared remarks is cited.

The American Board of Internal Medicine and the Texas Medical Board — they don't have a monopoly on the truth. No one holds medical truth, there are always two points of view on everything or more.

So Senator Johnson has stepped in and called the American Board of Internal Medicine out to have a roundtable discussion on what's going on now is a giant sweep through the federation of medical boards through the the American Board of Internal Medicine American Board of Family Medicine, etc., and to have an open conversation.

They have not responded in fact they've doubled down and said they're joining forces with the American Medical Association again in an effort to inflict reprisal on physicians as myself who are attempting to help patients through covid-19 respond to the pandemic in terms of our patient care, our scholarship, and our research, and also give patients a fair appraisal on a brand new set of experimental genetic vaccines which for some patients now represents a mortal threat to them and we must have certainly a conversation about the risks and benefits.

So I think right now the most important thing that this committee can do is this committee probably ought to have a working group on censorship and reprisal at the professional level — doctors, nurses, patients, — who under the watch of DHS is actually incurring their constitutional rights being stripped away from free speech. What is going on in this state to actually impair medical progress, remember medical progress will not happen unless there is a roundtable discussion on something.

Several speakers a few minutes ago talked about a conversation between some doctors and a doctor who wanted to prescribe ivermectin. That conversation to me didn't seem very fair balanced it seemed like a disciplinary conversation.

There is no disciplinary conversations in a brand new novel coronavirus. This is all about getting the patient better.

The other thing I heard in that conversation is a very important act of censorship or a violation of medical ethics is Dr. Bob Hall presented a case where a family member wanted the discussion about ivermectin of a patient in the hospital. There is a principle of medical ethics called shared decision making when you're a patient in the hospital you actually have a right to discuss what you want to have happen with your body.

If you're taking a medicine as an outpatient and you want to take that as an inpatient that's

called medication reconciliation you have that full right to do so, no doctor can lord over you, and say no you can't have that medication. If you've had a fair balanced discussion and the drugs like ivermectin, hydroxychloroquine are supported by hundreds and hundreds of clinical trials, they're in dozens of government guidelines elsewhere in the world as first line therapy, any American, any Texan has the right to receive these drugs in the hospital when they engage in a discussion with their doctor.

Under no circumstances should any doctor refuse a patient share decision making and their own personal autonomy. It's unethical it's immoral and from a clinical perspective it's illegal and don't let it happen on your watch.

Those are my comments.

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

In re: Sandra Kennedy	)	**Docket No. 2022-176**
License no. 026.0118605	)	

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont (the "State") and makes the following charges against Registered Nurse, Sandra Kennedy:

Board Authority

1. The Board has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. Chapter 28; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation ("OPR Rules").

Statement of Facts

2. Sandra Kennedy ("Respondent"), of Milton, Vermont, is licensed as a Registered Nurse ("RN") under license number 026.0118605. The State of Vermont first issued this license on March 10, 2016, and it expires on March 31, 2023.

3. During the relevant time period, Respondent was employed as an RN by UVM Medical Center ("the Facility") in Burlington, Vermont.

4. On or about September 20, 2021, while on a leave of absence from the Facility, Respondent was interviewed by an internet talk show host about COVID-19 vaccinations based on her experience working as an RN at the Facility.

5. As of June 29, 2022, the interview, which was videotaped and can be accessed online, had been viewed almost 82,000 times.

6. The title of the interview was "Nurse: 'What I'm Seeing is CRIMINAL'" (emphasis in original).

7. The talk show host began the interview with the following:

> Sandy is a nurse at the University of Vermont Medical Center. Sandy says she has questioned at least three doctors about the huge amount of anomalies they've encountered treating Covid patients. She says she's seen a minimum of five patients who, in her view, are 100% cases of illness linked with the Covid

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> vaccine. There's a young woman, a diabetic, who was suddenly hospitalized with her first case of hyperglycemia in a decade. A man in his early thirties with cardiac issues out of nowhere. And then much weirder things: a twenty-something with a head-to-toe rash like she's never seen before. A woman with circular rashes and bloated purple genitalia, not terribly unlikely a female version of Nicki Minaj's cousin's friend.[1] In Sandy's words, this isn't simply bad medicine, this is criminal. Now ... Sandy wants to blow the whistle and we honor her bravery.

8. During the interview, Respondent questioned the safety of COVID-19 vaccinations based on what she was seeing in the Facility's emergency room.

9. Midway through the interview, the talk show host stated that doctors were refusing to report "vaccine adverse events" to the CDC as "vaccine injuries," or acknowledge that they could be "vaccine injuries," based on what Respondent had been saying.

10. Respondent replied by saying, "Absolutely." She then went on to discuss a patient (subsequently identified below as Patient 2) whom she had treated in the Facility's ER for cardiac issues. Respondent described in detail confidential medical information as well as patient information that could be used to identify him. The information she divulged included the patient's age, gender, and marital status; how many children he had and how old they were; what he complained of when he came to the ER; how long he was there; what tests were administered and what they revealed; what one of his lab results showed; who had visited him in the ER; his COVID vaccination status; and whether he was admitted to the Facility.

11. The video was brought to the Facility's attention on September 21, 2021.

12. After viewing the video, some staff members at the Facility came forward and said that although they could not recall the names of the patients referenced in the video, they did recall specific patients based on Respondent's descriptions and that they would recognize them if they saw them.

13. The Facility conducted an investigation during which Respondent's audit logs were reviewed to see what patient medical records she had accessed.

14. The audit logs showed that on or about May 22, 2021, Respondent accessed the medical electronic records of Patient 1, J.D. 1,[2] from approximately 2:06pm until 2:53pm. The records that Respondent accessed included Patient 1's provider progress notes and consults.

[1] Nicki Minaj is a celebrity who allegedly claimed that the testicles of a friend of her cousin's became swollen after taking the COVID-19 and that he eventually became impotent. *See* https://www.buzzfeednews.com/article/salvadorhernandez/nicki-minaj-cousin-friend-swollen-testicles-health.

[2] Both patients referenced in this Specification of Charges had the initials J.D. Therefore, they have been referred to as J.D. 1 and J.D. 2.

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15. Patient 1 had been previously treated for a skin rash at the Facility and had been discharged from the Facility on May 19, 2021.

16. At no time was Respondent involved in Patient 1's care and had no legitimate reason to access Patient 1's medical records.

17. The audit logs also showed that on or about April 21, 2021, Respondent accessed the medical electronic record of Patient 2, J.D. 2, from approximately 9:56am to 10:25am. The records that Respondent accessed included Patient 2's plan of care and discharge summary.

18. Patient 2 had been previously treated for a cardiac event at the Facility and had been discharged from the Facility on April 17, 2021.

19. Although Respondent had provided care to Patient 2, at the time Respondent accessed Patient 2's medical records, she was no longer involved in Patient 2's care and had no legitimate reason to access those records.

20. Respondent resigned from the Facility on September 23, 2021.

Violation One: 26 V.S.A. §1582(a)(7) Violating confidentiality by inappropriately revealing information or knowledge about a patient or client.

21. The State re-alleges and incorporates Paragraphs 2 through 20 above.

22. Respondent is required to refrain from violating confidentiality by inappropriately revealing information or knowledge about a patient or client.

23. Paragraph 10 demonstrates that Respondent violated patient confidentiality by divulging, during a videotaped interview, detailed confidential patient information about Patient 2, a patient she had cared for while working as an RN, without a legitimate reason for divulging such patient information.

24. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 26 V.S.A. §1582(a)(7).

Violation Two: 3 V.S.A. §129a(a)(3) Failing to comply with provisions of federal or State statutes or rules governing the practice of the profession.

25. The State re-alleges and incorporates Paragraphs 2 through 20 above.

26. Respondent is required to comply with provisions of federal or State statutes or rules governing the practice of the profession.

27. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal law which states that a covered entity may not use or disclose a patient's protected health information for a purpose other than treatment, payment, or health

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care operations of the Facility, except when the individual authorizes or as law requires. *See* 45 C.F.R. § 164.502; 18 V.S.A. § 1881(the Vermont Statute incorporating HIPAA protections).

28. A "covered entity" would include Respondent in her capacity as a health care provider working at the Facility. *See* 45 C.F.R. § 160.103,

29. The definition of "use" includes "examination" of individually identifiable health information. *See id.*

30. Paragraphs 2 through 20 demonstrate that Respondent violated 45 C.F.R. §164.502 and 18 V.S.A. §1881 by accessing and examining the confidential medical records of Patients 1 and 2 without any legitimate reason for doing to.

31. Paragraph 10 demonstrates that Respondent also violated 45 C.F.R. §164.502 and 18 V.S.A. §1881 by disclosing details of the confidential medical records of Patient 2 without any legitimate reason for doing to.

32. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. §129a(a)(3).

Violation Three: 3 V.S.A. § 129a(a)(26) Sexually harassing or exploiting a patient, client, or consumer, or doing so to a coworker in a manner that threatens the health, safety, or welfare of patients, clients, or consumers; failing to maintain professional boundaries, or violating a patient, client, or consumer's reasonable expectation of privacy.

33. The State re-alleges and incorporates paragraphs 2 through 20 above.

34. Under Vermont law, an RN is prohibited from violating a patient's reasonable expectation of privacy.

35. Paragraphs 20 through 20 above demonstrate that Respondent violated the reasonable expectation of privacy of Patients 1 and 2 by accessing and examining their confidential medical records and divulging details of Patient 2's confidential medical records, without a legitimate reason for doing so.

36. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. § 129a(a)(26).

Violation Four: 3 V.S.A. §129a(a)(15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.

37. The State re-alleges and incorporates Paragraphs 2 through 20 above.

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38. As an RN, Respondent is required to exercise her own independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.

39. Paragraphs 2 through 20 demonstrate that Respondent failed to exercise independent professional judgment by accessing and sharing confidential patient information without any legitimate business need for doing to.

40. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. §129a(a)(15).

Relief Requested

WHEREFORE, the State of Vermont respectfully requests that the Board revoke, suspend, condition, or otherwise discipline Respondent's Registered Nurse License.

DATED at Montpelier, Vermont this 30th day of June, 2022.

STATE OF VERMONT
SECRETARY OF STATE

By: Ultan Doyle

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