

# Widowers Allege COVID-19 Treatment Protocols Led to Their Wives' Deaths



Between the induced labor and the [COVID-19 treatment](#) protocols that ultimately ended in her death on Dec. 1, 2021, 33-year-old Christy Cresto was only allowed by hospital staff to hold her baby for 10 minutes before he was taken to the neonatal intensive care unit (NICU).

When she was admitted into a hospital in Pennsylvania on Oct. 9, 2021, she was 36 weeks pregnant and due Nov. 16; however, staff performed an ultrasound and decided she was at 38 weeks, with the baby at 9 pounds and 8 ounces.

“This would become the first of many lies from the hospital staff,”

Matthew Cresto told The Epoch Times. "It became apparent to me that they purposely overestimated because he was born 6 pounds 5 ounces."

Lie number two, Cresto said, was the assurance that they wouldn't take the baby away from Christy since she contracted COVID while pregnant.

According to a January 2021 [study](#) in the Journal of American Medical Association, a baby in the womb of a mother who contracts COVID acquires natural immunity from the mother.

The study states in its abstract, "Maternally derived antibodies are a key element in neonatal immunity."

With the assurance of the hospital that the baby wouldn't be separated from them, they agreed to induce labor so that Christy could proceed with COVID treatment, Cresto said.

After he was born, they laid the baby in a bassinet, where Cresto said he stayed for two hours before a pediatrician entered to give him a newborn exam.

Lie number three, Cresto said, was hospital staff saying Christy could breastfeed if she wore a mask. But the baby never returned for feedings; instead, nurses brought Christy a breast pump, and she was given one dose of remdesivir, with discussion around putting her on a ventilator already having begun.

According to medical records, Cresto said, subsequent doses of remdesivir were marked "not appropriate at this time."

Cresto continuously asked about the Front Line COVID-19 Critical Care Alliance [treatment protocols](#) that included ivermectin, he said, to which staff responded by stating that they don't work.

He asked about monoclonal antibody treatment, to which staff responded by telling him they didn't have it.

What he later found, he said, was that—[similar to others' stories](#)—the hospital did have monoclonal antibody treatment, but it wasn't offered to the unvaccinated.

In many of these testimonies, [some report](#) that they were prohibited from visiting their loved ones, and others report they were permitted visits.

Cresto's case was an exception, because after he protested he was allowed to stay.

Despite being told that he couldn't see his son for 14 days, staff told him two days later that he was ready to be discharged from the NICU and that Cresto could take him home, he said.

"This, even though two days prior they said I couldn't see him because I was exposed to my wife," Cresto said. "There was absolutely no consistency in policies."

Before Christy's mother picked him up, Cresto was able to hold his son, he said.

"It's important to point out here that I was able to go and hold him after leaving Christy's ICU room," Cresto said, where Christy had at that point been taken off high-flow oxygen and put on a BiPAP machine,

which he called the “last step before the ventilator.”

At one point, Cresto received a photo from Christy he said she took of the call button in her room that was out of reach.

As described in a [September lawsuit](#) filed against three California hospitals for their use of remdesivir on patients allegedly without informed consent, call buttons are typically placed beyond the reach of patients who are going through these protocols.

## **Follow The Money**

The TN Liberty Network (TLN), an independent think tank started by AJ DePriest and comprised of 28 Tennessee researchers, charted the financial incentives TLN said are driving the protocols.

In its Follow the Money Series, “Blood Money in U.S. Healthcare Financial Incentives: The Use of ‘Covered Countermeasures,’” TLN examines how the trillions that came from the Coronavirus Aid, Relief, and Economic Security (CARES) Act flowed into multiple three-letter agencies such as the National Institute of Health (NIH) and the Centers for Disease Control and Prevention (CDC), and—along with the perpetuation of the federal public health emergency—has created medical tyranny.

“Hospitals are incentivized to vaccinate, test, diagnose, and admit Covid patients and report COVID-related deaths using add-on bonuses to push treatments such as remdesivir, dialysis, ventilators, and new ‘covered countermeasures approved for Covid,” the report ([pdf](#)) states.

In addition to the incentives, a patient’s bill of rights is waived under the CMS COVID-19 [Emergency Declaration Blanket Waivers for Health](#)

## Care Providers.

This waiver allows healthcare workers to ignore a patient's rights, such as the right to respect, the right to informed consent, and the right to refuse treatment, according to DePriest.

There is also a waiver that allows patients to be left alone for up to 48 hours without any care, DePriest reported.

The waivers state that because COVID is a drain on resources, the requirements to check on patients within the usual regulated standards are waived, DePriest explained.

NIH, the CDC, and CMS didn't immediately respond to The Epoch Times' request for comment.

## **'My Heart Sank'**

On Oct. 26, Cresto said he awoke to three missed calls from the hospital.

Christy had been put on the ventilator, he said.

"My heart sank," he said. "They said she had an anxiety attack, started hyperventilating, and went into hypoxia."

Staff told him she went on it willingly under the agreement that she be fully sedated, Cresto said, though Christy had told him earlier that she would refuse if offered.

The night before, Cresto said, Christy appeared healthy, responsive, and even talkative in a video chat, which was one of the last few times he spoke with her.

In 2018, President Donald Trump signed the [Right to Try Act](#) into law, which allowed patients with life-threatening diseases who have exhausted all other options to try certain unapproved treatments.

He cited this act when in another discussion with his doctor on trying high-dose vitamin and ivermectin therapeutics.

He said the doctor told him, "That was written for a different era."

According to TLN's report, hospitals have the option of using alternative treatments; however, the use of drugs like ivermectin isn't federally reimbursed.

The vice president of medical affairs denied Cresto's attempt to get another doctor or to have her transferred to another hospital within that hospital's system, he said.

## **A Brief Communication**

On Nov. 19, Cresto was able to communicate with Christy, who responded to him with eyebrow movement.

"I asked her if she could hear me, and if she could move her toes," Cresto said. "No response. I asked her if she could move her eyebrows, and she did. I was blown away."

He went on to ask a few more yes or no questions, and she moved her eyebrows again, he said.

"A wave of joy and happiness rushed over my entire being and I started crying and telling her how much I loved her, assuring her I've been here the whole time and that I miss her so much," he said.

He retrieved a nurse who asked her to move her eyebrows, "like you did for your husband," and Cresto said they moved again.

"It was a beautiful moment while it lasted," Cresto said.

Christy's condition improved, Cresto said, and on Nov. 25, she got to hold her baby one last time, though Cresto said she was still heavily sedated and mostly paralyzed.

"He was fussy until I laid him in her arms, then he calmed right down and fell asleep laying on her," he said.

On Nov. 26, Christy's health began to decline, Cresto said, and on Nov. 29, Cresto said he found out that her oxygen had dropped so low that her heart stopped for 15 minutes, though he hadn't been notified.

Her condition only got worse, he said, and on Dec. 1, Christy died surrounded by family.

The official cause of death, according to Cresto, was COVID-19, with multiple organ failure.

Cresto maintains the belief that his wife was murdered by the hospital protocols.

"Looking back, there are so many things they did wrong," he said.

According to Cresto, staff are required to reposition a patient on a ventilator every two hours. "The only thing they did was reposition her head," Cresto said.

"You're supposed to flip them between being on their back and their stomach at most every 16 hours," he said. "They left my wife on her

stomach for nine days straight, resulting in large sores on her feet, hands, and especially her chest, where the skin was missing from her chest because they left her in one position so long it created a pressure ulcer where it just rotted away."

Cresto describes in more detail multiple incidents of neglect that he said left Christy despondent on the FormerFedsGroup Freedom Foundation's (FFFF) [COVID-19 Humanity Betrayal Memory Project](#), for which Cresto became the director of information technology.

The FFFF has published over 240 of these stories with over 100 more waiting to be interviewed.



Josh and Nicole Charlotte Hardison. (Courtesy of Josh Hardison).

## **'It Was Like She Was a Medical Prisoner'**

When Josh Hardison brought his wife Nicole Charlotte Hardison, who was 31 weeks pregnant, to a hospital in North Carolina to be admitted for COVID treatment on Dec. 5, 2021, hospital staff didn't even want him to get out of the car.

"They came to get her, and from there, it was like she was a medical prisoner," he told The Epoch Times.

As Hardison waited in the car, Nicole reported to him through text that staff were asking her why she didn't get vaccinated, and that she needed to reach out to her friends on social media to encourage them to get jabbed, he said.

The plan was to get her on monoclonal antibodies, but what Hardison said he later found was that she was put on remdesivir.

Both Hardison and Nicole were aware of its emergency use authorization and risks, so they refused, telling staff they didn't want it used on her, to which Hardison said staff resisted.

"It was psychological warfare the whole way," he said.

During visitation, the obstetrician came into Nicole's room and said, "We could have avoided all of this if she had just taken the shot five months ago when I offered it."

In 2021, the medical community, along with media outlets, acted in a coordinated effort to push the vaccine that they said was "safe and effective," despite the fact that it had only been released that year.

A September [2022 study](#) found a significant increase in 14 [serious side effects](#), including fetal malformation, fetal cardiac arrest, and stillbirth for women who took the COVID-19 vaccine compared to the influenza vaccination.

The study called for a moratorium on the use of COVID-19 vaccines in pregnancy.

Before they were done debating the safety, efficacy, and basic logic of taking a vaccine that had only been out for a few months, Hardison said the obstetrician pointed to his wife and told him, "My job here is to keep the incubator oxygenated until the baby comes."

"I was blown away," Hardison said.

## **They 'Did it Anyway'**

At 31 weeks, it was eventually decided that it would be best to perform a C-section to help with Nicole's breathing, Hardison said, to which he agreed.

Nicole's breathing and overall health improved after the C-section, Hardison said.

However, on Dec. 13, she was put on a ventilator, he said.

Nicole was also put on the drug Precedex for anxiety, as well as the opioid morphine.

Petitions for ivermectin and other alternative treatments were met with contempt, he said.

"They told me it was junk science," he said.

She was taken back off the ventilator on Dec. 18, and was breathing on her own, Hardison said.

She was given an albuterol nebulizer to decrease her respiratory rate, along with a drug called Diamox, Hardison said.

"She had been prescribed that over a year ago for increased spinal pressure and never could take it because it didn't agree with her body," he said. "It also has contraindications with a lot of other drugs she was on."

After her albuterol treatment, her breathing rate went up and her heart rate went down, which he said was the opposite of what the drug is supposed to do.

Nicole was later reintubated, he said, and she later contracted a condition called edema, which is a swelling in the body because of a buildup of fluid in the tissue.

One physician admitted that Diamox was a bad idea, he said, and apologized.

Hardison continued to engage physicians and nurses in debates over the treatment, but to no avail, he said.

"It was almost like they knew what the protocols were doing, but they did it anyway," he said. "I actually had someone there tell me, 'Everybody has a mortgage to pay.'"

## **A Goodbye Prayer**

Among multiple problems, Nicole was put on dialysis due to her failing

kidneys, Hardison said.

Eventually, a doctor told Hardison there was nothing else they could do for her.

When asked if he wanted them to give her "comforting drugs," Josh responded in anger, saying, "You're asking me if I want you to euthanize her like a dog," before telling them to get out and let him be with his wife in those final hours.

Hardison held Nicole and prayed until she passed on Dec. 22.

## **'Nuremberg 2.0'**

A baby's cry interrupts Hardison's story he recounts over the phone, and Hardison stops to tell her, "It's OK," and the baby quiets.

According to Nicole's medical records, she died of sepsis, acute respiratory distress, and COVID pneumonia.

It wasn't the first time Hardison had told this story, he said.

Hardison felt the response to his and stories like his has been slow, given the nature of what he describes as "murder for money."

When asked what he believes should be done about what he alleged happened to his wife and to others, Hardison answered, "Nuremberg 2.0."



Matt McGregor covers news and features throughout the United States. Send him your story ideas: [matt.mcgregor@epochtimes.us](mailto:matt.mcgregor@epochtimes.us)