

My Own Personal Trip Through the Devolution of Medicine



By Kelleigh Nelson

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The real cure for what ails our health care system today is less government and more freedom. –Steve Forbes

Americans oppose Obamacare because they understand that it is inconsistent with our liberties and our idea of limited government and that it will destroy the best health care system in the world. –David Limbaugh

In 1932, the predecessor organization of the CDC, took 299 black sharecroppers from the South who had syphilis. They offered them free healthcare, hot lunches, and free burial. They said you can only come to us for healthcare. These were men who were sharecroppers, and they had syphilis. They were never told they had syphilis. –Robert F. Kennedy, Jr.

The U.S. health care system is on a dangerous path, with a toxic combination of high costs, uneven quality, frequent errors, and limited access to care. – Michael E. Porter He is a renowned strategy expert, who argues that the healthcare system needs a fundamental shift towards [value-based care](#), focusing on improving health outcomes per dollar spent rather than just cutting costs, and competition should be based on results, not just price. This is what RFK Jr. also believes.

After eleven hours in the ER, I was finally shown to a room on the ninth floor of the University of Tennessee Medical

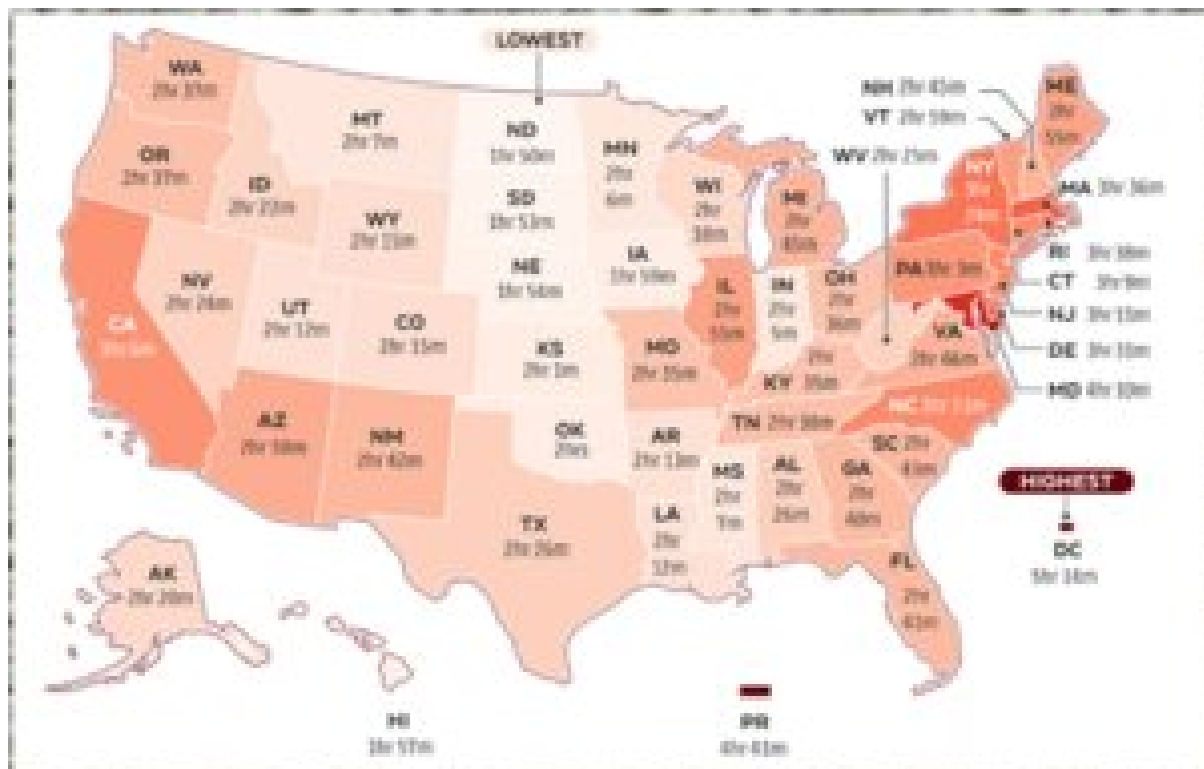
Center. It was 11 p.m. Three nurses came into the room and I looked at the bed and said, "It looks as though an elephant last slept here." There was a huge dip in the middle of the bed. They said nothing.



After they hooked me up to all the monitors, I got myself situated to where I thought I could sleep and the bed started beeping. Yes, beeping! I called the nurse. She came in and thought she fixed it, but shortly after I fell asleep, it started beeping again and again the nurse thought she fixed it. When it happened a third time, she said she would get the maintenance techs to look at it. So, I stretched out once more until the two men entered and not only fixed the bed, but blew the mattress back up. Why didn't the nurses notice that to begin with? It was 4:30 in the morning and at 7 a.m. the loudspeaker announced breakfast was being served.

After reading these other [ER horror stories](#), I felt blessed, although I'm going to request an itemized list of the charges during my ER and hospital stay.

The map shows the ER waiting times in each state. Remember, these are average times.



Prior to being admitted, I had been seen by my internist,

two walk-in clinics, twice at Tennova Hospital's ER and twice by my dermatologist. I had been given three different antibiotics, including one bag of IV antibiotics in Tennova's ER, none of which stopped the infection from a wound on the inside of my left calf. A plastic doggie gate had fallen over and skinned it. My calf was swollen to twice its size. After almost two months of this, my husband called our internist and actually demanded another appointment, not a month from now, but immediately and I saw him the following day at 11 a.m.

The internist took one look at the wound and the size of my very swollen leg, and sent a number of orders to the ER. Once there, I sat and waited in this huge room filled with every specimen of humanity one could imagine. I felt as though I was in a Petrie dish of bacteria and couldn't escape.

My husband went home and later brought me back some lunch. Meanwhile, I was checked in, and after three hours saw a PA who hooked me up to an IV of antibiotics and gave me a tetanus shot. Then I waited another several hours for an ultrasound and CT scan. I waited again until finally at 7 p.m. an ER room opened up. I was hooked up to several monitors and

another bag of IV antibiotics. At 8 p.m., no one had come to check on me and I needed some help. I disconnected everything I could except the IV, and waited over two hours, yet no one came into the room. Obviously, I wasn't being monitored. I could have been dead in the room and no one would have known.

At 10 p.m., I called my husband and asked him to call the ER and tell them that I couldn't reach the bathroom in the room to even get a drink. A little black gal from another department came in and unhooked me. Finally! I thanked her profusely and told her I couldn't get any help from anyone. She said they were very busy and as always, short staffed.

I walked out into the hall and stopped a downwardly mobile male nurse who had a beard, long hair, tattoos and a nose ring and asked him if I was going to be admitted or if I could go home. He said I would be admitted but I had to wait for a room.

The hospitalist, a female physician, came in and said they were admitting me, and asked what medications I took. She said I would most likely be given strong IV antibiotics to kill the cellulitis infection and it could take several days. I was thinking that I'm just too busy to spend days in a hospital, but if they could get rid of the pain and the swelling, I'd be happy.

At 11 p.m., my husband was with me and I was finally shown to a room.

After two and a half hours of sleep, on Friday morning, they actually brought in a really lovely breakfast, and several nurses came in to introduce themselves as the day nurses for the next three days. They work three 12-hour shifts and then have four days off. The charge nurse was a gorgeous little gal by the name of Emily. She was training two newer gals. After telling her about my ER experience, she said she knew exactly what I had been through as she had been there too. She

has a heart problem which resulted in surgery where a special bar that monitored her heart was implanted in her chest. She was very sympathetic. She is getting married in August, and showed me pictures of the place they'd chosen for their wedding and reception.

I fully believe that every one of the female nurses and the techs, who constantly monitor your blood pressure, were hired by this hospital because they were beautiful, with gorgeous skin, and upwardly mobile, no tats, no piercings, no nose rings. They were lovely young women and not just attractive, but talented and exceptional care givers. And they saw to it that four bags of IV antibiotics were put through me every 24 hours, totaling 10 hours of antibiotics per day. The day shift was from 7 a.m. to 7 p.m.



Two items are posted on the walls of every room. I took a picture of them simply because they tell a story themselves about both patient attitudes and patient care.

I had told the hospitalist in the ER the meds I normally take, but no one brought them to me on Friday or Saturday. Thankfully, I had my own two meds in the bag my husband brought me. The hospital usually substitutes the meds you are taking as they don't want you to bring your own. Saturday afternoon a new hospitalist came to see me. He told me what was being done, answered some questions and spoke on the phone to another physician in South Carolina who knew my situation. I chose to follow what the SC physician suggested, especially after I was discharged. I told this new hospitalist that I hadn't received any meds, but it didn't matter to me. Then

they started showing up.



The hospitalist spoke to me for a good while and told me that both Covid and inflation had caused a huge number of problems in hospital care. Apparently, many nurses left during Covid and they were short staffed everywhere. I told him I was going to write about it and he said that was great, it needs to get out.

He also told me that I didn't need the horrid heart monitor attached to me 24/7 as it was heavy and I had to carry it around everywhere. I took it off. The next morning, a tech came in and told me I had to wear it because it was ordered, but she couldn't tell me who ordered it and obviously didn't have the hospitalist's orders for it to be disconnected. I refused.

My night nurse for three nights was a young man named Chad. He was fantastic, and brought me two Tylenol every night along with the bags of antibiotics. He would tell me tales about his two little nephews and had me laughing to the point of tears. Really a terrific young man and great care giver.

I was released on Monday afternoon and a prescription for oral antibiotics was called in. A dear friend of mine who had been through the same diagnosis, but spent weeks in the hospital with IV antibiotics said, "The minute I am in a hospital I want to go home, and I have to adjust my attitude in order to cope with the long stay." He was right and that's what I had

to do.

It will be another four to six weeks before the residual effects of this infection are totally gone. I never again want to go through what I've been through since January.

My internist wants me to come in for another blood test and a final checkup. Not all of his orders were followed by the ER or while in the hospital. He never visited me while I was there. Once I was home, I got a call from his office wanting to know what the diagnosis was. I told the gal that he has access to all of the information regarding my care in the hospital and it would behoove him to check that rather than having me tell him as I may leave something out. I also told her that I would come in for a follow up appointment when I felt comfortable doing so.

Conclusion

One needs to have the patience of a saint while sitting in today's ERs. The hospital nightmares are the result of laws passed by Congress, the devastating destruction of Covid, the shortage of healthcare workers and Biden's massive inflation.

I am blessed to have a husband who came to the hospital twice a day, brought me lunch and iced tea and anything else I needed, but not everyone has someone who can watch over them as an advocate for care. Advocates and families during Covid were not even allowed to be with their loved ones.

I would urge you to read Charline Delfico's article, [COVID Era Hospital Nightmares – Neglect and Abuse](#). Many of the hospital horrors of the last five years were caused by the Covid plandemic.

The fundamental cornerstone of today's US health industry is the monetization of suffering, because treating illness will always be more profitable than curing.

Our new Secretary of Health and Human Services will have his hands full trying to straighten out the disaster of America's healthcare. The decline started in 1984 when Dr. Anthony Fauci was appointed as director of the National Institute of Allergy and Infectious Diseases.

RFK Jr. only has four years to fix 40 years of destruction. Pray for him and pray he succeeds.

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