To: Ruth Ann Go, NCBON

From: Mogan Wallace, NP

Date: August 31, 2022

SUBJ: Supplemental Response to Additional Request for Information

Dear Ruth Ann,

This letter is in response to your most recent request regarding what COVID treatments were available prior to March 2020.

I would like to first state that, as a human being and a nurse who worked in the trenches from the beginning of COVID until September of last year, I saw the most horrible things happen to COVID patients in the hospital.

As most of us did in the beginning, I fell for the hysteria and propaganda that was instilled on us and consequently the entire world. Most of my patients who were hospitalized died alone without family being allowed to be with them. Many died with only me in their room using FaceTime to communicate with the family.

I have never in my years of dealing with infectious diseases, seen such a strict dictatorship approach to handling a viral illness that has a very strong survival rate.

The first red flag was watching all early treatments be denied prior to hospitalization. It makes one wonder, how can we have such advanced technology that we can regrow body parts, along with having the highest advanced technologies all over the world, but refuse to treat a viral cold?

I went back to the basics and began to question everything, using common sense. Why do people get sick in the first place? Frequently it is because a Vitamin D level is low, or the patients are anemic, or the gut microbiome is not balanced. Even suggesting a Vitamin D supplement from a provider is a simple "treatment". **Yet there was "no treatment" for COVID, aside from the prescribed hospitalization regimen announced and in place at the time**.

The importance of Zinc is also well documented. Supplementing Zinc can stop viral replication in the cell, **yet there was allegedly "no treatment" for COVID, aside from the prescribed hospitalization regimen in place at the time**.

Quercetin, another highly effective supplement that has been shown for years to have "a wide range of biological actions" was also not offered as a simple treatment for COVID (Li et al., 2016). Its benefits include "anti-carcinogenic, anti-inflammatory and antiviral activities; as well as attenuating lipid peroxidation, platelet aggregation and capillary permeability". From my years of working with post-op open heart surgery patients, I am well-versed in severe pneumonia.

Pneumonia is often associated with induced hypercytokinemia, also termed "cytokine storm". In immunocompetent individuals such as those sick with COVID who were told to go home with no early treatments; allowing uncontrolled overproduction of inflammatory cytokines can contribute to acute lung injury and acute respiratory distress syndrome (ARDS).

Once this happens to a patient their chances of survival are greatly inhibited.

As I witnessed firsthand with many hospitalized patients, the focus was not on stopping the cytokine storm and ARDS, but the focus was on administering oxygen and ventilation instead. We all know that when you take a patient and shove high levels of oxygen into their lungs, or ventilate them, it only increases the cytokine storm, leading to ARDS, and sepsis.

Consequently, many patients died in hospitals from lack of proper treatments, including early intervention.

The treatment focus was never on decreasing inflammation and stopping the cytokine storm prior to developing pneumonia, but to get patients on ventilators and offer minimal treatments. Again, I witnessed this firsthand and saw the policies being used, how ineffective they were, and how quickly they killed people.

There are many, many ways to offer treatments for illnesses with or without prescribing prescription medications, yet, allegedly, there was allegedly “no treatment for COVID,” **aside from the prescribed hospitalization regimen in place at the time**.

How sad that most providers who took an oath to FIRST DO NO HARM, then followed government and corporate orders which refused to pretreat patients, and told them “there is no treatment for COVID”.

It makes one wonder what is really going on, and how many lives could have been saved, with early intervention, and proper hospital protocols. This brings me to the Right to Try Act that was signed into law in March of 2018 (Agarwal & Saltz, 2020).

This **allows patients to try treatments even if off-label, when there is no other approved treatment for an illness**.

So not only were all these COVID positive patients told that there was "no treatment," they were also **not offered the right to try any alternative therapies**. Those patients could have been directed to providers (those not bound by corporate narratives and governments) who were willing to try treatments.

Even over-the-counter treatments as basic as zinc and quercetin supplements may have saved patients' lives prior to hospitalization. This united front of there is "no treatment" for COVID, went well beyond providers.

Most pharmacies refused to fill prescriptions for Ivermectin and Hydroxychloroquine (HCQ) if there was a COVID diagnosis. This is still happening today.

Again, I ask **why** in such a medically-advanced are we not allowed to offer early treatments for a cold/viral illness? The reason is because a vaccine cannot be made if there is a treatment or cure for a disease or illness.

Project Veritas brought this to light in the leaked DARPA[1] documents that revealed our government owned the patent for the mRNA COVID vaccines since 2018. Isn't that ironic that the US government already owned and knew about all of this prior to the beginning of the pandemic?

The DARPA document also clearly states that **Ivermectin and HCQ were effective treatments/cures for COVID**, and the vaccines (or gene-therapy shots) did

[1] DARPA is the federal act protecting whistleblowers. https://www.darpa.mil/policy/no-fear-act

not offer protection against COVID. Additionally, vaccines are not supposed to enter the blood stream and the gene-therapy mRNA vaccines entered the blood stream. We now know that not only are they ineffective, but they also go into bone marrow of the individual and then manufactures the deadly spike protein indefinitely. There is also an oncogene added to many of the mRNA injections that will likely cause soft tissue cancer within two years post-vaccination. How horrific and scary is this knowing how many people have taken these shots and boosted themselves?

Here is the attached document that the government did not want the public knowing about, reflecting both ivermectin and hydroxochloroquine as at least potential treatments. [2] (See Figure 1).

[2] https://www.ronjohnson.senate.gov/services/files/A5D718FE-B85D-40BE-824A-76FCDD5F7BDB

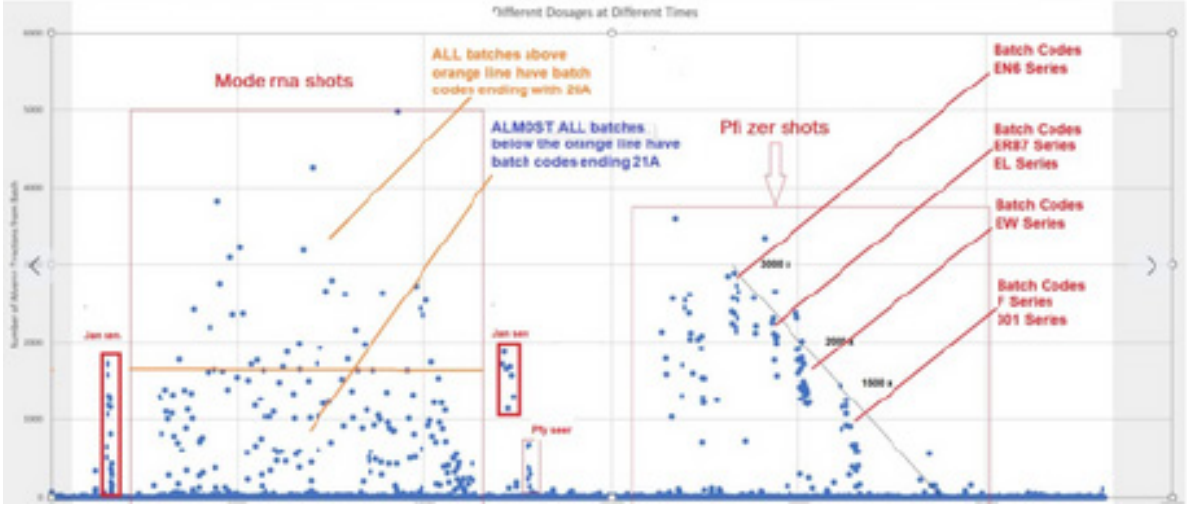
1. SARS-CoV-2 is an American-created recombinant bat vaccine, or its precursor virus. It was created by an EcoHealth Alliance program at the Wuhan Institute of Virology (WIV), as suggested by the reporting surrounding the lab leak hypothesis. The details of this program have been concealed since the pandemic began. These details can be found in the EcoHealth Alliance proposal response to the DARPA[i] PREEMPT[ii] program Broad Agency Announcement (BAA) HR001185S0017, dated March 2018[iii] – a document not yet publicly disclosed.

The EcoHealth Alliance response to the PREEMPT BAA is placed along with other proposal documents in the PREEMPT folder on the DARPA Biological Technologies Office JWICS (top secret) share drive, address: Network/filer/BTO/CI Folder/PREEMPT

Ivermectin (identified as curative in April 2020) works throughout all phases of illness because it both inhibits viral replication and modulates the immune response. Of note, chloroquine phosphate (Hydroxychloriquine, identified April 2020 as curative) is identified in the proposal as a SARSr-CoV inhibitor, as is interferon (identified May 2020 as curative).

The gene-encoded, or "mRNA," vaccines work poorly because they are synthetic replications of the already-synthetic SARSr-CoV-WIV spike proteins and possess no other epitopes. The mRNA instructs the cells to produce synthetic copies of the SARSr-CoV-WIV synthetic spike protein directly into the bloodstream, wherein they spread and produce the same ACE2 immune storm that the recombinant vaccine does. Many doctors in the country have identified that the symptoms of vaccine reactions mirror the symptoms of the disease, which corroborates with the similar synthetic nature and function of the respective spike proteins.

The vaccine recipient has no defense against the bloodstream entry, but their nose protects them from the recombinant spike protein quasispecies during "natural infection" (better termed as aerosolized inoculation).



Until recently, early treatments for COVID have been banned by governments and corporations. There was a short time that monoclonal antibodies were used as a treatment but many people did not qualify for those or were denied the option because of lack of supplies.

My training taught me to go from the least invasive to the most invasive route in treating patients. Therefore, skipping an easy, inexpensive medication such as Ivermectin and jumping to an infusion (that came out of another person's body with who knows what in it) also seems nefarious and backward.

There is ample literature that Ivermectin, HCQ, and two antibiotics (Doxycycline and Azithromycin repurposed for the ability to inhibit the cytokine storm) were highly effective in treating COVID (Lima-Morales, 2021). Please see the Article published in the National Institute of Health [3]

Still to this day, no provider who is government funded can administer any of these medications for COVID. They can now "magically" (after almost three years of no treatment for COVID) offer the emergency use authorization (EUA) drug Paxlovid. This

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7872854/

is incredibly scary and nefarious because these combined antiviral medications that failed to work in AIDS patients years ago, are now being repurposed and used experimentally on vulnerable patients. My mother worked for Glaxo Smith Kline (previously Burroughs Wellcome) for years. She aided in the formulation of the AIDS drugs Lamivudine, Zodovudine (AZT) and Combivir.

The use of mRNA technology for viral delivery is extremely concerning given how difficult it is to work with, confirming why we still do not have a true vaccine for AIDS decades later. Scientists have worked on COVID animal trials for years.

The one thing that has always halted progressing mRNA viral delivery was when lab rats where reinfected with COVID after vaccination, the rats died. Yet here we are with a miraculous COVID vaccine/shot that does not appear to work, and is killing people just like the lab rats.

So, why are providers now offering Paxlovid: a medication that has a black box warning; is contraindicated when used with numerous popular medications; can cause organ failure; and has a mysterious rebound COVID effect? The obvious answer is because it's bringing in big money to pharmaceutical companies, hospitals, and the government (along with its agencies) at the expense of the taxpayer. Using less expensive medications like Ivermectin does not benefit the bottom line of Big Pharma.

One reason that Paxlovid is not working effectively is that COVID needs a multimodal drug treatment approach. You must first thin the blood because it causes a hypercoagulability state from the destructive spike protein and cytokine storm. Next,

use Azithromycin or Doxycycline which helps stop the inflammation process and cytokine storm that can turn into pneumonia and eventually sepsis (Zelenko, Risch & Fareed, 2020). Also, using the gold standard Ivermectin and HCQ: they help stop the virus from replicating; they have anti-inflammatory properties; they help clear the body of the virus; and they slow the release of pro-inflammatory cytokines (Lima-Morales, 2021 cited below).

The few providers willing to step up and save lives at all costs (including myself), have been fired, ridiculed, prosecuted, and harassed by government agencies for doing what we took an oath to do, which is “FIRST DO NO HARM”. I am proud to stand before anyone, speak my truth, and continue to save lives at all costs regardless of the repercussions.

We all present before the Lord one day, and I can say with a clear conscious that I took a stand against government tyranny and chose my patients’ lives over keeping my job and refusing to follow the constructed narrative “there is no treatment for COVID”.

Now that the CDC has finally admitted they have botched the pandemic and changed the guidelines multiple times, I think the narrative I spoke about at the school board is being unveiled and backed by multiple doctors and government agencies as “truthful”. Unfortunately, because the government withheld policies in treating COVID prior to hospitalization and during hospitalization, it is a few years too late. An

inexcusable number of people have died, and many, in my opinion, should be considered murdered.

Very truly yours,

Morgan Wallace, NP

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