

Senator Johnson,

This is My Truth.

### **mRNA Technology Background**

My mother was a scientist who worked for Burroughs Wellcome/Glaxo Wellcome/Glaxo Smith Kline. She helped with the formulation and manufacture of AIDS drugs such as Lamivudine and Combivir. She remembers when patients were sometimes taking 20-30 tablets per day. This is extraordinarily difficult to accomplish and did not bode well for patient compliance. She also worked to reformulate acyclovir into valacyclovir (Valtrex). I was cautioned by her early in the COVID crisis about the safety studies necessary to bring a drug to market. There were numerous, documented studies at that time where every lab rat died in those initial trials. And yet, we thought it was somehow acceptable to inject it into humans!

I worked primarily in the hospital setting and specifically in the Cardiovascular ICU. When patients came to us, we were routinely running three organs outside the body on machines with 15–20 drips simultaneously. I witnessed multi-system organ failure daily. We also maintained aggressive anticoagulation — and looking back, knowing that COVID caused clotting, this likely contributed too many of our successes. Many patients did pass, but many survived in my unit. I am grateful for every one we saved.

### **My Wake-Up Moment Regarding the Protocols**

Post open-heart surgery, the basic standard of care — “101” level — is to prevent pneumonia, wean patients off the ventilator, and mobilize them early. We would sometimes extubate CABG patients in the operating room and have them off the vent within one to four hours. The following morning, regardless of how many drips, machines, or central lines they had, we had them up in a chair by 6 AM and walking three times a day. Beyond keeping the heart pumping and controlling bleeding, our goals were to minimize inflammation, monitor fluid status hourly, and prevent pneumonia. Excess inflammation or fluid migrates first to the lungs. Increasing supplemental oxygen inappropriately can amplify free radical production and worsen inflammation.

COVID hospital protocols contradicted everything I knew to be true in clinical practice. Patients were confined to rooms, not allowed to ambulate, isolated from their families, given escalating oxygen, and placed on ventilators. It is well established that mechanical ventilation causes long-term lung injury and increases pneumonia risk. The entire approach was, in my professional assessment, backwards.

### **Patients in My Practice**

In my outpatient practice, I routinely ask patients whether they received the COVID vaccine and whether they are aware of Ivermectin. I have had a 100% success rate treating acute respiratory syndromes using a foundational protocol of a Z-pack, prednisone, Ivermectin, and aspirin. Many

patients whom you might have considered near death recovered within days. When I was unable to access Ivermectin promptly, I relied on corticosteroids and frequently achieved full recovery without Ivermectin at all. The full protocols — for COVID, influenza, RSV, post-vaccine illness, pediatric cases, and a cancer resource hub — are available on the IMA website and are easily accessible. Many patients recovered on supplement recommendations alone.

### Vaccine Injuries and Cancer

I see vaccine injuries and new cancer diagnoses nearly every day. Most of my patients — and most physicians I work with — are unaware of the COVID antibody lab test or Dr. McCullough's spike protein detox protocol. My patients usually educate them on this matter. This is correctable, and it needs to be. I have to this day never drawn a level of 0 on any covid antibody test. The lowest level I have seen is 6, and most are anywhere from 3,000-25,000. I get high levels in non-vaccinated individuals all the time. The spike protein is not leaving the body 5 years later.

### Cancer and the mRNA Shots

Cancer rates have surged since these products entered the market. Patients are telling me it is taking out entire families at once, and I am witnessing this in my own practice. I have patients being followed at major oncology universities where physicians: (1) have acknowledged that cancer is, at its root, parasitic in nature; (2) claim there are no human Ivermectin trials; and (3) use fear, intimidation, and misinformation to discourage patients from pursuing alternative options. We all understand that veterinary medications are pharmaceutical-grade extensions of human medicine — the primary difference is sterile packaging. There is also the Right to Try Act, established during COVID, which allows patients to request and use any off-label drug that represents a potential life-saving treatment option.

I could go on at length. More than anything, I want to see the truth brought to light and justice served. Please let me know if there are additional areas that need to be addressed — these are a few highlights from a much longer list.

God Bless You, Morgan Wallace NP