

For the record only. My name is Rebecca Saad.

I am submitting this report about my father, John Bongaarts, who died on November 18, 2021, at Methodist Hospital in Minnesota.

John was an active 82 year-old man. He had just fixed up his home for sale. He was very conscientious about his health and utilized effective natural medicines to overcome multiple illnesses over the years. John has four children: Rebecca, Phillip, Karen and Sheri. At the end of October 2021, John contracted Covid while he and his wife, Judy, were on a trip to Branson, Missouri.

After returning home, John was severely dehydrated from diarrhea and it was apparent that he would need IV for fluids. Judy took John into Methodist hospital ER on November 4. He was given IV and released.

He started Ivermectin on November 7 for treatment of Covid. On November 9, a retired nurse visited John and suggested he be taken to the hospital due to low oxygen. Phillip admitted him to the ER for fluids and oxygen. Phillip instructed staff that John did not want Remdesavir nor intubation and gave them John's Ivermectin. For a few days he was able to feed himself and sit in a chair. He talked to us through technology, whether a phone or iPad. John said the hospital couldn't find his Ivermectin. The records document that it was taken to the pharmacy.

John had more Ivermectin at home, but the hospital refused to let us bring it to him due to hospital protocol. The hospital refused any kinds of electrolytes or homeopathic supplements. For the first few days he was in the hospital, we were getting ready to continue care at home. We had oxygen and a hospital bed. Judy's daughter is a nurse and planned to take care of him. At the time we were to bring him home, the hospital refused and stated he needed more high flow oxygen than he could get at home.

On November 13, there's one spot in the record it states to "Discontinue Remdesavir once Tocilizumab has been initiated". Previously, it's noted Phillip and John stated to use Ivermectin.

November 17, the hospital said he declined and required more oxygen. He was at the highest level of oxygen to be given through the BiPAP. The next step was the ventilator. Then they switched and talked palliative care. At this point, they allowed us to come in, but only if we say goodbye. He was so cold when we touched him. We waited over three hours before he passed away.

In March 2023, we knew of a lawyer in Wisconsin who worked with a nurse to review records for suspicious covid hospital deaths. She noted from the records: During the last few days of his life, he was getting Zyprexa and Dilaudid together. As well as an ongoing drip of Precedex. Every time he got Dilaudid, his respiration went to about half. The nurse questioned, 'a respiratory suppressant given to someone who has trouble breathing?' The nurse commented

that his oxygen was high 80's to mid 90 percent. She saw notes about rib fractures and recent abdominal surgery. None of the family knew this!

On Nov. 18, while still on Precedex, he was also getting .3 milligrams of Dilaudid about every 3 hours. At 4pm, they gave him .8 milligrams of Dilaudid, while John's oxygen level was at 93 percent. Within 15 minutes he drops to 61% then 57 %. At 5pm, his oxygen was 62%, he was given another dose of .8 milligrams Dilaudid. The lawyer commented that it looked like intentional euthanasia.