A Letter To The GAO: Government Suppression of Early COVID-19 Treatment

John Dicken, Public health

Jessica Farb, Medicare

Leslie Gordon, Medicaid and Medicare Program Integrity

Michael Hoffman, COVID-19 pandemic and economy

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Sharon Silas, DOD Healthcare

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Dear GAO experts,

Below is an email to Candice Wright who authored a report on a GAO investigation of the NIH, FDA and CDC. Managers reported government interference and no vehicle for whistleblowers to report problems. I have provided you with two attachments with a great amount of data supporting my premise below.

PREMISE REGARDING THE GOVERNMENT AND COVID-19

Relatively few Americans received any therapy for early COVID. NIH studied multiple drug company therapeutic products but sabotaged, ignored or delayed the use of all repurposed (existing)

drugs for early COVID. It was done because successful repurposed drugs would have caused vaccine hesitancy and negated any rationale for emergency use authorizations for vaccines with inadequate safety and efficacy data. NIH has conflict of interest by owning part of the Moderna patent. The government continues to prevent the use of repurposed drugs so that drug companies can make obscene profits on their new therapeutic products

The mRNA vaccines have caused great harm which the government, Pfizer and Moderna with the aid of the media and social media have covered up. The government mandated vaccines for as many as they could despite it being well know that almost half the country had had previous infection, had better immunity than those who were vaccinated, posed no risk to the vaccinated and had little if anything to gain from being vaccinated.

These actions resulted in massive amounts of unnecessary illness, death, economic damage and harm to the wellbeing of Americans from not receiving the effective repurposed drugs which were available and being injured or killed by the mRNA vaccines. Despite evidence of markedly decreasing efficacy the government continues to push more and more vaccine doses. Now that drug company therapeutics are available, repurposed drugs are still being sabotaged so that drug companies can make obscene profits on their therapeutics. The supporting data will show:

(1) Government healthcare agencies sabotaged **hydroxychloroquine** which should have been in wide use for early COVID by June 2020 and

ivermectin which should have been in use by January 2021. These drugs would have had a profound benefit on the pandemic. The drugs have no significant toxicity and there was no appreciable risk to their use. The government healthcare agencies organized a propaganda campaign against HCQ and IVM involving the media and social media, got pharmacies not to sell them and weaponized medical review boards to punish doctors who ordered them. These are FDA approved drugs being used off label which is the case for 20% of all prescriptions.

The government encouraged hospitals to fight in court to prevent families from getting ivermectin for their desperately ill loved ones. For the families who won in court, their loved one usually lived. For those who lost, their loved one almost always died. Meanwhile the government paid hospitals 20% extra on the entire hospital bill to treat patients with remdesivir which at best has no mortality benefit and has slight benefit in shortening hospital stay, it has toxicity and WHO recommends against using it. We also pay hospitals more when COVID patients die. Hospitals have not done well during the pandemic but surely there were better ways to subsidize them. There was no reason to subsidize Gilead.

(2) Government healthcare agencies ignored excellent data on generic fluvoxamine, known by 8/6/21 and published in Lance Global Health 10/27/21. It would have had a marked benefit on the delta variant, having shown benefit against the even worse gamma variant. The FDA never acted on an EUA filed 12/21/21.

(3) NIH failed to do anything with over-the-counter famotidine (Pepcid) which blocks H2 receptors on mast cells and has value in preventing cytokine storms. It and other over the counter mast cell

therapies could have had profound benefits all over the world. The American Academy of Allergy Asthma and Immunology was very interested in January 2021. After they contacted the coronavirus taskforce, they lost all interest. At their national meeting in February 2022, one would not know that COVID had anything to do with mast cells. Those initially involved in January 2021 were president Dr, Giselle Mosnaim and head of research Dr. Mariana Castells. Most likely there is knowledge of it by secretary-treasurer Dr. Jonathan Bernstein and head of mast cells Dr. Anne Maitland. They should all be questioned regarding government interference.

(4) Other promising therapies like generic spironolactone and branded antiandrogen proxalutamide, which lowered admissions 91% and shortened illness from 21.8 to 4.2 days, have been ignored.

(5) Several groups reported terrific results with combinations of drugs, but no drug combination was ever studied. No major medical institution did much of anything with combination therapy and went along with no treatment for early COVID. Some of it was related to them never considering the possibility of fraud by NIH, FDA and CDC. Some was related to drug company influence. Some appear to be related to fear of government reprisals and loss of grant money.

(6) The repurposed drugs have been pushed aside for monoclonal antibodies, molnupiravir and paxlovid. Molnupiravir's efficacy ($700) was slightly worse than fluvoxamine ($10) and has the potential of causing genetic defects and causing worse variants but unlike fluvoxamine got an EUA. Paxlovid ($530) was 89% effective in the one and only study run by Pfizer in preventing hospitalization and got an EUA, but few are getting it. It is effective but hasn't performed as well in practice. It has a bad metallic taste. Some patients get recurrent

COVID after treatment. It interacts with many other drugs. It had no specific data on treatment against omicron and BA.2.

(7) mRNA vaccines appear to have major toxicity which has been suppressed. Our government spent $1 billion to advertise the vaccines in the media and social media and had them suppress important safety information.

(8) Three (3) military physicians reviewed the DMED data and found massive increases in many diagnoses, hypertension, pulmonary embolus, miscarriages and cancer among many others. The Department of Defense is trying to cover it up. Senator Ron Johnson is aware of what is going on as are other republicans.

(9) Insurance company data for the second half of 2021 shows a 40% increase in all-cause mortality in those 18-64 years. Mortality is up 84% in millennials. Data from England shows that in the vaccinated, all-cause mortality is increased in all age groups except those over 90 years old. The FDA restricted the use of the viral vector Johnson and Johnson vaccine due the rare development of TTP. The vaccine is effective in preventing COVID and decreases all-cause mortality. Novavax vaccine which is protein based has good efficacy data and decreases all-cause mortality but is being held up by the FDA.

(10) The Pfizer data that a court forced the FDA to finally release shows massive deception and out and out fraud.

CONCLUSIONS

Our government has been involved in what I consider one of the greatest frauds in modern history. It has caused immense damage not just in the US but across the planet. I believe it is the job of the

GAO to investigate, make your conclusions known to the public, help bring those responsible to account and help reform the system which allowed something like this to happen in the first place. Besides the data I presented, I can get you to people who know far more than me about fraud and criminality involved in the pandemic response. Your job of investigating will be easy but nothing else will be. The media and social media have been corrupted as evidenced by the fact that there has been little about the GAO's report on the federal healthcare agencies reported anywhere. Should your findings agree with mine, I expect our government leaders will say you are completely wrong, anti government and attack you. It is less likely they will say that they didn't realize that NIH, CDC and FDA were giving them fraudulent information and blame the federal healthcare agencies. Blame will always be deflected. I know you are dedicated to the truth and will do your best to deliver it to the American people. Good luck.

Sincerely,

Michael B. Goodkin MD, FACC

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Candice N. Wright
Director

Science, Technology Assessment, and Analytics

Government Accountability Office

Dear Ms. Wright,

I'm Dr. Michael Goodkin, retired private practice cardiologist. I read that GAO had interviewed a number of managers in NIH, FDA and CDC who had concerns about government interference with but no vehicle to become whistleblowers. That is unfortunate because the government healthcare agencies many believe fraudulently made it impossible for existing (repurposed) drugs to treat early COVID to be utilized. It was done because it is believed effective repurposed drugs would have increased vaccine hesitancy and made any argument for emergency use authorization without adequate safety testing to be untenable. The vaccines, although protecting people from severe infection, have severe toxicity in 1-2% of the population including increased mortality in those 18-64. Above are two relevant attachments:

1. **GAO report documents inappropriate government interference with NIH, CDC and FDA. All bear major responsibility for US economic downturn, most of which came from the sabotaging of existing drugs to treat COVID-19 in order to promote vaccines**
2. **Toxicity Caused By mRNA Vaccines**

I am especially an expert in repurposed drugs to treat COVID. I've published 14 articles. I have given you a large amount of data on how hydroxychloroquine was falsely vilified and how ivermectin has been delayed as long as possible. Hydroxychloroquine should have been in

wide use for early COVID by June 2020. Ivermectin should have been in wide use by January 2021. Those two alone would have profoundly benefitted Americans and greatly reduced the damage from COVID. The failure to get fluvoxamine, a generic antidepressant ($10) to Americans despite it lowering admissions 32% and deaths 91% against one of the worst variants in 1500 patients is inexplicable. 8/6 the data was announced while we were pummeled with delta. Very few got treated with it. It never got an EUA while molnupiravir ($700) with nearly identical efficacy data got an EUA.

I personally am most upset by the failure to do anything with over-the-counter famotidine (Pepcid) and mast cell activation syndrome which is probably the cause of the cytokine storm. The American Academy of Asthma Allergy and Immunology was very interested Jan 2021 after I sent them data. After they contacted the coronavirus task force, they went ice cold and never did anything. At their annual meeting in February, you would not know COVID had anything to do with mast cells. It seems likely that the government had something to do with shutting them down. The GAO should investigate.

I would like for you to put me in contact with whomever at GAO was involved in your report and can best investigate my allegations.

Sincerely,

Michael B. Goodkin MD, FACC

See documents for reference.

1) GAO report
2) Toxicity Caused By mRNA Vaccines