

Pulmonary RN: CDC COVID Policies Kill Patients



In this photo provided by the Defense Visual Information Distribution Service, U.S. Army Capt. Corrine Brown, a critical care nurse, left, and Molly Butenhagen, a civilian critical care nurse at Kootenai Health regional medical center, provide care to a COVID-positive patient during the COVID-19 response operations in Coeur d'Alene, Idaho. (Michael H. Lehman/DVIDS U.S. Navy/via AP)

OAN Newsroom

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A COVID-19 nurse has warned CDC policies have been killing patients. 31-year pulmonary nurse veteran Albert Spence appeared before the South Carolina Medical Affairs Committee last week.

Throughout the pandemic, Spence worked as a traveling COVID-19 nurse for the significant pay increase, but he quit practicing as a nurse in April when he realized he was aiding and abetting in the demise of his patients.

Spence began having chest pains and losing sleep while believing he was essentially euthanizing people who haven't seen their family in weeks under the guise of so-called "comfort care."

"The doctor says you've done your best, you've done your best, but this is going to be it for you and so the patients get all teary eyed and upset and they call in the palliative team and they all hold their hand and cry and they say, but we can keep you comfortable," he explained. "Here comes Albert. He's got the Morphine and Ativan and I load them up and take off the high flow and they gasp themselves to death and I'm the guy pushing the button like in the gas chambers at Auschwitz."

Spence said the elephant in the hospital was CDC changes to COVID policy, specifically the polymerase chain reaction test commonly known as the PCR test. Sometimes called molecular photocopying, PCR is a technique used to amplify and detect the genetic material from an organism, such as the coronavirus.

"Then I realized where our mistake is. Yes, the early treatments, the HCQ, the Ivermectin, real smart," he expressed. "Man, give them at least Tamaflu, but when the PCR cycling changed it was a big change on my floor."

Spence noted his number of COVID-19 patients exponentially decreased each week after January 20. North Carolina experienced a 67 percent drop in COVID-19 cases in the month of February alone.

Spence went on to say, "that's when I found out that on January the 20th, roughly the CDC guidelines recommended that we roll the PCR cycling from the high 30's to 28 like it was originally designed to do."

Spence said turning up the sensitivity on PCR tests merely increased the number of false positives.

"How many of these COVID cases were really flu with these fake false faulty PCR cycling cranked up to I don't even know what," he questioned. "Fauci even said back in July of 2020 in this virology weekly podcast live he said a PCR over 35 is absolutely false you're not going to get correct data. "

Spence maintained the same PCR test that was cranked up to falsely give us the pandemic in 2020 was the same one that reduced it when the CDC guidelines turned it down to 28 on Joe Biden's inauguration day. Now, as biochemist and inventor of PCR testing Kary Mullins predicted, the CDC has cranked up the sensitivity once again, which exploited the technology and manipulated the data with motive.

“Then, here comes Delta. The same PCR that was giving us a pandemic in 2020 falsely is the same PCR that took it away when they cut the cycling down to 28 on the 20th per the CDC guidelines,” he stated. “Now the same PCR is now giving us delta, zeta, lambda, whatever. I don’t think so, I don’t trust them because I know they can’t let it go because Pfizer’s got a million doses they want to stick to us.

Spence claimed he was privy to information from an inside source who alleged Pfizer gave more money to lobbyists than any other company.

“Why did Pfizer get FDA approved? Not JJ, not Moderna,” he expressed. “It’s awful suspicious to me that Pfizer gave the most money & the lobbyists make it happen and these covid death shots I know at least a couple people paralyzed waist down.”

In addition, according to Spence, the CDC quarantined protocol has directly withheld typical and necessary respiratory treatment which led to countless deaths. Medically speaking, anything that irritates the lungs whether it’s the flu, smoke inhalation or COVID is going to cause the lungs to swell.

It’s a natural body reaction. The extra fluid from the swelling is a perfect breeding ground for bacteria. For spence, every doctor knows this is an incubator for pneumonia to get started, so every respiratory inflammation case gets treated with antibiotics, breathing treatments and steroids.

However, COVID quarantine protocol was a death sentence for even the mildest of cases in the hospital setting as it axed these essential treatments and patients remain stagnant without the necessary physical therapy to help with fluid retention in the lungs.

“No one gets a bronch when you have COVID. That to me is the way we used to treat respiratory patient to the way we are treating now that is murder,” he asserted. “Withholding care is murder.”

Spence went on to say many COVID-19 nurses and friends have expressed to him they were in agreeance, but have been too afraid to say something because of their dependence on their job.