

My name is Carol Hill. I am a retired physician.

I am writing to request an investigation into Dr. Dobbs with possible criminal charges for actively suppressing information that may have led to the deaths of many Mississippians.

December 5, 2021, I submitted a FOIA request to the MSDH for Dr. Dobbs's emails that discussed Ivermectin, Hydroxychloroquine, or Remdesivir for the previous 2 years. That FOIA was given a ticket number #1098 on December 6, 2021.

On January 19, 2022, I received the results for my request. Emails from those results are attached.

I believe there is ample evidence for malfeasance and possible criminal suppression of medical information that resulted in recommendations by the MSDH and MS State Health Officer that were not only detrimental to patient health, but deadly.

SUMMARY

There is a sequence of emails that are all linked. I have named them in the attachments by the dates they were sent.

1. **July 2020** is an exchange between Dr Mansour, a cardiologist in Greenville, Mississippi, affiliated with the Delta Health Medical Center, and Dr Dobbs. It is a cordial exchange about the efficacy of hydroxychloroquine—as Dr Mansour was concerned about a deleterious message about hydroxychloroquine that Dr Dobbs had tweeted—and the impressive results that Dr Mansour and his colleagues in Greenville were seeing with the use of not only hydroxychloroquine, but also ivermectin. Dr Mansour was concerned that pharmacies would be motivated to refuse to fill the off-label prescriptions as some were already doing in other states. (In fact, that is the case in most of the state of Mississippi today, apparently a direct result of the actions of Dr Dobbs and the MS Board of Health.)
2. **December 2020** is an email from Dr. Mansour to Dr Dobbs explaining the good results Greenville was having not only with hydroxychloroquine but also with ivermectin along with some information about Dr Koury's work, a review of literature about the use of ivermectin for prophylaxis and treatment. (Dr. Pierre Koury is an award-winning critical care specialist who is a co-founder of the Front Line COVID-19 Critical Care Alliance.) It doesn't appear that Dobbs responded.
3. **September 2021** is a correspondence between Dr Waites, the chairman of the MS State Board of Health and Dr Dobbs. Dr Waites has apparently received correspondence from Dr. Hayek, a hematology specialist and colleague of Dr Mansour in Greenville about the exceptional results in the Greenville community using early treatment with ivermectin. There are also some attached forwarded emails from Dr. Mansour. The Greenville experience has been so impressive that they want to publish their results with the Mississippi Medical Association. Dr. Waites wants Dr. Dobbs to be aware. (IMO, Dr

Waites seems excited about the information and hopeful that the information could revolutionize the treatment of covid, saying, “if completely valid the results should be in all the major journals and on the nightly news”)

4. **September 2021 response** is Dr. Dobb's email to Dr Brunson, the executive director of the Mississippi State Medical Association -- apparently about the Greenville information. He gives suggestions for "significant edits" which would downplay any appearance of success. I am unaware if the scientific paper from Greenville was indeed published, but as none of my physician contacts have seen it, I suspect that it was squashed.

Why would Dr. Dobbs and the MSHD hide evidence that hydroxychloroquine and ivermectin were effective against Covid-19?

[Emergency Use Authorization of Medical Products and Related Authorities | FDA](#)

“For FDA to issue an EUA, there must be no adequate, approved, and available alternative to the candidate product for diagnosing, preventing, or treating the disease or condition.”

Why would Dr. Dobbs and the MSHD squelch information that would make EUA mRNA vaccines irrelevant?

A look at the January 6, 2022, Official MS Health Alert Network (HAN) Alert may give some insight:

https://msdh.ms.gov/msdhsite/_static/resources/17714.pdf

The directive instructs medical personnel and facilities to:

1. Continue to promote COVID-19 vaccination and boosters.
2. Clearly communicate when vaccinations are available in your facility and age group information respective to the different products.

These instructions are directly by the federal government.

Why would the federal government, and in turn, the MS agencies recommend the vaccines?

Financial gain could explain.

[The NIH claims joint ownership of Moderna's coronavirus vaccine - Axios](#)

What about the expanded use of Remdesivir? It isn't effective and, in fact, is shown to have increased mortality in some studies.

<https://reason.com/2020/04/23/leaked-study-finds-no-benefit-from-antiviral-remdesivir-in-treating-covid-19/>

“The abstract reports that "remdesivir use was not associated with a difference in time to clinical improvement and mortality at 28 days." In fact, while it's not a statistically

significant difference, the mortality rate for patients treated with remdesivir was slightly higher than the rate in the placebo cohort—13.9 percent rather than 12.8 percent.”

<https://www.nejm.org/doi/full/10.1056/NEJMoa1910993>

(In this study which was pointed out by Fauci as proof of use done 1 year earlier on Ebola in Africa 2018-2019, Remdesivir was one of the 4 experimental drugs used and it was stopped because of the mortality rate of 53%.) “On August 9, 2019, when 681 patients had been enrolled, the data and safety monitoring board conducted an interim analysis on data from 499 patients and, on the basis of two observations, recommended terminating random assignment to ZMapp and remdesivir.”

So why would the Mississippi Health Department recommend remdesivir to be not only used in hospitalized patients but now in children and outpatient settings while criticizing and restricting the use of hydroxychloroquine and ivermectin?

Follow the money.

<https://aapsonline.org/bidens-bounty-on-your-life-hospitals-incentive-payments-for-covid-19/>

<https://www.jdsupra.com/legalnews/cms-hikes-payment-for-covid-19-19452/>

Some call it a “bonus payment,” but let’s call it what it is. A BRIBE. At the destruction of the doctor/patient relationship and ignoring the “best judgment” of the doctor, only the money to be paid to the medical system is allowed to be considered.

Ivermectin and hydroxychloroquine, which costs pennies in comparison to remdesivir have been demonized by government agencies and government doctors, including Dr. Dobbs.

I have no idea whether Dr Dobbs profits directly or just has chosen to play the game to retain his position—but he knows the truth.

Many experts report that the use of these medicines in early treatment would have saved many lives.

<https://stuartbramhall.wordpress.com/2021/05/13/tens-of-thousands-of-lives-could-have-been-saved-if-research-on-covid-treatments-hadnt-been-suppressed/>

“The tragic fallout of this government strategy is now becoming apparent. In a recent working paper analyzing the determinants of [COVID-19](#) fatalities, the authors — Michigan State University economics professor Mark Skidmore and co-author Hideki Toya — estimated “if the U.S. had made [hydroxychloroquine] widely available early on, [80,000 to 100,000 lives](#) could have been saved.”

McCullough had already reached similar conclusions when he told senators in November (2020) the U.S. “could have saved half of the lives lost” if COVID treatment protocols had not been squelched.

By March (2021), McCullough had revised his estimate upward, asserting that “[as many as 85%](#) of COVID deaths could have been prevented through early treatment.”

*Dr. McCullough is an academic physician with multiple degrees who specializes in cardiology and epidemiology. He has almost 700 published papers, more than anyone in the entire history of his academic sub-specialty, cardio-nephrology. His academic credentials are not in question.

Whether you choose to believe that ivermectin and hydroxychloroquine work to save lives or not, it is obvious that the official protocols are an abysmal failure. There are more cases and deaths today than prior to the availability of the vaccines.

The excuse by the government continues to be that ivermectin and hydroxychloroquine shouldn't be used until they can be adequately studied. Really? Completely new medications can be given emergency use authorization (EUA) after a few months but cheap, safe, long-time used drugs haven't had time to be evaluated yet?! All the while, information from Greenville (and similarly across the nation) is suppressed.

Again, I am requesting a formal investigation of Dr. Dobbs with possible criminal charges for actively suppressing information that may have led to the deaths of many Mississippians. Drs Byers, Waites, and Brunson appear culpable as well.