

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

I am writing again to give you information. This time, I hope you will listen.

I remind you from a previous letter, Dr. Dobbs is not only unreliable, but appears to be willing to allow thousands of Mississippians to die rather than admit the usefulness of early treatment with cheap, readily available drugs. He and his associates cannot be trusted.

On January 26, 2022, the Mississippi State Department of Health distributed a News Release.

[COVID-19 Update: Latest Pediatric Death - Mississippi State Department of Health \(ms.gov\)](#)

JACKSON, Miss. - Today the Mississippi State Department of Health (MSDH) is confirming its 10th pediatric death in a child under 18 from COVID-19. None of the 10 pediatric deaths were vaccinated. Vaccinations are now available for any child five years of age and older at all county health departments. Boosters are recommended for those over 12 to prevent hospitalization and death.

Since COVID-19 was first diagnosed in Mississippi in March of 2020, the MSDH has reported:

- one death in an infant (under one year of age)
- two deaths in the 1-5 year age range
- one death in the 6-10 year age range
- six deaths in the 11-17 year age range

State Epidemiologist Dr. Paul Byers encourages parents to discuss childhood vaccination with their health care provider.

"Currently we only have seven percent of the 5-11 age group fully vaccinated and 37 percent of the 12-17 age group fully vaccinated. Vaccination is the best protection for our children who are eligible to receive it. For those under 5 years of age, it is critically important that everyone around the infant or child be vaccinated."

Beyond vaccination and booster shots, protection efforts such as social distancing, wearing masks and avoiding large crowds continue to be recommended.

NOTE TO MEDIA: no further identifying information is available regarding these deaths.

Words are important. This News Release states, "10th pediatric death in a child under 18 *from* COVID-19."

An article from July 27, 2021, [Johns Hopkins Study Found Zero COVID Deaths Among Healthy Kids | SOTN: Alternative News, Analysis & Commentary \(stateofthenation.co\)](#) states, "team of Johns Hopkins researchers recently [reported](#) that when studying a group of about 48,000 children, they found **zero** COVID deaths among healthy kids"

An article from July 13, 2021, by Axfors and Ioannidis from Stanford stated that the IFR (infection fatality rate) of the age strata 0 – 19 was 0.0027%. That is 2.7 deaths per 100,000 children which includes all

healthy children as well as those with significant unrelated disease. [Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview | medRxiv](#)

Yet, Dr. Byers in the News Release states “None of the 10 pediatric deaths were vaccinated” and he “encourages parents to discuss childhood vaccination with their healthcare provider,” implying that the 10 children died **of** Covid rather than **with** Covid. There IS a difference.

This is manipulation and coercion. Under the 21 CFR § 50.23 and 50.24, it is illegal to make anyone participate in an experimental program using coercion.

This News Release was purely a scare tactic to increase vaccinations of children. NO discussion about risks of Covid vaccine was included.

So, what are the risks? Let’s look at what the long-term studies have found. Oh. Wait. There ARE NO LONG-TERM STUDIES. So. What DO we know?

This is the most recent graph of deaths per year due to all vaccines in the openvaers.com data site: [\(COVID Vaccine Data \(openvaers.com\)\)](#)



Please notice that ***the spike correlates with the rollout of the Covid Vaccine.***

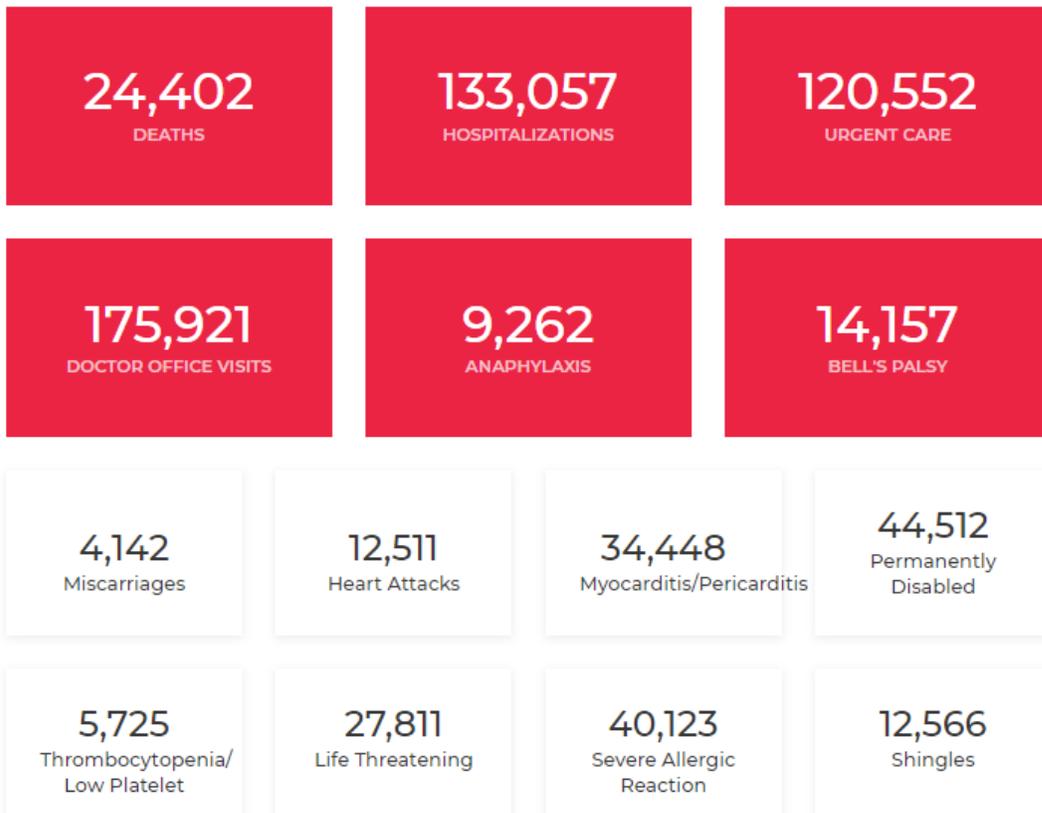
Perhaps Dr. Dobbs can explain how he interprets this information as, “the vaccine is super-duper safe.”

It is estimated that since the VAERS system is voluntary, fewer than 1 % of adverse events are reported.

[Electronic Support for Public Health–Vaccine Adverse Event Reporting System \(ESP:VAERS\) \(openvaers.com\)](#)

Also from the VAERS site:

1,134,982 Reports
Through February 18, 2022



One analysis found that **children are 52 times more likely to die after the covid shot than unvaccinated children** with the risk increasing rapidly for younger children, and for the second dose.

[Here is the data on child Pfizer death. It is chilling. \(childrensunion.org\)](https://www.childrensunion.org)

Keep in mind this is for a vaccine to protect them from a virus that DOES NOT KILL HEALTHY CHILDREN.

When I saw the News Release, I sent a request to the MSDH for a Public Records Release. I am confident that each of the 10 children already had significant illness prior to Covid diagnosis. I sent the following on 1/26/2022.

Type of Request:	Public Records Request
Records Requested:	The recent Mississippi State Department of Health release confirmed the 10th pediatric death FROM Covid. I am requesting (without identifying information) any comorbidities and explicitly if the deaths were due to Covid only or to the comorbidities.
Intended use of data requested:	Information clarification

This is the response that I received:

I am an attorney representing the Mississippi State Department of Health (MSDH) and I have reviewed your recent public records request to the agency. You requested that MSDH produce “(without identifying information) any comorbidities and explicitly if the deaths were due to Covid only or to the comorbidities” related to pediatric deaths related to COVID-19. After reviewing your request, no documents can be produced in response to your request. Your request, despite its wording, would require MSDH to produce identifiable health information, which cannot be produced to the public without the patients’ consent, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please produce an authorization to release these records, signed by the individual patients, for these records to be produced. Thank you for your attention to this matter. If you have any questions, please feel free to contact me. I can best be reached by email at the address below.

My response:

Might I inquire how it was determined that it wasn’t possible to report co-morbidities WITHOUT ANY identifying information? How could that possibly be reasonable?

Scientific studies routinely discuss co-morbidities without identifying patients.

I believe that the news articles we are seeing recently regarding the CDC not releasing information in order to obfuscate the truth is very similar.

Using scare tactics to frighten and coerce parents into vaccinating their children with an experimental “vaccine” that we now know the CDC has withheld valuable information regarding adverse events seems to be occurring.

That would appear to be a crime.

The truth must come out.

I request that you reconsider.

I look forward to hearing from you.

MSDH’s answer:

To answer your question, the co-morbidities you sought are from a patient population so small that disclosing those patients’ co-morbidities would be a release of information which would be used to identify individual patients.

As the specific information you sought in Public Records Request 1291 includes individually identifiable information, it is exempt from production to the public. You will need to produce a medical records release or releases, signed by the representative(s) of patient(s) who’s records are subject to disclosure, in order for the records to be produced to you.

Thank you for your question. I understand your concerns that COVID-19 can be frightening for many people. MSDH is here to support you and all other Mississippians during this difficult time. If you have any other questions, please let me know.

My response:

The fact that significant unusual, possibly (in your opinion) identifying co-morbidities are in fact present in those 10 children seems to answer my question—at least in part.

Thank you.

I then sent this:

So sorry to bother you again but perhaps you could answer this question:

How many of the 10 children in question had NO co-morbidities?

Thanks,

MSDH response:

Good morning, Ms. Hill.

To answer your question, the information regarding co-morbidities you are asking about are from a patient population so small that disclosing this information would be a release of information which could be used to identify individual patients.

As the specific information you sought in Public Records Request 1291 and which you seek now includes individually identifiable information, it is exempt from production to the public. You will need to produce a medical records release or releases, signed by the representative(s) of patient(s) who's records are subject to disclosure, in order for the records to be produced to you.

Thank you for your question. If you have any other questions, please let me know.

My question then is:

Good afternoon,

Excuse my ignorance, but how is answering the question, "how many of the 10 children who died with covid did NOT have comorbidities?" possibly able to identify any patients?

To date, I have no answer from them.

How convenient. Statistics around the world are consistent.

Healthy children do not die from Covid. MSDH publicizes that all children in Mississippi should be vaccinated because we have children dying from Covid. The inference is that healthy children in Mississippi are dying because they are not vaccinated. And the truth is being hidden by the Attorney General's office.

We know that pharmaceutical companies cannot be trusted.

- In 2009, Pfizer was [fined \\$2.3 billion](#), then the largest health care fraud settlement and the largest criminal fine ever imposed in the United States
- In 2011, Merck agreed to pay a fine of [\\$950 million](#) related to the illegal promotion of the painkiller Vioxx, which was withdrawn from the market in 2004 after studies found the drug increased the risk of heart attacks
- In 2012, GlaxoSmithKline agreed to [pay a fine of \\$3 billion](#) to resolve civil and criminal liabilities regarding its promotion of drugs, as well as its failure to report safety data.
- In 2012, Sanofi-Aventis agreed to [pay \\$109 million](#) to resolve allegations that the company gave doctors free units of Hyalgan (an injection to relieve knee pain) to encourage those doctors to buy their product
- In 2013, Johnson & Johnson agreed to [pay a \\$2.2 billion](#) fine to resolve criminal and civil allegations relating to the prescription drugs Risperdal, Invega and Natrecor
- In 2009, Eli Lilly was [fined \\$1.42 billion](#) to resolve a government investigation into the off-label promotion of the antipsychotic Zyprexa.
- In 2010, AstraZeneca was [fined \\$520 million](#) to resolve allegations that it illegally promoted the antipsychotic drug Seroquel.
- In 2012, Abbott was [fined \\$1.5 billion](#) in connection to the illegal promotion of the antipsychotic drug Depakote.
- In 2012, Boehringer Ingelheim Pharmaceuticals Inc agreed to [pay \\$95 million](#) to resolve allegations that the company promoted several drugs for non- medically accepted uses
- In 2012, Amgen agreed to [pay a \\$762 million](#) fine to resolve criminal and civil charges that the company illegally introduced and promoted several drugs
- In 2014, Endo Health Solutions Inc. and its subsidiary Endo Pharmaceuticals Inc. agreed to [pay \\$192.7 million](#) to resolve criminal and civil liability arising from Endo's marketing of the prescription drug Lidoderm.
- And in 2020, Purdue Pharma pleaded guilty to three criminal charges for its part in an opioid epidemic that contributed to hundreds of thousands of deaths

We know the government agencies cannot be trusted.

[CDC withholding COVID data over fears of misinterpretation \(nypost.com\)](#)

“The CDC has admitted it is withholding large portions of COVID-19 data — including on vaccine boosters — from the public because it fears the information could be misinterpreted.

The leading public health agency has only published a small sample of the data it has been collecting — despite being two years into the pandemic, [sources told the New York Times.](#)”

[COVER UP: DOD Silent After Whistleblowers Expose Covid 'Vaccine' Injuries in Military - RAIR \(rairfoundation.com\)](#)

“The whistleblowers [provided](#) devastating information about likely “vaccine” injuries in the military, as well as a cover up of rampant myocarditis diagnoses that were scrubbed from the Defense Medical Epidemiology Database (DMED).”

“An alarming increase in cancer, miscarriages and myocarditis was found in addition to many other diseases (as outlined in Senator Johnson’s letter):

- Hypertension — 2,181% increase
- Diseases of the nervous system — 1,048% increase
- Malignant neoplasms of esophagus — 894% increase
- Multiple sclerosis — 680% increase
- Malignant neoplasms of digestive organs — 624% increase
- Guillain-Barre syndrome — 551% increase
- Breast cancer — 487% increase
- Demyelinating — 487% increase
- Malignant neoplasms of thyroid and other endocrine glands — 474% increase
- Female infertility — 472% increase
- Pulmonary embolism— 468% increase
- Migraines — 452% increase
- Ovarian dysfunction — 437% increase
- Testicular cancer — 369% increase
- Tachycardia — 302% increase”

It is time to get out of the business of dictating to people regarding their medical care.

It is time to give the people of Mississippi total medical freedom; this includes the freedom of parents to take care of their children in the way they see fit.

All medical mandates must be stopped.

Parents MUST have the option of religious/philosophical exemptions for ALL vaccines.

Only a fool would believe that this malfeasance began with Covid.

In closing, please read this VAERS report of the 8 year old Mississippi boy who recently died after the Pfizer vaccine. Imagine what a parent would feel once he finds out the lies that were perpetrated to convince him to vaccinate his child. Imagine the outrage at the people who implied the vaccine was necessary. Imagine if this was your child.

[2109625 - All COVID Reports - OpenVAERS](#)

VAERS ID: 2109625

AGE: 8 | **SEX:** M **State:** MS

Description

8yo previously healthy boy. Mom had COVID around 1/5/22. As far as we know the boy did not have symptomatic covid during or after her illness. He was not seen in the clinic for covid, nor was his 12 yo brother. There was no communication with them about this other than mom called to reschedule their appt for the 2nd COVID vaccine on 1/5 b/c she herself had covid. (Both of the kids got the first dose of the vaccine on 12/17/22) Both of the boys got the 2nd dose of Pfizer Covid vaccine at our clinic on

2/3/22. Mom called in on 2/9 with what sounded like a gastroenteritis over the phone and Zofran was called in. Our nurse documented well his GI bug history and that his UOP was good and to call back PRN any problems. The nurse remembers talking to this mom and that she did not seem worried at all?.just needed an antiemetic called in for nausea and vomiting. Patient was not having fever or abdominal pain. That call was at 8:53 on Wednesday AM. We did not hear from them again about this. The details now get incredibly hazy due to the trauma of the whole event. Sometime during the night on Thursday night 2/10/2022 (40 hours or so after their phone call) one of the parents found him blue and lifeless in his bed. (Do not know details of what made them go check on him). Was taken to the Hospital with a full code in process. They were able to get a pulse back a few times for a brief time, but then lost him in the ICU. This family goes to church at the same church that one of our doctors attends,. This doctor got a notification on the morning of 2/11/2022 that a member in the church had died. The word that she received was that the boy had died of MIS-C (we do not know what exactly they were basing that on or who made that determination/speculation). My partner called me 2/11/2022 AM about it since the boy is my patient. I looked through the chart and talked with my nurse who specifically remembered the call and how completely unworried and normal the mother seemed about the boys illness?.not in an unusual way but in a normal ?my kid has a GI bug, can you call in some zofran? kind of way. I called mom to reach out to her, but had to leave a voice mail (not surprisingly under the circumstances). There are obviously lots of details about the history/presentation/treatment that I don?t know. They may have sought medical care somewhere else other than our clinic before he became so significantly ill. I just don?t know since the family is in crisis mode and not returning calls or text messages. At present we don?t even know burial arrangements.

More results from Public Records Requests are coming.

Do the right thing.

Cordially,

Carol Hill M.D. (retired)

Diamondhead, MS

Emailed: 2/27/22

To: Governor; ltgov@senate.ms.gov; pg15@house.ms.gov; smims@house.ms.gov; mm cgee@house.ms.gov; saguirre@house.ms.gov; nbain@house.ms.gov; cbell@house.ms.gov; cburnett@house.ms.gov; bcalvert@house.ms.gov; bclark@house.ms.gov; dcriswell@house.ms.gov; rcrudup@house.ms.gov; bcurrie@house.ms.gov; deubanks@house.ms.gov; kfelsher@house.ms.gov; kford@house.ms.gov; jhines@house.ms.gov; kkarriem@house.ms.gov; jmcknight@house.ms.gov

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