

To Whomever It May Concern:

Over the past several months, we all saw things that simply didn't make sense to us. We watched as much of what we took for granted as truth was turned upside down. Many chose to ignore it. Others chose to accept the new normal. Few had time to investigate why we didn't understand what we saw around us.

As a retired doctor, I had the time to investigate. Do I completely understand it all? No. But I do have a background that helps me understand much that others do not.

In January 2020, we were told that a virus was beginning to appear around the world that had a potential to be serious, but not to worry, as we in America should be fine. Within a month we were advised that the virus had the ability to kill 3 million Americans. Wearing masks was advised for our safety. I asked myself how a cloth mask with openings between 5 and 200 micrometers could protect against a virus the size of 0.3 micrometers. The types of masks which are effective to stop transmission also interfere with exchange of carbon dioxide and oxygen, causing the headaches associated with N95 masks. Infections are easily transmissible through the eyes even if a mask worked. It didn't make sense but people across the world were arrested for refusing to wear a mask.

Next, we were told by the experts that we needed to "flatten the curve." It would only take two weeks and we could return to normal. Two weeks turned into months for many as small and medium businesses were destroyed. And the virus spread.

As we were constantly told how deadly the virus was, especially for the elderly, I watched as infected nursing home patients were sent back to their facilities from the hospitals. Many residents died.

Schools were closed in spite of the fact that children had a 99.997% chance of survival which is better than an average influenza virus. But perhaps the schools needed to be closed to protect the teachers. According to a **Stanford study by Ioannidis & Axfors** the mortality risk of Covid-19 is less than 1 in 369, (similar to dying in a pedestrian accident) for anyone under the age of 59.

We were told that as soon as vaccines were available, life could go back to normal. The average vaccine development is 10 to 15 years. But miraculously, a vaccine was declared safe and effective by November 2020. Safe and effective? Initially we were told the vaccines had a 95% efficacy. Within a few months we were advised that a booster would be necessary after 6 months. And now it appears from Israel that another booster is needed after 6 months. And then what? Each vaccine injection carries risks of adverse events. Please show me the long-term studies.

Many physicians and other medical personnel are convinced these vaccines are the perfect answer to protect us from a viral disease which has approximately twice the mortality of the yearly influenza illness. Physicians are very aware and dependent on our government agencies. I understand. As a practicing physician I certainly didn't have time to read all the research studies; we rely on the FDA, CDC, NIH and others to protect America and take their recommendations very seriously. But they have been wrong about Covid and the vaccines. Often. Some say now that we have to consider malfeasance. You decide.

As I tried to understand what was happening, I couldn't help but notice that the government officials and agencies were acting deliberately and deceitful. As seen in the attachment, **CDC Skewed CCP Virus**

Fatalities Higher, "...the change in data counting procedures produced the wide divergence in total fatalities as of Aug. 23, 2020, 161,392 versus 9,684..." Definitions were changed to fit the desired narrative as noted by Representative Thomas Massie in the attachment, **CDC changes definition of "vaccines" to fit Covid-19 vaccine limitations**. In order to accurately assess the safety of the vaccines, data is essential. Our government is actively discouraging the collection of that data. This is from the OSHA.gov site when searching: "[Are adverse reactions to the COVID-19 vaccine recordable on the OSHA recordkeeping log?](#)"

DOL and OSHA, as well as other federal agencies, are working diligently to encourage COVID-19 vaccinations. OSHA does not wish to have any appearance of discouraging workers from receiving COVID-19 vaccination, and also does not wish to disincentivize employers' vaccination efforts. As a result, OSHA **will not enforce 29 CFR 1904's recording requirements to require any employers to record worker side effects from COVID-19 vaccination** at least through May 2022. We will reevaluate the agency's position at that time to determine the best course of action moving forward.

Am I the only one who finds this alarming? Most recently, in what appears to be a ruse to fool people into believing that a vaccine is FDA approved rather than still experimental, the agency put out a confusing and misleading announcement as seen in attachment, **FDA Does a Bait and Switch with COVID Shots**. Why is this important? As seen in attachment, **Pfizer's FDA Approval – What Does it Really Mean?** "...vaccines under the EUA are shielded from liability. If you suffer a serious adverse event as a result of the vaccine, as over 1.2 million people in the U.S. have, **you have no legal recourse**. All you can do is apply to the [Countermeasures Injury Compensation Program](#), which has historically denied compensation to 96% of applicants." I refer you to the recently filed lawsuit by Liberty Counsel.

Might I remind you that pharmaceutical companies are well known for marketing drugs which they know to be dangerous:

- 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

But we are told by our government officials that the vaccines are “safe and effective.” There are no long-term studies to make this claim. What is their motivation? Read on.

When the virus hit our shores, it was unlike any previous infection. Practicing doctors were scrambling to find treatments. The names of hydroxychloroquine and ivermectin were bantered about. Doctors with experience and anecdotal success were silenced. Why? I don’t know. But I have learned that ***no new vaccine would have been allowed EUA (Emergency Use Authorization) if a known therapeutic was available.*** (Please refer to **Ivermectin as a SARS-CoV-2 Pre-Exposure Prophylaxis Method in Healthcare Workers: A Propensity Score-Matched Retrospective Cohort Study**) I realize this article is from August 2021 so the “evidence” wasn’t initially available. Why? How could studies of a cheap, well known, readily available drug take longer to perform than the development and adequate study of a vaccine that is completely different from any vaccine we have developed in the past? A vaccine that results in billions of dollars in revenue for the drug companies rather than a cheap, well known, readily available drug with multiple anecdotal evidence reports. It causes a critical thinking mind to wonder.

The people whom we rely upon to direct our healthcare have all told us that the vaccines are “safe and effective.” In order to analyze risk benefit ratios, we have to first understand risks. Fear makes us do destructive things. Again, I refer to the **Stanford Study**. We must realize what we are treating in order to understand whether the risks outweigh the benefits. In the past we physicians have relied on the governmental agencies to help us with this.

So, let’s examine the risks of the vaccines. This information seems somewhat hidden in plain sight. I refer you to the next addendum titled, **All Deaths Reported to VAERS by Year**. We are told the vaccines are safe but notice the spike of the year 2020. Many say that since VAERS is a voluntary reporting system only 1 to 10% are actually reported. I certainly had never heard of VAERS when I was in practice, so wouldn’t have reported a vaccine injury or death had it occurred.

In fairness, the CDC does mention that there are adverse events reported as seen in **Selected Adverse Events Reported after COVID-19 Vaccination**. However, they draw the conclusion that the vaccines are “safe and effective” and recommend all 12 and older (soon 5 and older) be vaccinated “as soon as possible.” Why? We know that children have a very low rate of death or injury from the infection. We know that they also seem to have a low but real risk of serious events from the vaccines. No long-term studies are available to evaluate long-term adverse sequelae.

Expert voices who express concerns about the vaccine have been cancelled. Why? Let me give you a few examples.

- Geert Vanden Bossche is a vaccinologist who ‘worked in several vaccine companies (GSK Biologicals, Novartis Vaccines, Solvay Biologicals) to serve various roles in vaccine R&D as well as in late vaccine development. Geert worked for the Bill & Melinda Gates Foundation’s Global Health Discovery team in Seattle as Senior Program Officer; and the Global Alliance for Vaccines and Immunization (GAVI) in Geneva as Senior Ebola Program Manager.’ In the article, **Why Mass Vaccinations Prolong & Make Epidemics Deadlier: Vaccines Expert Calls Out Governments**, he is quoted, “Mass vaccination campaigns may have a beneficial short-time effect.... but will eventually drive the propagation of more infectious variants.” His conclusion is “*the ongoing universal vaccination campaigns are absolutely detrimental to public and global health.*” “Their simplistic reasoning make them conclude that vaccinating the unvaccinated (i.e., younger age groups and children) is going to solve the problem, whereas each and every independent knowledgeable expert understands that this is only going to further raise the population-level immune pressure on viral infectiousness and, therefore, promote the adaptation of additional mutations that will eventually enable full neutralization escape of circulating, highly infectious variants (Vanden Bossche, June 2021).”
- Dr. Robert Malone was a researcher involved in studies on messenger RNA technology that led to development of mRNA vaccines. Malone has served as director of clinical affairs for [Avancer Group](#), a member of the scientific advisory board of [EpiVax](#), assistant professor at the [University of Maryland Baltimore](#) school of medicine, and an adjunct associate professor of [biotechnology](#) at [Kennesaw State University](#).^[12] He was CEO and co-founder of Atheric Pharmaceutical,^[13] which in 2016 was contracted by the [U.S. Army Medical Research Institute of Infectious Diseases](#) to assist in the development of a treatment for the [Zika virus](#) by evaluating the efficacy of existing drugs. With significant experience in research and medicine who expressed early concern regarding the Covid vaccines, he has been de-platformed, ridiculed and cancelled for suggesting that more study is necessary before massive vaccination is entertained.
- Dr. Peter McCullough earned a Bachelor of Science degree from [Baylor University](#) in 1984 and his medical degree as an Alpha Omega Alpha graduate from the [University of Texas Southwestern Medical Center](#) in 1988. He completed his residency in internal medicine at the [University of Washington](#) in Seattle, a cardiology fellowship in 1991, and practiced internal medicine in [Grayling, Michigan](#), for two years before enrolling in the [University of Michigan School of Public Health](#), earning a [master of public health](#) (MPH) degree in 1994. After receiving his MPH, McCullough was a cardiovascular fellow at [William Beaumont Hospital](#) in the [Detroit metropolitan area](#) until 1997. He then worked successively at the [Henry Ford Heart and Vascular Institute](#) in Detroit until 2000, served as section chief of cardiology of the [University of Missouri–Kansas City School of Medicine](#), and returned to William Beaumont Hospital where he worked from 2002 to 2010. He spent the next four years as chief academic and scientific officer of the [St. John Providence Health System](#), Detroit, before joining the [Baylor University Medical Center](#) in 2014. McCullough is a founder and current president of the [Cardio Renal Society of America](#) and co-editor-in-chief of the Society's journal, [Cardiorenal Medicine](#)^[14] and editor of the journal *Reviews in Cardiovascular Medicine*. He is a member of the [Association of American Physicians and Surgeons](#). Dr. McCullough has many concerns and well-reasoned arguments against massive

vaccination programs (he has personally received the vaccine) but he has been ridiculed and silenced by vaccine advocates.

Why? Shouldn't his concerns be addressed? No debate. No data to refute his concerns. Just ignored.

What are some concerns?

- A good summary is shown in the attachment, **(STUDY) Why so many vaccinated people are getting sick: Antibody Dependent Enhancement (ADE)**. Can we be sure that Antibody Dependent Enhancement is a consequence of the Covid vaccines? Of course not, because as of yet there are no long-term studies. Are we willing to experiment with the human race when it is a possibility? We are being told that this is only theoretical and should be ignored. However, the problems around the world which may be related are never addressed by our government agencies. One has to search to find information such as the attachment, **High Recorded Mortality in Countries Categorized as "Covid-19 Vaccine Champions". The Vaccinated Suffer from Increased Risk of Mortality compared to the Non-vaccinated.**
- Official reports tell us that blood clotting issues are found in Covid infected patients and "rarely" after Covid vaccine. Experienced physicians relate differently in private; post vaccination blood clotting has been notable to many. But because their licenses are threatened, they are reluctant to speak publicly. Do we know the truth? No. Actual data is very difficult to find. In many cases, it isn't being collected.
- Fertility issues are concerning to many. The CDC assures the public that the vaccinations have no deleterious effects on fertility. Again, where are those long-term studies and how can the issues discussed in the Attachment, **Can the COVID Vaccine Affect Fertility** be ignored?
- Myocarditis has been diagnosed both related to the Covid infection as well as the vaccine. I have found no reliable data to evaluate prevalence but we know that the vaccine has been shown to have significant breakthrough infections so myocarditis due to the infection will certainly not be negated by taking the risk of a vaccine. The risks of the vaccines certainly outweigh the benefits for children; a child has a greater likelihood to be hospitalized with myocarditis, heart damage, and inflammation due to the vaccines than being hospitalized with Covid according to Dr. McCullough.
- Natural immunity from previous infection has been shown to be at least 27 times more protective against Covid infection than the vaccine, yet that fact is completely ignored. The agencies simply refuse to take natural immunity into account in spite of some evidence that side effects to the vaccine are more severe for someone who has already had the infection. No studies – just take it.

There are many more concerns. I am not an expert. But I research constantly and have more questions than answers. The more I research, the more the statement that **"there appears to be malfeasance"** seems likely. Billions of dollars are involved. Careers and livelihoods are being destroyed. Doctors' licenses are being threatened by Mississippi state health officials. And there are no reasons given that make sense as to why the vaccines are not only being recommended but mandated for everyone when the disease is serious but not nearly what was predicted and the vaccines are nothing like they are being described.

I am aware that email attachments are always a concern. I will be sending hard copies of the attachments to Lt. Governor Delbert Hoseman, Secretary of State Michael Watson, Attorney General Lynn Fitch, Commissioner of Agriculture and Commerce Andy Gipson, and Speaker Philip Gunn. I will be happy to send any of you hard copies if you contact me.

I implore you to do research, think critically and **stop the mandates**. Every day you choose to do nothing, more Mississippians submit to the vaccines (which by all indication could be very dangerous), desperate to retain their employment.

Mississippians deserve better.

Respectfully,

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Attached:



(I can make individual pdf's of the 12 attachments if you would like)