

Never let them say they didn't know

**WE
DO
NOT
CONSENT.**



WWW.MSAGAINST**MANDATES.ORG**

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1. Hearing -- February 28, 2023

On December 5, 2021, I sent a Public Records Request to the Mississippi Department of Health asking for any emails of the State Health Officer, Dr. Dobbs, regarding Remdesivir, Hydroxychloroquine or Ivermectin for the previous 2 years. Dr. Dobbs had made famous the misleading statement, "ivermectin is horse medicine."

On January 4, 2022, I was notified that the fee to recover documents would cost \$19.79.

At the time, MSDH knew nothing about me other than I was a concerned citizen with too much time on her hands.

On January 19, 2022, I received 48 documents. Four of those appeared to me to be bombshells. They seemed to explain the malfeasance by the State Health Officer and MSDH to manipulate facts in order to destroy the medical freedom of the citizens of Mississippi regarding the treatment of Covid.

These four documents were an email exchange between doctors in Greenville and Dr. Dobbs that showed amazing success in the treatment of Covid with hydroxychloroquine and ivermectin and the subsequent collusion to suppress that information.

You see, by law, no Emergency Use Authorization could be granted if an existing drug could be repurposed for treatment. The "vaccines" would be pointless.

I was astounded and just knew that if our government officials were aware what had happened, they would investigate and put a stop to the mandating of an experimental vaccine. On January 29, I sent a request to the Attorney General for an investigation of Dr. Dobbs. On January 30, Governor Reeves, Lt. Governor Hosemann, Speaker Gunn, and every member of the Mississippi House and Senate Public Health and Human Services committees were sent a letter which included the Greenville emails. At the time the legislature was in session and they were refusing to stop vaccine mandates. Eventually a partial, weak bill was passed that helped some citizens avoid being forced to accept an experimental drug.

Although no one in the government reached out to me after my letters, Dr. Dobbs announced his retirement from the position of State Health Officer on March 8, 2022.

On July 27, 2021, Johns Hopkins had published an article that stated when studying a group of about 48,000 children, they found zero COVID deaths among healthy kids"

On January 26, 2022, Dr Paul Byers, Mississippi's epidemiologist, announced in a public news release that Mississippi had just had its 10th pediatric death from covid and said all had been unvaccinated, appealing to all parents to get their children vaccinated as soon as possible.

That day I sent a Public Records Request to MSDH requesting (without identifying information) any comorbidities and explicitly if the deaths were due to Covid only or to the comorbidities. I was informed that my request "would require MSDH to produce identifiable health information, which would violate HIPAA" and therefore was denied.

I replied that I wanted to know, “How many of the 10 children in question had NO co-morbidities?” I never received an answer.

On February 5, 2022, I sent a Public Records Request to MSDH asking to supply me with all the scientific information used to determine that the vaccines were safe and effective for pregnant and breastfeeding women since Dr. Dobbs had sent out a standing order on September 10, 2021, that they should all receive the vaccine.

On February 24th, I was informed that no documents could be produced.

On June 21st I submitted a Public Records Request to University of Mississippi Medical Center for “emails of Vice Chancellor Dr. Woodward regarding adverse events, deaths and/or injuries caused by Covid vaccines.”

On June 26th, I was notified the fee would be \$873.06.

After reminding them that the Public Records Act states that fees must be reasonably calculated and the cost shall be at the pay scale of the lowest level employee or contractor competent to respond to the request, I was informed the employee pay rate was \$97.34/hour, meaning that the employee doing the task was being paid over \$200,000/year.

On July 3, 2022, I sent a Public Records Complaint to the Mississippi Ethics Commission. As of today, I have heard nothing.

On June 17, 2022, I submitted a Public Records Request to MSDH of “emails of the State Health Officer and/or the Mississippi State Department of Health regarding adverse events, deaths and/or injuries caused by Covid vaccines. I exchanged 42 clarifying emails with the Department and subsequently on September 1st was told the fee for the documents would be \$11,640.11.

That’s \$11,640.11 for emails that discuss adverse events, deaths, and injuries caused by a “safe and effective” vaccine.

I’ve written multiple emails and letters to Governor Reeves, Lt. Governor Hosemann, Speaker Gunn, Attorney General Fitch and multiple Mississippi Senators and House members.

Generally, they have been ignored, preferring to listen to state health officials who appear to be compromised by pharmaceutical companies and money.

2. Request to Attorney General for Investigation – November 4, 2021

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

I am concerned that Dr. Dobbs is using misleading communication to dissuade the use of ivermectin (an FDA approved drug) for the treatment of Covid-19 in order to promote his preferred use of Covid vaccines--any Covid vaccine (which is not FDA approved). Although there are 3 different vaccines available, there is no report to identify which is optimal for any particular patient. All of the available vaccines have limitations in that they do not prevent the patient from getting Covid-19 nor do they prevent an infected patient from spreading the virus. Whatever the reason for his preference, because of his scorn for the use of Ivermectin, physicians and pharmacies alike are reluctant to prescribe or distribute it--even fearing loss of licensure-- to the possible detriment of some patients.

On August 20, 2021, Dr. Dobbs was seen on 16 WAPT Jackson News, "Mississippi Health Officer Dr. Thomas Dobbs is warning against using medicine used to treat animals as a prevention for COVID-19". He warned that "ivermectin at high doses can be toxic and even deadly" He discusses how "normally when we've used ivermectin for like intestinal parasites or for scabies, it's a one-time dose. Right. One day. That's it. And you are done. This is not every day sort of medicine sort of thing. There are potential toxicities. Some people are trying to use it as a preventative which I think is really crazy." Don't use animal medicine as a COVID-19 preventative - YouTube

An article published September 3, 2021, "Dr. Thomas Dobbs said Ivermectin, a drug that some tout as a cure for COVID-19, has developed a "weird cult following," despite the fact that the science shows it doesn't work." Dobbs: Ivermectin has developed a 'weird cult following' (wdam.com)

The problem with Dr. Dobb's statements is that they are not consistent with government publications:

- "A 5-day course of ivermectin was found to be safe and effective in treating adult patients with mild COVID-19. Larger trials will be needed to confirm these preliminary findings." A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness - PubMed (nih.gov)
- Updated July 8, 2021, three drugs are approved or under evaluation for treatment of Covid-19. They are Remdesivir, Ivermectin, and Nitazoxanide.
<https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/>
- "In 28 days of follow-up, significant protection of ivermectin preventing the infection from SARS-CoV-2 was observed: 1.8% compared to those who did not take it (6.6%; p-value = 0.006), with a risk reduction of 74% (HR 0.26, 95% CI [0.10,0.71]). Conclusions: These results suggest that compassionate use of weekly ivermectin could be an option as a preventive method in healthcare workers and as an adjunct to immunizations, while further well-designed randomized controlled trials are developed to facilitate scientific consensus."
<https://pubmed.ncbi.nlm.nih.gov/34513523/>

Multiple reports from other countries that have chosen to avoid mass vaccination either because of financial limitations or vaccine side effects, have shown Ivermectin to be efficacious in prevention and treatment of Covid-19.

· “A 97% decline in Delhi cases with Ivermectin is decisive - period.” Ivermectin obliterates 97 percent of Delhi cases | National | thedesertreview.com

· “The chairman of the Tokyo Medical Association, Haruo Ozaki, held a press conference this week announcing that the anti-parasite medicine Ivermectin seems to be effective at stopping COVID-19 and publicly recommending that all doctors in Japan immediately begin using Ivermectin to treat COVID.” <https://dreddymd.com/2021/08/29/japanese-medical-association-tells-doctors-to-prescribe-ivermectin-for-covid/>

Dr. Dobbs advocates for the Covid-19 vaccines. On 7/28/2021, Dr Dobbs said, "Too many Mississippians are hesitant about the vaccine or still in the “wait and see” mode. Some hesitancy is based on normal caution, but too much is driven by outright nonsense. Falsehoods and bizarre conspiracy theories have squeezed out the truth in many circumstances. Another factor is the strong sense of individual freedom in Mississippi, and we respect that."

“The truth is – the vaccines, especially Pfizer and Moderna, are extremely safe and highly effective.”

“Pfizer and Moderna are more effective but require two doses. Although rare, some serious side effects such as cerebral blood clots and Guillain-Barre syndrome are associated with Johnson and Johnson but not Pfizer or Moderna.”

"If you are fully vaccinated against coronavirus, how likely are you to get coronavirus? If you should get it, would it be a milder case?"

Dr. Dobbs implies here that if vaccinated, a patient has a low chance of getting infected. The facts seem to show just the opposite:

“At the country-level, there appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last 7 days (Fig. 1). In fact, the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days. The lack of a meaningful association between percentage population fully vaccinated and new COVID-19 cases is further exemplified, for instance, by comparison of Iceland and Portugal. Both countries have over 75% of their population fully vaccinated and have more COVID-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.”

Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States | SpringerLink

He then goes on to minimize the VAERS:

"The Vaccine Adverse Events Reporting System is used to see if we see something from a vaccine that is more common than expected. All of the things reported to VAERS are not from the vaccine. In fact, only a minuscule amount are. Of course, people have medical issues randomly at time periods after vaccination. Using this system, we have been able to find the very rare

occurrence of cerebral blood clots and Guillain-Barre from Johnson and Johnson.” A conversation with Dr. Dobbs on COVID-19, vaccinations | The Northside Sun

Dr. Dobbs statement that "things reported to VAERS" are not from the vaccine is just not substantiated. As seen in the most recent report, deaths in reportedly due to vaccines is significantly higher in the past year than in all previous years since the founding of the system in 1990. To say that only a miniscule amount of the issues is due to the Covid vaccines appears completely unfounded.

The statement, "Of all the post-vaccine deaths investigated in Mississippi, zero were caused by the vaccine" seems ludicrous since there are a reported 17,619 deaths and studies have shown that VAERS has only 1 - 10% of actual cases reported. <https://openvaers.com/covid-data/mortality>

Surely, we aren't to believe that those who submitted the reports of deaths, hospitalizations, urgent care and doctor office visits, anaphylaxis and Bell's palsy were all just mistaken as seen in the Covid Vaccine Data report. <https://openvaers.com/covid-data>

Recently Senator Ron Johnson held a senate hearing regarding the vaccines and the silencing of any reports of adverse events caused by them. I would urge you to watch Senator Johnson's opening statement. He is not a doctor; he is an accountant and a businessman, but his understanding of the vaccines and the government overreach as well as the complete silencing of facts is impressive. The information is all hiding in plain sight. Why has Dr. Dobbs chosen to ignore it?

<https://rumble.com/vokrf7-sen.-johnson-expert-panel-on-federal-vaccine-mandates.html>

One has to wonder what is the motivation to minimize the adverse effects of the vaccines while overstating the adverse effects of the well-established ivermectin.

It is understood that the talking points are parroted from federal government officials. But they have been wrong throughout this pandemic (don't wear a mask as they do no good; 14 days to slow the spread; wear a mask; wear two masks, the virus was not produced in the Wuhan lab, etc.) With the plethora of information that contradicts the official stance on the vaccines, one is led to question why the government officials have been so steadfast in their support. Perhaps we find an answer if we look at history. The following article published in January, 2005, states, "Patients who took part in clinical trials at the US National Institutes of Health (NIH) had no idea that scientists at the institutes received \$8.9m (£4.8m; €6.8m) in royalty payments and might benefit financially for the use of their discoveries by pharmaceutical companies and device makers, reports from Associated Press allege. This information was not made public until the press agency obtained the information after filing a request under the Freedom of Information Act." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC545012/>

One would expect the state health officer to review all of the data and draw his own conclusions--or at least express that there are alternative opinions since we are dealing with a totally unknown virus (apparently man-made--funded by the very people who are promoting the vaccine) and a completely new type of vaccine.

To say "mRNA vaccine science is not new or worrisome. Scientists have been developing these types of vaccines for over 10 years." leaves out the information that one of the doctors who was intimately involved in development of the technology which led to the mRNA vaccines has called for an immediate halt to the vaccine programs. "Dr. Robert Malone, M.D., M.S., a distinguished physician who discovered RNA transfection and invented mRNA vaccines, was on Steve Bannon's War Room Wednesday with some alarming news--new data indicates that people who have taken the Pfizer and Moderna vaccines are at greater risk of getting Covid than someone who is not vaccinated." "Dr. Malone has warned of this risk for several months. What are we to do? Malone says that instead of relying on the flawed vaccines, Doctors should use drugs for treating Covid that have proved effective, such as Ivermectin (more about

that following the video), is neutralizing Covid” Inventor of mRNA Vaccine: Some Covid Vaccines Make the Virus More Dangerous (thegatewaypundit.com)

Again, the question is, 'why has Dr Dobbs chosen to relay the available information in the way that he has?'

I don't know. But it is disingenuous and with the billions of dollars involved, one has to consider that the motivations might be more than Mississippi health.

- <https://www.cnbc.com/2021/11/02/pfizer-raises-covid-vaccine-sales-forecast-to-36-billion-.html>
- <https://www.cnn.com/2021/05/21/business/covid-vaccine-billionaires/index.html>

On August 24, 2021, Dr. Bechara Choucair, the White House Vaccination Coordinator, spent the day in Jackson, MS, talking to public health officials. “He said the federal government plans to continue working with the state...”

White House Vaccination Coordinator visits Jackson to talk with public health leaders (msn.com)

How is that “work” occurring? Have Mississippi health officials succumbed to federal financial coercion at the expense of Mississippi health choices? Certainly, that appears to be the method being used against federal contractors.

- Don't use animal medicine as a COVID-19 preventative - YouTube
- Dobbs: Ivermectin has developed a ‘weird cult following’ (wdam.com)
- A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness - PubMed (nih.gov)
- <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/>
- <https://pubmed.ncbi.nlm.nih.gov/34513523/> « Ivermectin obliterates 97 percent of Delhi cases | National | thedesertreview.com
- <https://dreddymd.com/2021/08/29/japanese-medical-association-tells-doctors-to-prescribe-ivermectin-for-covid/>
- Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States | SpringerLink
- A conversation with Dr. Dobbs on COVID-19, vaccinations | The Northside Sun
- <https://openvaers.com/covid-data/mortality>
- <https://openvaers.com/covid-data>
- <https://rumble.com/vokrf7-sen.-johnson-expert-panel-on-federal-vaccine-mandates.html>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC545012/>
- Inventor of mRNA Vaccine: Some Covid Vaccines Make the Virus More Dangerous (thegatewaypundit.com)
- <https://www.cnbc.com/2021/11/02/pfizer-raises-covid-vaccine-sales-forecast-to-36-billion-.html>
- <https://www.cnn.com/2021/05/21/business/covid-vaccine-billionaires/index.html>
- White House Vaccination Coordinator visits Jackson to talk with public health leaders (msn.com)

3. Second Request to Attorney General for Investigation – November 20, 2021

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

Once again, I find myself requesting a formal investigation of Dr. Thomas Dobbs; and now please include the Mississippi State Department of Health and Mississippi State Medical Association.

In spite of ample evidence that the risk of severe sequelae or death for children due to Covid-19 is very nearly nonexistent, this group has advocated for all children 5 years old and older to be vaccinated. Survival rate between ages 0 – 19 is 99.997%.

<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1.full>

From the CDC, we see that for children ages 5-11 years there were 94 COVID-19 deaths (1.7% of all deaths among U.S. children 5–11 years) in the United States between January 1, 2020–October 16, 2021.

[PowerPoint Presentation \(cdc.gov\)](#)

The most recent VAERS report states that there have been 141 deaths reported for ages 0 – 24. Please, keep in mind that vaccinations have only been available for this age group for a few months.

[Mortality \(openvaers.com\)](#)

To understand, we must realize the limitations of VAERS. According to a Harvard study (2007 –2010), “Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA).”

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

That could mean there could have been as many as 14,100 deaths after introducing the Covid vaccines to children and young adults.

Even if there were no deaths attributable to the vaccines in children, there are no long-term studies to identify any future sequelae attributable to the vaccines since they are all still under EUA (emergency use authorization).

Of the 12,131 cases of myocarditis in the most recent VAERS, the majority of cases were in teens.

[Myo/Pericarditis \(openvaers.com\)](#)

Myocarditis is irreversible. Once the heart muscle is damaged, it cannot be repaired by the body. Over the course of several years many of those children will die. Myocarditis has a 20% fatality rate after 2 years and a 50% fatality rate after 5 years.

The Pfizer briefing document for vaccination in kids age 5 to 11 admits that their clinical trial was too underpowered to detect myocarditis.

"The number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination."

The clinical trial had 2,268 participants (1518 vaccine recipients and 750 placebo recipients), but many physicians are warning that this underpowered clinical trial is being used to justify vaccinating 26 million children, while the rate of myocarditis in children might be as high as 1 out of 5,000.

<https://www.fda.gov/media/153409/download>

Not only do we find government officials ignoring information in all levels of our government, but similar events are happening throughout the world.

"An analysis of official data available from the Office for National Statistics shows that deaths among female children have increased by 57% against the five-year-average since they were first offered the Covid-19 vaccine, after previously being in line with the expected average."

<https://dailyexpose.uk/2021/11/17/57-percent-increase-in-deaths-among-young-girls-over-12-since-covid-vaccine-roll-out/>

But why, with minimal risk due to the infection would Dr. Dobbs and the Mississippi Health Department as well as the Mississippi State Medical Association recommend the vaccine for children? Realizing that the federal government agencies have recommended all children be vaccinated, apparently our state has chosen to parrot their advocacy. Don't they have a duty to look out for the health of Mississippi rather than rubber stamp the federal government? The possible explanation is uncomfortable.

The Mississippi State Medical Association states:



Studies show that COVID-19 vaccines are effective and will also help keep you from getting seriously ill even if you do get COVID-19.

“The CDC has also been using stats of COVID-19 deaths going back to January to make the claim that the deaths are almost exclusively among the unvaccinated. That's because earlier in the year almost everyone was unvaccinated.

“...the media has blacked out the developing disaster in Israel. Israel is the most vaccinated country in the world. They all got the Pfizer vaccine. At first, deaths and hospitalizations went to almost zero. Israel declared victory over COVID-19.

But everything changed. Today a massive COVID-19 outbreak has engulfed vaccinated Israel. Hospitals are full. People are dying. At this moment, Israel, the most vaccinated nation in the world, has more COVID-19 infections per capita than any country in the world.”

[The Government and CDC Are Lying About COVID-19 Vaccine and Ivermectin; The Question Is Why? \(townhall.com\)](https://townhall.com)



As per the CDC, COVID-19 vaccines have undergone the most intensive safety monitoring in U.S. history.

The FDA vaccine advisory committee's [booster shot hearing](#) in September, 2021, featured hours of testimony. "Several physicians and other medical experts slammed COVID-19 vaccines and calls for mass COVID vaccination. The experts, including a top Johnson & Johnson researcher, warned that the shots "kill more people than they save" and pose a "clear and present danger" of creating coronavirus variants."

[Experts Warn Of COVID Vaccine Risks At FDA Hearing: 'The Vaccines Kill More Than They Save' | Harbingers Daily](#)



Based on safety and effectiveness data from a randomized, blind, clinical trial of individuals, the FDA approves the Pfizer-BioNTech COVID-19 vaccine.

"There are currently no fully FDA-approved licensed COVID shots available. All COVID shots remain under federal Emergency Use Authorization, meaning individuals have the "option to accept or refuse" the product.

[No FDA-Approved COVID-19 Shots Available - Liberty Counsel \(lc.org\)](#)

[Vaccine Information for Mississippi - The MS Way](#)

Informed consent at one time in our history was an expected precursor to administration of any vaccine. Today, doctors are admonished to avoid any derogatory statements related to the vaccines under penalty of possible loss of license. It isn't true "misinformation" that is threatened to be punished; it is information different from the "accepted narrative."

[In Mississippi, doctors who spread misinformation about COVID could lose their license \(msn.com\)](#)

It isn't just physicians that are being muzzled. On November 16, 2021, the National Council of State Boards of Nursing produced a new policy "To address the misinformation being disseminated about COVID-19 by nurses."

Why are we suddenly surrounded by medical providers who are liars—if you choose to believe the agencies. Or perhaps these providers are the truth-tellers who are being silenced for a nefarious purpose. They certainly have nothing to gain by speaking up with what they see as the truth.

[PolicyBriefDisseminationofCOVID19Info.pdf \(ncsbn.org\)](#)

Discussion of adverse events is not permissible by nonmedical citizens as well. In December 2020, the Trusted News Initiative was formed by news and technology organizations to decide what we are allowed to know about the Covid-19 virus and vaccine. They have worked to snuff any discussion of adverse effects of the vaccines or any alternative treatments. Although in general, news and technology organizations are not necessarily knowledgeable about medical issues, the medical community has fallen in line. This is frightening.

[Trusted News Initiative \(TNI\) to combat spread of harmful vaccine disinformation and announces major research project - Media Centre \(bbc.com\)](#)

Do the billionaire owners of media, tech and pharmaceutical companies have an ulterior motive? I think the evidence is quite clear.

One consideration for the lack of informed consent is that the information is completely unavailable. Much of the cause for unavailability is because of the "Trusted News Initiative" but not all.

"The FDA has [asked](#) a federal judge to make the public wait until the year 2076 to disclose all of the data and information it relied upon to license Pfizer's COVID-19 vaccine. That is not a typo. It wants 55 years to produce this information to the public."

[FDA Asks Federal Judge to Grant it Until the Year 2076 to Fully Release Pfizer's COVID-19 Vaccine Data - by Aaron Siri - Injecting Freedom \(substack.com\)](#)

Another reason that information is unavailable is because government officials and agencies refuse to take any reports seriously.

“If physicians are dismissed as ‘making it up,’ imagine what the average individual without medical knowledge and access must deal with after a COVID-19 vaccine injury.”

[Eleven Vaccine-Injured Physicians Repeatedly Ignored By Gov't Agencies - UncoverDC](#)

And it isn't just the federal agencies who refuse to investigate adverse events including death.

“The Vaccine Adverse Events Reporting System is used to see if we see something from a vaccine that is more common than expected. All of the things reported to VAERS are not from the vaccine. In fact, only a minuscule amount are.

“Of all the post-vaccine deaths investigated in Mississippi, zero were caused by the vaccine. There maybe one out there but we haven't found any. Mississippi has fully vaccinated over 1 million people.”

[A conversation with Dr. Dobbs on COVID-19, vaccinations | The Northside Sun](#)

Reviewing information from all over the world makes it obvious that these statements are made either out of ignorance or malfeasance.

How can Dr. Dobbs, the Mississippi State Health Department, or the Mississippi State Medical Association make statements that the vaccine is “safe and effective” when the FDA refuses to investigate or release information? What is the FDA hiding and why would our state government be complicit?

We first must admit that the current state of affairs is Socialized Medicine. We now have a government-regulated system for providing health care for all by means of subsidies derived from taxation when it comes to Covid-19. Every day we are bombarded with the statement, “Free vaccines!” No, the vaccines are not free; they have made many into new billionaires. The taxpayers are the ones paying. We know that from the beginning of the pandemic subsidies were given for specific diagnoses and treatments in the hospital. And treatment protocols were mandated. No alternatives (such as Ivermectin or Hydroxychloroquine) were allowed. Everything about patient care was determined by bureaucratic decision making. This is socialism. Who would be more in favor of socialized medicine than the bureaucrats who control it?

Since the vaccines are still under Emergency Use Authorization, who will help those who are injured? The pharmaceutical companies have been given immunity.

“In fiscal year 2021, the U.S. government paid \$246.9 million in claims for vaccine-related injuries and deaths. Not a single payout was related to Covid-19 vaccines.”

[Feds Pay Zero Claims For Covid-19 Vaccine Injuries/Deaths \(forbes.com\)](#)

Please refer back to the VAERS report; the excuse is not that there are no reports of adverse effects.

Something isn't right with many aspects of the medical response to Covid-19. In Mississippi it appears that much of the deception is pointing directly at Dr. Dobbs, the Mississippi State Health Department and the Mississippi State Medical Association. I urge you to take this matter seriously so that we can protect our children.

<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1.full>

[PowerPoint Presentation \(cdc.gov\)](#)

[Mortality \(openvaers.com\)](#)

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

[Myo/Pericarditis \(openvaers.com\)](#)

<https://www.fda.gov/media/153409/download>

<https://dailyexpose.uk/2021/11/17/57-percent-increase-in-deaths-among-young-girls-over-12-since-covid-vaccine-roll-out/>

[The Government and CDC Are Lying About COVID-19 Vaccine and Ivermectin; The Question Is Why? \(townhall.com\)](#)

[Experts Warn Of COVID Vaccine Risks At FDA Hearing: 'The Vaccines Kill More Than They Save' | Harbingers Daily](#)

[No FDA-Approved COVID-19 Shots Available - Liberty Counsel \(lc.org\)](#)

[Vaccine Information for Mississippi - The MS Way](#)

[In Mississippi, doctors who spread misinformation about COVID could lose their license \(msn.com\)](#)

[PolicyBriefDisseminationofCOVID19Info.pdf \(ncsbn.org\)](#)

[Trusted News Initiative \(TNI\) to combat spread of harmful vaccine disinformation and announces major research project - Media Centre \(bbc.com\)](#)

[FDA Asks Federal Judge to Grant it Until the Year 2076 to Fully Release Pfizer's COVID-19 Vaccine Data - by Aaron Siri - Injecting Freedom \(substack.com\)](#)

[Eleven Vaccine-Injured Physicians Repeatedly Ignored By Gov't Agencies - UncoverDC](#)

[A conversation with Dr. Dobbs on COVID-19, vaccinations | The Northside Sun](#)

[Feds Pay Zero Claims For Covid-19 Vaccine Injuries/Deaths \(forbes.com\)](#)

4. Third Request to Attorney General for Investigation – January 29, 2022

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.

5. Email to Governor Reeves – October 20, 2021

Dear Governor Reeves,

Today I am writing about natural immunity and the Covid-19 vaccines. Dr Dobbs continues to state that all Mississippians over the age of 12 should get the vaccines because they are "safe and effective." Below is the article, [Stronger, More Robust Natural Immunity Thwarts Any Case for "Vaccine Passports"](#) published by American Institute for Economic Research."

I know your initial response to the title is that there are no plans in Mississippi for vaccine passports but we both know that October 13th mpbonline.org published a piece by Kobbie Vance with your photo which states, "Officials in Mississippi say a new digital identification program will be available in the state as early as next month. The mobile ID can contain the user's driver's license and coronavirus vaccination card."

Please keep in mind that if I have found and read this information, Dr Dobbs and the entire Mississippi medical board are certainly aware.

From the article:

- "...new research out of Israel makes the case that a prior Covid-19 infection offers far superior immunity than do the vaccinations....the vaccinated were 27 times more likely to have symptomatic breakthrough infections than were the naturally immune to have symptomatic reinfection."
- "...there is **reason to believe that for the previously infected, vaccination could be detrimental to their immune response.**"
- "Their defense, after all, is that they're trying to pressure people to do what's good for them; e.g., the White House considers vaccine mandates "the right lever at the right time." How much goodwill shall we ascribe to them amid such pointless, callous behavior?"
- "The Centers for Disease Control and Prevention estimates that only 1 out of every 4.2 actual infections of Covid-19 are reported in the U.S. ... have been nearly 39,280,000 cases (i.e., *reported* infections) and nearly 639,000 deaths. Multiply the case count by 4.2 and then subtract out deaths, and that implies there are about 164.3 million people with robust natural immunity. That is nearly *half of the population in the U.S.* already"
- ".....in The Wall Street Journal on April 6: The idea that everybody needs to be vaccinated is as scientifically baseless as the idea that nobody does."
- "Vaccine passports are unjust and discriminatory."

Once again, a critical thinking mind has to ask, "What is the motivation?" I submit that it is NOT public health.

Dr. Dobbs has an opportunity to debate his opinions on October 29th. And you, Sir, in the spirit of investigating both sides with an open mind, need to observe.

No mandates. No vaccine passports.

Respectfully,

Carol Hill

Diamondhead, Mississippi

[Stronger, More Robust Natural Immunity Thwarts Any Case for "Vaccine Passports" – AIER](#)

Stronger, More Robust Natural Immunity Thwarts Any Case for "Vaccine Passports"

Jon Sanders - September 9, 2021

A growing body of research is making it increasingly clear that natural immunity to Covid-19 owing to previous infection is [stronger, more durable, and broader](#) than vaccine-induced immunity. Apart from not being unusual among infectious diseases, this fact has significant implications for governmental, school, employer, and business plans to harass and restrict people who aren't vaccinated.

For example, on [June 4](#) Stanford Medical School physician and economist Jay Bhattacharya, Harvard Medical School biostatistician and epidemiologist Martin Kulldorff, and University of Oxford theoretical epidemiologist Sunetra Gupta summarized it this way (embedding several studies along the way):

It is now well-established that natural immunity develops upon infection with SARS-CoV-2 in a manner analogous to other coronaviruses. While natural infection may not provide permanent infection-blocking immunity, [it offers anti-disease immunity against severe disease](#) and death that is likely [permanent](#). Among the millions that have recovered from COVID19, [exceedingly few have](#) become sick again.

Most recently, new research out of Israel makes the case that a prior Covid-19 infection offers far superior immunity than do the vaccinations. Gazit et al. (medRxiv [preprint](#), posted Aug. 25, 2021) compared vaccinated people without prior Covid-19 infections with unvaccinated people who had recovered from prior infections. Matching them by infection/vaccination periods to test their "immune activation" time (16,125 people in each group; i.e., 32,250 people), they found the vaccinated were *six to 13 times more likely* to have breakthrough infections than were the naturally immune to have

reinfection. Adjusting for comorbidities, they found the vaccinated were *27 times more likely* to have symptomatic breakthrough infections than were the naturally immune to have symptomatic reinfection.

Furthermore, there is reason to believe that for the previously infected, vaccination could be detrimental to their immune response. Camara et al. (bioRxiv [preprint](#), posted March 22, 2021) found that “COVID-19 recovered individuals do not seem to benefit from the standard regimen for COVID-19 vaccination.” As they wrote, “On the contrary, in individuals with a pre-existing immunity against SARS-CoV-2, the second vaccine does not only fail to boost humoral immunity but determines a contraction of the spike-specific T cell response.” For the previously infected, then, there is reason to believe that the vaccine poses no benefits, only costs.

George Mason law professor Todd Zywicki had several compelling reasons behind his [successful challenge](#) to his university’s vaccine mandate. As seen by the [July 21 letter](#) on his behalf from the New Civil Liberties Alliance, Zywicki was previously infected, offered substantial research attesting that immunity to Covid-19 through infection was “at least as robust and long lasting as that achieved through vaccination,” had evidence to be wary of adverse reactions given his recent bout with shingles, and was also concerned that all of the vaccine trials so far had *specifically excluded survivors of prior Covid-19 infections*, citing a study in which researchers stated “we cannot exclude the possibility that the vaccination of a growing number of [individuals] with preexisting immunity to SARS-Cov-2 may trigger unexpectedly intense, albeit very rare, inflammatory and thrombotic reactions in previously immunized and predisposed individuals” (Angeli et al., [European Journal of Internal Medicine](#), June 2021).

It shouldn’t need to be said, except in this bizarre time in which things that “shouldn’t need to be said” are the very things that require clear statement, but such research and discussion is in no way meant to counsel against vaccination, which ought to be a personal decision based on a dispassionate weighing of personal benefits and costs without coercion. Nor is it to argue for deliberately contracting an infection. I have personally witnessed this presentation of facts carom around inside someone’s skull until it comes out bruised and twisted into “Oh sure, go get Covid and die, then you’ll be immune!”

These findings stand in stark contrast to the case for “vaccine passports,” the euphemism for depersoning anyone who hasn’t taken a vaccine against Covid-19. Pres. Joe Biden has [talked of banning interstate travel](#) to the unvaccinated. Universities are barely waiting for the tuition checks to clear before imposing vaccination mandates. Hospitals, health care facilities, on down to rehabilitation facilities, are denying critical care services to the unvaccinated, who are also finding themselves in some places at risk of losing access to government services. Governments, schools, hospitals, and some businesses — egged on by politicians, public health popinjays, and media — are threatening the very jobs of the unvaccinated (with those deadlines looming, September could be a bad month for job losses). Even some retailers, restaurants, entertainment venues, and others are denying their services to the unvaccinated.

Again and again, these tyrannical edicts make no allowances for people with natural immunity. Should the people behind them get credit for caring, for trying to further public health? Their defense, after all, is that they’re trying to pressure people to do what’s good for them; e.g., the White House considers vaccine mandates “[the right lever at the right time.](#)” How much goodwill shall we ascribe to them amid such pointless, callous behavior? The person turned away at the schoolhouse door, the person denied critical medical care, the person not allowed in your restaurant, the person forbidden from fleeing to a

freer state — that person without a vaccination card could very well carry a stronger immune response against the virus than the card-carrying elite allowed to participate in your Unbrave New World.

Oh, but the response is, unlike with the vaccinated, it's hard to know who has recovered from previous infection. Right, and that fact undercuts the case for "vaccine passports" as well. Let me explain how.

The Centers for Disease Control and Prevention estimates that [only 1 out of every 4.2 actual infections](#) of Covid-19 are reported in the U.S. This estimate makes sense if you consider, for example, one member of a family of four tests positive but the rest in the house feel sick, or also so many mild or asymptomatic infections that wouldn't prompt a doctor's visit (those are, incidentally, signs of "a highly functional virus-specific cellular immune response," per Le Bert et al., *Journal of Experimental Medicine*, [March 1, 2021](#)).

As of this writing, there have been [nearly 39,280,000 cases](#) (i.e., *reported* infections) and nearly 639,000 deaths. Multiply the case count by 4.2 and then subtract out deaths, and that implies there are about 164.3 million people with robust natural immunity. That is nearly *half of the population in the U.S.* already ([332.7 million](#) per U.S. Census Bureau estimates as of this writing).

Without accounting for vaccination, then, roughly half of the U.S. population already has an immunity to Covid-19 that is stronger, more durable, and broader than anything from a vaccine. Only about one-fourth of them, however, would be able to "prove" it with documentation of a reported case.

So yes, it's "hard to know" who's already got natural immunity. That uncertainty, however, targets half the country when it comes to denying them common human decency and the mundane privileges of traveling, attending university, receiving medical care, receiving government services, dining out, or even buying groceries.

Such acts are made with the presumption that there is no good reason not to get a vaccine. To be sure, there are several good reasons to choose vaccination, especially if you are among those in vulnerable groups such as the elderly and those with chronic disease. But as Zywicki showed, there are also good, compelling reasons that someone might decide against vaccination.

As Kulldorff and Bhattacharya wrote in *The Wall Street Journal* on [April 6](#),

The idea that everybody needs to be vaccinated is as scientifically baseless as the idea that nobody does. Covid vaccines are essential for older, high-risk people and their caretakers and advisable for many others. But those who've been infected are already immune. The young are at low risk, and children—for whom no vaccine has been approved anyway—are at far less risk of death than from the flu. If authorities mandate vaccination of those who don't need it, the public will start questioning vaccines in general...

Vaccine passports are unjust and discriminatory. Most of those endorsing the idea belong to the laptop class—privileged professionals who worked safely and comfortably at home during the epidemic. Millions of Americans did essential jobs at their usual workplaces and became immune the hard way. Now they would be forced to risk adverse reactions from a vaccine they don't need. Passports would entice young, low-risk professionals, in the West and the developing world, to get the vaccine before older, higher-risk but less affluent members of society. Many unnecessary deaths would result.

The right response in these uncertain times is — as always — the response that protects people’s liberty and respects their autonomy. Fight “vaccination passports” and similar mandates forbidding people from enjoying all the privileges they enjoyed as a matter of course prior to March 2020. Resist the urge to burden your employees, students, patients, and patrons. Even taken on their own merits, these prohibitions amount to nothing more than a coin flip against each and every person turned away. Considered in full, they are cruel, discriminatory, and ultimately self-defeating.

AIER – American Institute for Economic Research

6. Email to Governor Reeves – October 21,2021

Dear Governor Reeves,

Again, I find myself writing to you regarding Covid-19 vaccines and recommendations by your advisor, Dr. Thomas Dobbs.

I assume you are aware of his MS Health Alert Network Alert of Thursday, September 9, 2021, giving a Mississippi Statewide Standing Order for Women to Receive COVID-19 Vaccines During Pregnancy. I realize he was unquestionably following CDC guidelines.

We have all learned over the past several weeks that officials in the federal agencies have been lying to us regarding SARS-V1. To assume that is the only subject in which they have been untruthful would be naive. Everything at this point should be scrutinized especially when it has to do with the health and wellbeing of your citizens. It is Dr. Dobb's job to be sure his 'orders' are in the best interest of Mississippians (even if he thinks they are "anti-science Nazis and excuse monkeys")

So let us examine his misguided recommendation. Below find the entire article which exposes another CDC manipulation (and Dr. Dobbs as well).

The "study" used to justify the mandate was published in the New England Journal of Medicine entitled, "Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons." That study's authors include the "CDC v-safe COVID-19 Pregnancy Registry Team' and concluded,

"Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.' "

As pointed out in the article, "However, when reading the small print of table 4, in which they claim just 104 / 12.6% of 827 completed pregnancies resulted in miscarriage (spontaneous abortion), we can see that the numbers they have presented are extremely misleading."

The article goes on to point out that "the rate of incidence of miscarriage is **82%, not 12.6%**" This is unconscionable. As stated in the article,

"As of the 23rd June 2021 a total of [289 women have reported the loss of their baby due to the Covid-19 vaccines](#). However, the actual number could be eye-wateringly higher due to only 1% – 10% of adverse reactions being reported to the scheme."

It is all hidden in plain sight.

Perhaps Dr. Dobbs has an explanation. He should share it during a debate with Dr. Peter McCullough on October 29th.

Please stop taking his advice. Your constituents' lives depend on it.

Respectfully,

Carol Hill

Diamondhead, MS

[CDC manipulated study data to show the Covid-19 Vaccines are safe for Pregnant Women when in reality 4 in 5 suffered a miscarriage – The Expose](#)

CDC manipulated study data to show the Covid-19 Vaccines are safe for Pregnant Women when in reality 4 in 5 suffered a miscarriage

July 6, 2021

Data has been manipulated by scientists carrying out a real-world study for the CDC to show that the Covid-19 vaccines are safe for use during pregnancy, however an analysis of the actual findings shows that 4 out of 5 pregnant women vaccinated suffered a miscarriage.

The study entitled '[Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons](#)', has been published on the New England Journal of Medicine. From December 14, 2020, to February 28, 2021, data from the "v-safe after vaccination health checker" surveillance system, the v-safe pregnancy registry, and the Vaccine Adverse Event Reporting System (VAERS) was used to characterise the initial safety of mRNA Covid-19 vaccines in pregnant persons.

The authors conclusion of the study is as follows –

'Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.'

The authors of the study, which include the 'CDC v-safe COVID-19 Pregnancy Registry Team' were able to conclude this due to way they presented their findings which were as follows –

'Among 827 participants who had a completed pregnancy, the pregnancy resulted in a live birth in 712 (86.1%), in a spontaneous abortion in 104 (12.6%), in stillbirth in 1 (0.1%), and in other outcomes (induced abortion and ectopic pregnancy) in 10 (1.2%).'

Table 4**Pregnancy Loss and Neonatal Outcomes in Published Studies and V-safe Pregnancy Registry Participants.**

Participant-Reported Outcome	Published Incidence* %	V-safe Pregnancy Registry† no./total no. (%)
Pregnancy loss among participants with a completed pregnancy		
Spontaneous abortion: <20 wk ¹⁵⁻¹⁷	10–26	104/827 (12.6) [‡]
Stillbirth: ≥ 20 wk ¹⁸⁻²⁰	<1	1/725 (0.1) [§]
Neonatal outcome among live-born infants		
Preterm birth: <37 wk ^{21,22}	8–15	60/636 (9.4) [¶]
Small size for gestational age ^{23,24}	3.5	23/724 (3.2)
Congenital anomalies ^{25**}	3	16/724 (2.2)
Neonatal death ^{26††}	<1	0/724

The authors of the study also made the following claim based on the above numbers –

Although not directly comparable, calculated proportions of adverse pregnancy and neonatal outcomes in persons vaccinated against Covid-19 who had a completed pregnancy were similar to incidences reported in studies involving pregnant women that were conducted before the Covid-19 pandemic.

However, when reading the small print of table 4, in which they claim just 104 / 12.6% of 827 completed pregnancies resulted in miscarriage (spontaneous abortion), we can see that the numbers they have presented are extremely misleading.

This is because of the 827 completed pregnancies, 700 / 86% of the women had received a dose of either the Pfizer or Moderna Covid-19 vaccine during the third trimester of pregnancy. The third trimester of pregnancy is from week 27 – 40, and it is therefore impossible to suffer a miscarriage due to the fact they are considered as occurring prior to week 20 of a pregnancy.

*The populations from which these rates are derived are not matched to the current study population for age, race and ethnic group, or other demographic and clinical factors.

†Data on pregnancy loss are based on 827 participants in the v-safe pregnancy registry who received an mRNA Covid-19 vaccine (BNT162b2 [Pfizer–BioNTech] or mRNA-1273 [Moderna]) from December 14, 2020, to February 28, 2021, and who reported a completed pregnancy. A total of 700 participants (84.6%) received their first eligible dose in the third trimester. Data on neonatal outcomes are based on 724 live-born infants, including 12 sets of multiples.

‡A total of 96 of 104 spontaneous abortions (92.3%) occurred before 13 weeks of gestation.

§The denominator includes live-born infants and stillbirths.

¶The denominator includes only participants vaccinated before 37 weeks of gestation.

‡Small size for gestational age indicates a birthweight below the 10th percentile for gestational age and infant sex according to INTERGROWTH-21st growth standards (<http://intergrowth21.ndog.ox.ac.uk>). These standards draw from an international sample including both low-income and high-income countries but exclude children with coexisting conditions and malnutrition. They can be used as a standard for healthy children growing under optimal conditions.

**Values include only major congenital anomalies in accordance with the Metropolitan Atlanta Congenital Defects Program 6-Digit Code Defect List (www.cdc.gov/ncbddd/birthdefects/macdp.html); all pregnancies with major congenital anomalies were exposed to Covid-19 vaccines only in the third trimester of pregnancy (i.e., well after the period of organogenesis).

††Neonatal death indicates death within the first 28 days after delivery.

This means just 127 women received either the Pfizer or Moderna Covid-19 vaccine during the first / second trimester, with 104 of the woman sadly losing their baby.

Therefore the rate of incidence of miscarriage is 82%, **not** 12.6% as presented in the findings of the study.

It is impossible for anyone vaccinated during the third trimester to suffer a miscarriage in respect of the parameters set in the study. A pregnancy loss in this case would be considered a still birth, occurring after week 20 of pregnancy.

The authors of this study have manipulated the data to show that the Covid-19 vaccines are safe for use during pregnancy. The actual findings show that they are far from it. Their actions are now having dire consequences for women throughout the United Kingdom.

As of the 23rd June 2021 a total of [289 women have reported the loss of their baby due to the Covid-19 vaccines](#). However, the actual number could be eye-wateringly higher due to only 1% – 10% of adverse reactions being reported to the scheme.

153 reports of miscarriage, 1 report of a premature baby sadly dying, 5 reports of foetal death, and 4 reports of stillbirth have been reported as adverse reactions to the Pfizer vaccine.

Case Series Drug Analysis Print

Name: COVID-19 mRNA Pfizer- BioNTech Vaccine Analysis Print

Report Run Date: 26-Jun-2021

Data Lock Date: 23-Jun-2021 18:30:09

Earliest Reaction Date: 13-Apr-1968

MedDRA Version: MedDRA 24.0

Reaction Name	Total	Fatal
Pregnancy conditions		
<i>Abortions not specified as induced or spontaneous</i>		
Abortion missed	2	0
<i>Abortions spontaneous</i>		
Abortion spontaneous	151	3
Abortion threatened	1	0
<i>Gestational age and weight conditions</i>		
Premature baby	4	1
<i>Stillbirth and foetal death</i>		
Foetal death	5	1
Stillbirth	4	1

113 reports of miscarriage, 1 report of foetal death, and 2 reports of stillbirth have been reported as adverse reactions to the AstraZeneca vaccine.

Case Series Drug Analysis Print

Name: COVID-19 AstraZeneca Vaccine Analysis Print

Report Run Date: 26-Jun-2021

Data Lock Date: 23-Jun-2021 18:30:09

Earliest Reaction Date: 03-Feb-1921

MedDRA Version: MedDRA 24.0

Reaction Name	Total	Fatal
Pregnancy conditions		
<i>Abortions not specified as induced or spontaneous</i>		
Abortion missed	1	0
<i>Abortions spontaneous</i>		
Abortion spontaneous	112	1
<i>Stillbirth and foetal death</i>		
Foetal death	1	0
Stillbirth	2	1

7 reports of miscarriage have been reported as adverse reactions to the recently emergency approved Moderna vaccine.

Case Series Drug Analysis Print

Name: COVID-19 Moderna Vaccine Analysis Print

Report Run Date: 26-Jun-2021

Data Lock Date: 23-Jun-2021 18:30:09

Earliest Reaction Date: 15-Oct-1958

MedDRA Version: MedDRA 24.0

Reaction Name	Total	Fatal
Pregnancy conditions		
<i>Abortions spontaneous</i>		
Abortion spontaneous	7	0

If this isn't a blatant crime against humanity, then we don't know what is.

7. Emailed to Governor Reeves, Lt Governor Hosemann, Speaker Gunn, Senator Kirby, Senator Fillingane, Senator Hill, Senator McDaniel, Senator Moran, Senator England, Senator Carter, Representative White, Representative Hopkins, Representative McKnight, Representative Eubanks, Tony Geiger (Attorney General's Office), SOS Watson, Commissioner Gipson – October 25, 2021

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](#)⁽¹¹⁾ 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,

Carol Hill

Diamondhead, MS

8. Email sent; Certified letters to Governor Reeves, Lt. Governor Hosemann, Secretary of State Watson, Attorney General Fitch, Speaker Gunn – December 15, 2021

December 15, 2021

To:

Governor Tate Reeves

Lt. Governor Delbert Hoseman

Secretary of State Michael Watson

Attorney General Lynn Fitch

Speaker Philip Gunn

Public Health and Human Services Committee – Sam C. Mims; Missy McGee; Shane Aguirre; Nick Bain; Christopher M. Bell; Cedric Burnett; Billy Adam Calvert; Bryant W. Clark; Dana Criswell; Ronnie C. Crudup; Becky Currie; Dan Eubanks; Kevin Felsher; Kevin Ford; John W. Hines, Sr; Kabir Karriem; Jay McKnight; Dana McLean; Orlando Paden; Brent Powell; John Read; Rob Roberson; Noah Sanford; Donnie Scoggin; Omeria Scott; Fred Shanks; Zakiya Summers; Rickey Thompson; Jason White

Dear Politicians:

Refusing to look at information does not make it go away. The country is burning down. Federal, state, and local governments are complicit by either omission or commission. Big Pharma appears to be in charge. I recommend that each of you check into the campaign donations of the others. I assure you, many of your voters have. The time for easy decisions is over. It is time to step up.

Sometimes one has to wonder what motivates those who go into “public service.”

That statement as well as the rest of this letter is not meant to be disrespectful to any of you. The Trusted News Initiative, which was put in place to silence those voices that did not agree with the accepted narrative, has done quite the opposite. The voices are not silenced; it’s just that you as elected leaders no longer hear them. I assure you, not only have they not been silenced but they are increasing in volume and numbers.

[Trusted News Initiative - Beyond Fake News \(bbc.com\)](https://www.bbc.com/news/health-58111111)

“Look at the data. Follow the science. Listen to the experts. Be smart.”

“Relieving people of the burden of freedom in order to make them feel safe is a recurring theme in the history of authoritarianism.”—[Frank Furedi](#)

So, again:

Sometimes one has to wonder what motivates those who go into “public service.”

For example, why would someone – perhaps at first innocently – continue to spread (albeit, official) narratives that are not only lies, but appear to be robbing the taxpayers and killing people?

I am speaking, of course, of Dr. Dobbs. This seems to be not only dishonest, but criminal.

Let me refer you to the August 21, 2021, article in The Vicksburg Post, “OUR OPINION: Education on COVID-19 treatments should be as publicized as the vaccine.”

<https://www.vicksburgpost.com/2021/08/21/our-opinion-education-on-covid-19-treatments-should-be-as-publicized-as-the-vaccine/>

It begins by quoting Mississippi State Health Officer, Dr. Thomas Dobbs, “You’re either going to get vaccinated or get COVID-19.”

Leaving aside the belittling, coercive manner of the statement, I will deal with the truthfulness here.

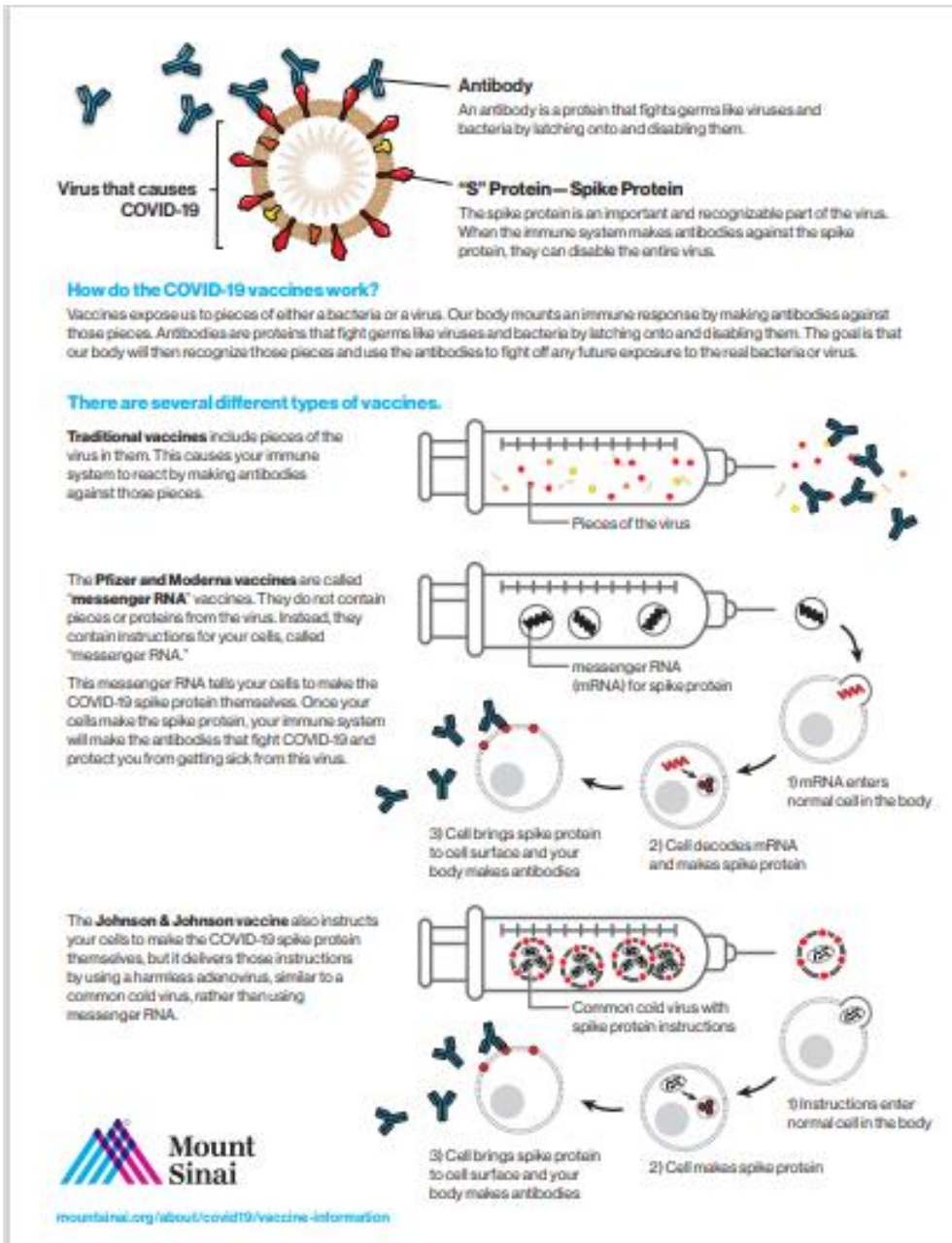
By *early* 2021, the phenomenon of breakthrough cases was well known. Quoting from the article of May 28, 2021: [COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021 | MMWR](#)

“A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021.”

The question that must be asked here is, why do breakthrough cases happen? We see an explanation in the August 21, 2021 article: <https://www.medrxiv.org/content/10.1101/2021.08.19.21262139v1>

“Associations between vaccine breakthrough cases and infection by SARS coronavirus 2 (SARS-CoV-2) variants have remained *largely unexplored*. Here we analyzed SARS-CoV-2 whole-genome sequences and viral loads from 1,373 persons with COVID-19 from the San Francisco Bay Area from February 1 to June 30, 2021, of which 125 (9.1%) were vaccine breakthrough infections. ***Fully vaccinated were more likely than unvaccinated persons to be infected by variants carrying mutations associated with decreased antibody neutralization*** (L452R, L452Q, E484K, and/or F490S) (78% versus 48%, $p = 1.96e-08$), but not by those associated with increased infectivity (L452R and/or N501Y) (85% versus 77%, $p = 0.092$)”

Let me explain basic virology briefly (Dr. Dobbs would have had this information in basic biology classes prior to medical school).



https://www.mountsinai.org/files/MSHealth/Assets/HS/About/Coronavirus/MSHS_COVID-19-Vaccine-Infographic.pdf

“Vaccines expose us to pieces of either a bacterium or a virus. Our body mounts an immune response by making antibodies against those pieces.”

Notice that the “pieces” that produce antibodies due to these vaccines are to the COVID-19 SPIKE PROTEIN.

How do variants differ? The January 6, 2021, article in the Journal of the American Medical Association (JAMA), "[Genetic Variants of SARS-CoV-2—What Do They Mean?](#)" is helpful.

<https://jamanetwork.com/journals/jama/fullarticle/2775006>

"Mutations arise as a natural by-product of viral replication. RNA viruses typically have higher mutation rates than DNA viruses. Coronaviruses, however, make fewer mutations than most RNA viruses because they encode an enzyme that corrects some of the errors made during replication. In most cases, the fate of a newly arising mutation is determined by natural selection. Those that confer a competitive advantage with respect to viral replication, transmission, or escape from immunity will increase in frequency, and those that reduce viral fitness tend to be culled from the population of circulating viruses...

"Genomic surveillance of SARS-CoV-2 variants has largely focused on *mutations in the spike glycoprotein, which mediates attachment to cells and is a major target of neutralizing antibodies.*"

From August 9, 2021, "Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variant. A potential risk for mass vaccination?" we see the following: [https://www.journalofinfection.com/article/S0163-4453\(21\)00392-3/fulltext](https://www.journalofinfection.com/article/S0163-4453(21)00392-3/fulltext)

"Current Covid-19 vaccines (either mRNA or viral vectors) are **based on the original Wuhan spike sequence**. Inasmuch as neutralizing antibodies overwhelm facilitating antibodies, ADE is not a concern. However, the **emergence of SARS-CoV-2 variants may tip the scales in favor of infection enhancement**. Our structural and modeling data suggest that it might be indeed the case for Delta variants.

"In conclusion, **ADE may occur in people receiving vaccines based on the original Wuhan strain spike sequence** (either mRNA or viral vectors) and then exposed to a Delta variant."

So, to summarize, **the vaccines cause immunity by causing the body to produce antibodies to the spike proteins which are the exact pieces of the virus that are mutating to develop new variants.**

"You're either going to get vaccinated or get COVID-19." ~ Dr. Thomas Dobbs

This rhetoric is not only untrue, it is coercive and degrading. And it is deliberate.

More evidence is seen here: https://www.scribd.com/document/545827611/Increases-in-COVID-19-are-unrelated-to-levels-of-vaccination-across-68-countries-and-2947-counties-in-the-United-States#from_embed

In the article written in August 2021, "**Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States,**" we learn that the official narrative being relayed by the "Dr. Dobbs's" of the world is untrue:

"Vaccines currently are the primary mitigation strategy to combat COVID-19 around the world. For instance, the *narrative* related to the ongoing surge of new cases in the United States (US) is argued to be driven by areas with low vaccination rates [1]. A similar *narrative* also has been

observed in countries, such as Germany and the United Kingdom [2]. At the same time, Israel that was hailed for its swift and high rates of vaccination has also seen a substantial resurgence in COVID-19 cases [3]. We investigate the relationship between the percentage of population fully vaccinated and new COVID-19 cases across 68 countries and across 2947 counties in the US....

“Findings: At the country-level, there appears to be ***no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last 7 days*** (Fig. 1). In fact, the trend line ***suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people***. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days. The lack of a meaningful association between percentage population fully vaccinated and new COVID-19 cases is further exemplified, for instance, by comparison of Iceland and Portugal. Both countries have over 75% of their population fully vaccinated and have more COVID-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.”

And here: [https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(21\)00258-1/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(21)00258-1/fulltext)

“The US Centers for Disease Control and Prevention (CDC) identifies four of the top five counties with the highest percentage of fully vaccinated population (99.9–84.3%) as “high” transmission counties. Many decisionmakers assume that the vaccinated can be excluded as a source of transmission. It appears to be ***grossly negligent to ignore the vaccinated population as a possible and relevant source of transmission*** when deciding about public health control measures.”

Why the push for a vaccination that doesn't keep anyone from contracting the virus or passing it on to others? Why is it so important to vaccinate the entire population against a virus that has a 99.+% recovery rate? Why are we told (by Dr. Dobbs and the MSDH) that the vaccines are safe and effective? They clearly are not.

[Mortality \(openvaers.com\)](#)

[COVID Vaccine Data \(openvaers.com\)](#)

<https://goodsciencing.com/covid/71-athletes-suffer-cardiac-arrest-26-die-after-covid-shot/>

<https://www.thegatewaypundit.com/2021/12/reprehensible-reckless-noted-cardiologist-blasts-fda-downplaying-vaccine-induced-myocarditis-approving-experimental-jab-children-says-extraordinary-number-young-pe/>

<https://tobyrogers.substack.com/p/what-is-the-number-needed-to-vaccinate>

<https://www.globalresearch.ca/bombshell-document-dump-pfizer-vaccine-data/5763397>

<https://thenationalpulse.com/news/a-pandemic-of-the-vaccinated/>

Why? Follow the money.

<https://www.cbsnews.com/news/moderna-covid-vaccine-patent-dispute-national-institutes-health/>

"Moderna has made a serious mistake here in not providing the kind of co-inventorship credit to people who played a major role in the development of the vaccine **that they are now making a fair amount of money off of**," NIH Director Dr. Francis Collins told [Reuters](#) last week."

The need for universal vaccination is not the only misleading rhetoric that Dr. Dobbs continues to convey. Again, from The Vicksburg Post article, (not a quote, but information is assumed to have come from Dr. Dobbs):

"Studies have shown that much-politicized Hydroxychloroquine is not an effective preventative drug or treatment for COVID-19, but Remdesivir is available and is shown to consistently help. Ivermectin (which some people are buying at feed stores in a move that is puzzling and ill-informed) is also not proven to be an effective drug to treat COVID-19 even though it's been used in some cases."

In the consideration of time, I'm not even going to discuss the nonsense about hydroxychloroquine or ivermectin (although I will be glad to enlighten anyone who contacts me), and will instead focus on the "helpful" Remdesivir:

- <https://www.who.int/news-room/feature-stories/detail/who-recommends-against-the-use-of-remdesivir-in-covid-19-patients> "WHO has issued a conditional recommendation **against** the use of remdesivir in hospitalized patients, regardless of disease severity, as there is currently no evidence that remdesivir improves survival and other outcomes in these patients."
- <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.**"
- <https://pubmed.ncbi.nlm.nih.gov/33340409/> "**Remdesivir and Acute Renal Failure: A Potential Safety Signal From Disproportionality Analysis of the WHO Safety Database:** Remdesivir is approved for emergency use by the US Food and Drug Administration (FDA) and authorized conditionally by the European Medicines Agency (EMA) for patients with coronavirus disease 2019 (COVID-19). Its benefit-risk ratio is still being explored because **data in the field are rather scant...** detected a **statistically significant pharmacovigilance signal of nephrotoxicity** associated with remdesivir..."
- <https://www.medscape.com/viewarticle/954888> "The latest research comes from Michael Ohl, MD, MSPH, and colleagues who studied a large group of VA patients hospitalized with COVID-19. Compared with a matched group of veterans who did not receive the antiviral, **remdesivir did not significantly improve survival.** The percentages were close: 12.2% of patients in the remdesivir group died within 30 days compared with 10.6% of those in the control group."

So, one has to wonder, why is Remdesivir still recommended instead of the alternative long-used, safe, CHEAP medications like ivermectin? (Oh, I can't help myself, refer below to information about Ivermectin)

- <https://pubmed.ncbi.nlm.nih.gov/33278625/> “There were ***no severe adverse drug events*** recorded in the study. A 5-day course of ***ivermectin was found to be safe and effective*** in treating adult patients with mild COVID-19. Larger trials will be needed to confirm these preliminary findings.”
- <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/> **Table 2e. Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19:** Three drugs are listed in the table-- (1) Remdesivir (2) ***Ivermectin*** (3) Nitazoxanide.
- <https://pubmed.ncbi.nlm.nih.gov/34513523/> “In 28 days of follow-up, ***significant protection of ivermectin preventing the infection*** from SARS-CoV-2 was observed: 1.8% compared to those who did not take it (6.6%; p-value = 0.006), with a **risk reduction of 74%** (HR 0.26, 95% CI [0.10,0.71]).”
- <https://www.redvoicemedia.com/video/2021/10/japan-covid-free-following-ivermectin-rollout/>
- <https://juanchamie.substack.com/p/ivermectin-in-mexico>
- https://www.thedesertreview.com/news/national/ivermectin-obliterates-97-percent-of-delhi-cases/article_6a3be6b2-c31f-11eb-836d-2722d2325a08.html?fbclid=IwAR2wtNgHKLsTvOsRWgTptQH7HogfmQKYkhBkkVg0TrDn xKh47MI9sQ58ISM
- <https://thetruedefender.com/shocking-indonesia-c-19-cases-drastically-lowered-after-the-government-authorized-ivermectin-for-treatment/>
- <https://c19ivermectin.com/chamie.html>

Again, I ask, why would Dr. Dobbs, the Mississippi Department of Health and hospital administrators around Mississippi advocate that ONLY Remdesivir as the protocol medication in the treatment of Covid-19 patients?

I think we have the answer here:

<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. It is despicable. And the wrath of the families of those who have been allowed to die instead of trying other medications will some day come down on all who participated *if* there is any justice.

Some politicians in other states have taken reasonable action.

<https://madisonarealymesupportgroup.com/2021/10/21/groundbreaking-nebraska-ag-says->

[doctors-can-legally-prescribe-ivermectin-hcq-for-covid-calls-out-fda-cdc-fauci-media-for-fueling-confusion-misinformation/](#)

“At the request of the Nebraska Department of Health, on Oct. 15, Nebraska Attorney General Doug Peterson issued a legal opinion that **Nebraska healthcare providers can legally prescribe ivermectin and hydroxychloroquine for the treatment of COVID**, so long as they obtain informed consent from the patient.”

[4 times Florida's new surgeon general bucked the coronavirus consensus \(tampabay.com\)](#)

“Ladapo has expressed doubts about the efficacy of mask mandates — which he made clear with an emergency rule Wednesday affirming the state’s ban on mask mandates in schools. He’s **called for an aggressive expansion of the availability of potential pharmaceutical treatments of the virus**. And he’s criticized lockdowns as inhumane and ineffective.”

<https://resistthemainstream.org/pennsylvania-senate-approves-bill-prohibiting-covid-19-vaccine-mandate-for-k-12-students/>

“Effectively, it means that schools would be prohibited from requiring kids to get a COVID-19 vaccine to attend classes.”

Now you have the information that Dr. Dobbs has withheld as well as the science that he has chosen to twist, the question is, what will you do about it?

Although I am not in favor of the following policy of the Mississippi State Board of Licensure, it appears he not only needs to lose his position but his license as well:

<https://www.msbl.ms.gov/sites/default/files/news/Medical%20Misinformation%20Policy%2009%202021.pdf>

Prove me wrong.

Cordially,

Carol Hill, MD (retired)

Cc: Senator Joey Fillingane, Commissioner Andy Gipson, Senator Chris McDaniel

9. Email to Governor Reeves, Lt. Governor Hosemann, Speaker Gunn, Representative Mims, Representative McGee, Representative Aguirre, Representative Bain, Representative Bell, Representative Burnett, Representative Calvert, Representative Clark, Representative Criswell, Representative Crudup, Representative Currie, Representative Eubanks, Representative Felsher, Representative Ford, Representative Hines, Representative Karriem, Representative McKnight, Representative McLean, Representative Paden, Representative Powell, Representative Read, Representative Roberson, Representative Sanford, Representative Scoggin, Representative Scott, Representative Shanks, Representative Summers, Representative Thompson, Representative White, Senator Bryan, Senator Parker, Senator Barnett, Senator Blackmon, Senator Blackwell, Senator Blount, Senator Caughman, Senator DeBar, Senator Fillingane, Senator Frazier, Senator Harkins, Senator Hopson, Senator Horhn, Senator Johnson, Senator McMahan, Senator Parks, Senator Polk, Senator Tate, Senator Wiggins – February 27, 2022

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 \(ESP:VAERS\) \(openvaers.com\)](https://openvaers.com)

Also from the VAERS site:



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://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

10. Emailed to Governor Reeves, Lt. Governor Hosemann, Speaker Gunn, Representative Mims, Representative McGee, Representative Aguirre, Representative Bain, Representative Bell, Representative Burnett, Representative Calvert, Representative Clark, Representative Criswell, Representative Crudup, Representative Currie, Representative Eubanks, Representative Felsher, Representative Ford, Representative Hines, Representative Karriem, Representative McKnight, Representative McLean, Representative Paden, Representative Powell, Representative Read, Representative Roberson, Representative Sanford, Representative Scoggin, Representative Scott, Representative Shanks, Representative Summers, Representative Thompson, Representative White, Senator Bryan, Senator Parker, Senator Barnett, Senator Blackmon, Senator Blackwell, Senator Blount, Senator Caughman, Senator DeBar, Senator Fillingane, Senator Frazier, Senator Harkins, Senator Hopson, Senator Horhn, Senator Johnson, Senator McMahan, Senator Parks, Senator Polk, Senator Tate, Senator Wiggins – March 2, 2022

Court ordered Pfizer Documents have been released.

Public Records Releases are a beautiful thing. No one can say they were unaware.

More is coming. Do the right thing. Support Senator McDaniel's amendment.

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST 1p36 deletion syndrome; 2-Hydroxyglutaric aciduria; 5'nucleotidase increased; Acoustic neuritis; Acquired C1 inhibitor deficiency; Acquired epidermolysis bullosa; Acquired epileptic aphasia; Acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neutrophilic dermatosis; Acute flaccid myelitis; Acute haemorrhagic leukoencephalitis; Acute haemorrhagic oedema of infancy; Acute kidney injury; Acute macular outer retinopathy; Acute motor axonal neuropathy; Acute motor-sensory axonal neuropathy; Acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure; Addison's disease; Administration site thrombosis; Administration site vasculitis; Adrenal thrombosis; Adverse event following immunisation; Ageusia; Agranulocytosis; Air embolism; Alanine aminotransferase abnormal; Alanine aminotransferase increased; Alcoholic seizure; Allergic bronchopulmonary mycosis; Allergic oedema; Alloimmune hepatitis; Alopecia areata; Alpers disease; Alveolar proteinosis; Ammonia abnormal; Ammonia increased; Amniotic cavity infection; Amygdalohippocampectomy; Amyloid arthropathy; Amyloidosis; Amyloidosis

senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;AntiGAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Antiinsulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;AntiVGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune

hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial spondyloarthritis;Axillary vein thrombosis;Axonal and demyelinating polyneuropathy;Axonal neuropathy;Bacterascites;Baltic myoclonic epilepsy;Band sensation;Basedow's disease;Basilar artery thrombosis;Basophilopenia;B-cell aplasia;Behcet's syndrome;Benign ethnic neutropenia;Benign familial neonatal convulsions;Benign familial pemphigus;Benign rolandic epilepsy;Beta-2 glycoprotein antibody positive;Bickerstaff's encephalitis;Bile output abnormal;Bile output decreased;Biliary ascites;Bilirubin conjugated abnormal;Bilirubin conjugated increased;Bilirubin urine present;Biopsy liver abnormal;Biotinidase deficiency;Birdshot chorioretinopathy;Blood alkaline phosphatase abnormal;Blood alkaline phosphatase increased;Blood bilirubin abnormal;Blood bilirubin increased;Blood bilirubin unconjugated increased;Blood cholinesterase abnormal;Blood cholinesterase decreased;Blood pressure decreased;Blood pressure diastolic decreased;Blood pressure systolic decreased;Blue toe syndrome;Brachiocephalic vein thrombosis;Brain stem embolism;Brain stem thrombosis;Bromosulphthalein test abnormal;Bronchial oedema;Bronchitis;Bronchitis mycoplasmal;Bronchitis viral;Bronchopulmonary aspergillosis allergic;Bronchospasm;BuddChiari syndrome;Bulbar palsy;Butterfly rash;C1q nephropathy;Caesarean section;Calcium embolism;Capillaritis;Caplan's syndrome;Cardiac amyloidosis;Cardiac arrest;Cardiac failure;Cardiac failure acute;Cardiac sarcoidosis;Cardiac ventricular thrombosis;Cardiogenic shock;Cardiolipin antibody positive;Cardiopulmonary failure;Cardio-respiratory arrest;Cardio-respiratory distress;Cardiovascular insufficiency;Carotid arterial embolus;Carotid artery thrombosis;Cataplexy;Catheter site thrombosis;Catheter site vasculitis;Cavernous sinus thrombosis;CDKL5 deficiency disorder;CEC syndrome;Cement embolism;Central nervous system lupus;Central nervous system vasculitis;Cerebellar artery thrombosis;Cerebellar embolism;Cerebral amyloid angiopathy;Cerebral arteritis;Cerebral artery embolism;Cerebral artery thrombosis;Cerebral gas embolism;Cerebral microembolism;Cerebral septic infarct;Cerebral thrombosis;Cerebral venous sinus thrombosis;Cerebral venous thrombosis;Cerebrospinal thrombotictamponade;Cerebrovascular accident;Change in seizure presentation;Chest discomfort;ChildPugh-Turcotte score abnormal;Child-Pugh-Turcotte score increased;Chillblains;Choking;Choking sensation;Cholangitis sclerosing;Chronic autoimmune glomerulonephritis;Chronic cutaneous lupus erythematosus;Chronic fatigue syndrome;Chronic gastritis;Chronic inflammatory demyelinating polyradiculoneuropathy;Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids;Chronic recurrent multifocal osteomyelitis;Chronic respiratory failure;Chronic spontaneous urticaria;Circulatory collapse;Circumoral oedema;Circumoral swelling;Clinically isolated syndrome;Clonic convulsion;Coeliac disease;Cogan's syndrome;Cold agglutinins positive;Cold type haemolytic

anaemia;Colitis;Colitis erosive;Colitis herpes;Colitis microscopic;Colitis ulcerative;Collagen disorder;Collagen-vascular disease;Complement factor abnormal;Complement factor C1 decreased;Complement factor C2 decreased;Complement factor C3 decreased;Complement factor C4 decreased;Complement factor decreased;Computerised tomogram liver abnormal;Concentric sclerosis;Congenital anomaly;Congenital bilateral perisylvian syndrome;Congenital herpes simplex infection;Congenital myasthenic syndrome;Congenital varicella infection;Congestive hepatopathy;Convulsion in childhood;Convulsions local;Convulsive threshold lowered;Coombs positive haemolytic anaemia;Coronary artery disease;Coronary artery embolism;Coronary artery thrombosis;Coronary bypass thrombosis;Coronavirus infection;Coronavirus test;Coronavirus test negative;Coronavirus test positive;Corpus callosotomy;Cough;Cough variant asthma;COVID-19;COVID-19 immunisation;COVID-19 pneumonia;COVID-19 prophylaxis;COVID-19 treatment;Cranial nerve disorder;Cranial nerve palsies multiple;Cranial nerve paralysis;CREST syndrome;Crohn's disease;Cryofibrinogenaemia;Cryoglobulinaemia;CSF oligoclonal band present;CSWS syndrome;Cutaneous amyloidosis;Cutaneous lupus erythematosus;Cutaneous sarcoidosis;Cutaneous vasculitis;Cyanosis;Cyclic neutropenia;Cystitis interstitial;Cytokine release syndrome;Cytokine storm;De novo purine synthesis inhibitors associated acute inflammatory syndrome;Death neonatal;Deep vein thrombosis;Deep vein thrombosis postoperative;Deficiency of bile secretion;Deja vu;Demyelinating polyneuropathy;Demyelination;Dermatitis;Dermatitis bullous;Dermatitis herpetiformis;Dermatomyositis;Device embolisation;Device related thrombosis;Diabetes mellitus;Diabetic ketoacidosis;Diabetic mastopathy;Dialysis amyloidosis;Dialysis membrane reaction;Diastolic hypotension;Diffuse vasculitis;Digital pitting scar;Disseminated intravascular coagulation;Disseminated intravascular coagulation in newborn;Disseminated neonatal herpes simplex;Disseminated varicella;Disseminated varicella zoster vaccine virus infection;Disseminated varicella zoster virus infection;DNA antibody positive;Double cortex syndrome;Double stranded DNA antibody positive;Dreamy state;Dressler's syndrome;Drop attacks;Drug withdrawal convulsions;Dyspnoea;Early infantile epileptic encephalopathy with burst-suppression;Eclampsia;Eczema herpeticum;Embolia cutis medicamentosa;Embolic cerebellar infarction;Embolic cerebral infarction;Embolic pneumonia;Embolic stroke;Embolism;Embolism arterial;Embolism venous;Encephalitis;Encephalitis allergic;Encephalitis autoimmune;Encephalitis brain stem;Encephalitis haemorrhagic;Encephalitis periaxialis diffusa;Encephalitis post immunisation;Encephalomyelitis;Encephalopathy;Endocrine disorder;Endocrine ophthalmopathy;Endotracheal intubation;Enteritis;Enteritis leukopenic;Enterobacter pneumonia;Enterocolitis;Enteropathic spondylitis;Eosinopenia;Eosinophilic fasciitis;Eosinophilic granulomatosis with polyangiitis;Eosinophilic oesophagitis;Epidermolysis;Epilepsy;Epilepsy surgery;Epilepsy with myoclonic-atonic seizures;Epileptic aura;Epileptic psychosis;Erythema;Erythema induratum;Erythema multiforme;Erythema nodosum;Evans syndrome;Exanthema subitum;Expanded disability status scale score decreased;Expanded disability status scale score increased;Exposure to communicable disease;Exposure to SARS-

CoV-2; Eye oedema; Eye pruritus; Eye swelling; Eyelid oedema; Face oedema; Facial paralysis; Facial paresis; Faciobrachial dystonic seizure; Fat embolism; Febrile convulsion; Febrile infection-related epilepsy syndrome; Febrile neutropenia; Felty's syndrome; Femoral artery embolism; Fibrillary glomerulonephritis; Fibromyalgia; Flushing; Foaming at mouth; Focal cortical resection; Focal dyscognitive seizures; Foetal distress syndrome; Foetal placental thrombosis; Foetor hepaticus; Foreign body embolism; Frontal lobe epilepsy; Fulminant type 1 diabetes mellitus; Galactose elimination capacity test abnormal; Galactose elimination capacity test decreased; Gamma-glutamyltransferase abnormal; Gamma-glutamyltransferase increased; Gastritis herpes; Gastrointestinal amyloidosis; Gelastic seizure; Generalised onset non-motor seizure; Generalised tonic-clonic seizure; Genital herpes; Genital herpes simplex; Genital herpes zoster; Giant cell arteritis; Glomerulonephritis; Glomerulonephritis membranoproliferative; Glomerulonephritis membranous; Glomerulonephritis rapidly progressive; Glossopharyngeal nerve paralysis; Glucose transporter type 1 deficiency syndrome; Glutamate dehydrogenase increased; Glycocholic acid increased; GM2 gangliosidosis; Goodpasture's syndrome; Graft thrombosis; Granulocytopenia; Granulocytopenia neonatal; Granulomatosis with polyangiitis; Granulomatous dermatitis; Grey matter heterotopia; Guanase increased; GuillainBarre syndrome; Haemolytic anaemia; Haemophagocytic lymphohistiocytosis; Haemorrhage; Haemorrhagic ascites; Haemorrhagic disorder; Haemorrhagic pneumonia; Haemorrhagic varicella syndrome; Haemorrhagic vasculitis; Hantavirus pulmonary infection; Hashimoto's encephalopathy; Hashitoxicosis; Hemimegalencephaly; Henoch-Schonlein purpura; Henoch-Schonlein purpura nephritis; Hepaplastin abnormal; Hepaplastin decreased; Heparin-induced thrombocytopenia; Hepatic amyloidosis; Hepatic artery embolism; Hepatic artery flow decreased; Hepatic artery thrombosis; Hepatic enzyme abnormal; Hepatic enzyme decreased; Hepatic enzyme increased; Hepatic fibrosis marker abnormal; Hepatic fibrosis marker increased; Hepatic function abnormal; Hepatic hydrothorax; Hepatic hypertrophy; Hepatic hypoperfusion; Hepatic lymphocytic infiltration; Hepatic mass; Hepatic pain; Hepatic sequestration; Hepatic vascular resistance increased; Hepatic vascular thrombosis; Hepatic vein embolism; Hepatic vein thrombosis; Hepatic venous pressure gradient abnormal; Hepatic venous pressure gradient increased; Hepatitis; Hepatobiliary scan abnormal; Hepatomegaly; Hepatosplenomegaly; Hereditary angioedema with C1 esterase inhibitor deficiency; Herpes dermatitis; Herpes gestationis; Herpes oesophagitis; Herpes ophthalmic; Herpes pharyngitis; Herpes sepsis; Herpes simplex; Herpes simplex cervicitis; Herpes simplex colitis; Herpes simplex encephalitis; Herpes simplex gastritis; Herpes simplex hepatitis; Herpes simplex meningitis; Herpes simplex meningoencephalitis; Herpes simplex meningomyelitis; Herpes simplex necrotising retinopathy; Herpes simplex oesophagitis; Herpes simplex otitis externa; Herpes simplex pharyngitis; Herpes simplex pneumonia; Herpes simplex reactivation; Herpes simplex sepsis; Herpes simplex viraemia; Herpes simplex virus conjunctivitis neonatal; Herpes simplex visceral; Herpes virusinfection; Herpes zoster; Herpes zoster cutaneous disseminated; Herpes zoster infection neurological; Herpes zoster meningitis; Herpes zoster meningoencephalitis; Herpes zoster meningomyelitis; Herpes zoster meningoradiculitis; Herpes

zoster necrotising retinopathy;Herpes zoster oticus;Herpes zoster pharyngitis;Herpes zoster reactivation;Herpetic radiculopathy;Histone antibody positive;Hoigne's syndrome;Human herpesvirus 6 encephalitis;Human herpesvirus 6 infection;Human herpesvirus 6 infection reactivation;Human herpesvirus 7 infection;Human herpesvirus 8 infection;Hyperammonaemia;Hyperbilirubinaemia;Hypercholia;Hypergammaglobulinaemia benign monoclonal;Hyperglycaemic seizure;Hypersensitivity;Hypersensitivity vasculitis;Hyperthyroidism;Hypertransaminaemia;Hyperventilation;Hypoalbuminaemia;Hypocalcaemic seizure;Hypogammaglobulinaemia;Hypoglossal nerve paralysis;Hypoglossal nerve paresis;Hypoglycaemic seizure;Hyponatraemic seizure;Hypotension;Hypotensive crisis;Hypothenar hammer syndrome;Hypothyroidism;Hypoxia;Idiopathic CD4 lymphocytopenia;Idiopathic generalised epilepsy;Idiopathic interstitial pneumonia;Idiopathic neutropenia;Idiopathic pulmonary fibrosis;IgA nephropathy;IgM nephropathy;Iliad nerve paralysis;Iliad nerve paresis;Iliac artery embolism;Immune thrombocytopenia;Immunemediated adverse reaction;Immune-mediated cholangitis;Immune-mediated cholestasis;Immune-mediated cytopenia;Immune-mediated encephalitis;Immune-mediated encephalopathy;Immune-mediated endocrinopathy;Immune-mediated enterocolitis;Immunemediated gastritis;Immune-mediated hepatic disorder;Immune-mediated hepatitis;Immunemediated hyperthyroidism;Immune-mediated hypothyroidism;Immune-mediated myocarditis;Immune-mediated myositis;Immune-mediated nephritis;Immune-mediated neuropathy;Immune-mediated pancreatitis;Immune-mediated pneumonitis;Immune-mediated renal disorder;Immune-mediated thyroiditis;Immune-mediated uveitis;Immunoglobulin G4 related disease;Immunoglobulins abnormal;Implant site thrombosis;Inclusion body myositis;Infantile genetic agranulocytosis;Infantile spasms;Infected vasculitis;Infective thrombosis;Inflammation;Inflammatory bowel disease;Infusion site thrombosis;Infusion site vasculitis;Injection site thrombosis;Injection site urticaria;Injection site vasculitis;Instillation site thrombosis;Insulin autoimmune syndrome;Interstitial granulomatous dermatitis;Interstitial lung disease;Intracardiac mass;Intracardiac thrombus;Intracranial pressure increased;Intrapericardial thrombosis;Intrinsic factor antibody abnormal;Intrinsic factor antibody positive;IPEX syndrome;Irregular breathing;IRVAN syndrome;IVth nerve paralysis;IVth nerve paresis;JC polyomavirus test positive;JC virus CSF test positive;Jeavons syndrome;Jugular vein embolism;Jugular vein thrombosis;Juvenile idiopathic arthritis;Juvenile myoclonic epilepsy;Juvenile polymyositis;Juvenile psoriatic arthritis;Juvenile spondyloarthritis;Kaposi sarcoma inflammatory cytokine syndrome;Kawasaki's disease;Kayser-Fleischer ring;Keratoderma blenorrhagica;Ketosisprone diabetes mellitus;Kounis syndrome;Lafora's myoclonic epilepsy;Lambli's excrescences;Laryngeal dyspnoea;Laryngeal oedema;Laryngeal rheumatoid arthritis;Laryngospasm;Laryngotracheal oedema;Latent autoimmune diabetes in adults;LE cells present;Lemierre syndrome;Lennox-Gastaut syndrome;Leucine aminopeptidase increased;Leukoencephalomyelitis;Leukoencephalopathy;Leukopenia;Leukopenia neonatal;Lewis-Sumner syndrome;Lhermitte's sign;Lichen planopilaris;Lichen planus;Lichen sclerosis;Limbic encephalitis;Linear IgA disease;Lip oedema;Lip swelling;Liver function test

abnormal;Liver function test decreased;Liver function test increased;Liver induration;Liver injury;Liver iron concentration abnormal;Liver iron concentration increased;Liver opacity;Liver palpable;Liver sarcoidosis;Liver scan abnormal;Liver tenderness;Low birth weight baby;Lower respiratory tract herpes infection;Lower respiratory tract infection;Lower respiratory tract infection viral;Lung abscess;Lupoid hepatic cirrhosis;Lupus cystitis;Lupus encephalitis;Lupus endocarditis;Lupus enteritis;Lupus hepatitis;Lupus myocarditis;Lupus myositis;Lupus nephritis;Lupus pancreatitis;Lupus pleurisy;Lupus pneumonitis;Lupus vasculitis;Lupus-like syndrome;Lymphocytic hypophysitis;Lymphocytopenia neonatal;Lymphopenia;MAGIC syndrome;Magnetic resonance imaging liver abnormal;Magnetic resonance proton density fat fraction measurement;Mahler sign;Manufacturing laboratory analytical testing issue;Manufacturing materials issue;Manufacturing production issue;Marburg's variant multiple sclerosis;Marchiafava-Bignami disease;Marine Lenhart syndrome;Mastocytic enterocolitis;Maternal exposure during pregnancy;Medical device site thrombosis;Medical device site vasculitis;MELAS syndrome;Meningitis;Meningitis aseptic;Meningitis herpes;Meningoencephalitis herpes simplex neonatal;Meningoencephalitis herpetic;Meningomyelitis herpes;MERS-CoV test;MERS-CoV test negative;MERS-CoV test positive;Mesangioproliferative glomerulonephritis;Mesenteric artery embolism;Mesenteric artery thrombosis;Mesenteric vein thrombosis;Metapneumovirus infection;Metastatic cutaneous Crohn's disease;Metastatic pulmonary embolism;Microangiopathy;Microembolism;Microscopic polyangiitis;Middle East respiratory syndrome;Migraine-triggered seizure;Miliary pneumonia;Miller Fisher syndrome;Mitochondrial aspartate aminotransferase increased;Mixed connective tissue disease;Model for end stage liver disease score abnormal;Model for end stage liver disease score increased;Molar ratio of total branched-chain amino acid to tyrosine;Molybdenum cofactor deficiency;Monocytopenia;Mononeuritis;Mononeuropathy multiplex;Morphaea;Morvan syndrome;Mouth swelling;Moyamoya disease;Multifocal motor neuropathy;Multiple organ dysfunction syndrome;Multiple sclerosis;Multiple sclerosis relapse;Multiple sclerosis relapse prophylaxis;Multiple subpial transection;Multisystem inflammatory syndrome in children;Muscular sarcoidosis;Myasthenia gravis;Myasthenia gravis crisis;Myasthenia gravis neonatal;Myasthenic syndrome;Myelitis;Myelitis transverse;Myocardial infarction;Myocarditis;Myocarditis post infection;Myoclonic epilepsy;Myoclonic epilepsy and ragged-red fibres;Myokymia;Myositis;Narcolepsy;Nasal herpes;Nasal obstruction;Necrotising herpetic retinopathy;Neonatal Crohn's disease;Neonatal epileptic seizure;Neonatal lupus erythematosus;Neonatal mucocutaneous herpes simplex;Neonatal pneumonia;Neonatal seizure;Nephritis;Nephrogenic systemic fibrosis;Neuralgic amyotrophy;Neuritis;Neuritis cranial;Neuromyelitis optica pseudo relapse;Neuromyelitis optica spectrum disorder;Neuromyotonia;Neuronal neuropathy;Neuropathy peripheral;Neuropathy, ataxia, retinitis pigmentosa syndrome;Neuropsychiatric lupus;Neurosarcoidosis;Neutropenia;Neutropenia neonatal;Neutropenic colitis;Neutropenic infection;Neutropenic sepsis;Nodular rash;Nodular vasculitis;Noninfectious myelitis;Noninfective encephalitis;Noninfective encephalomyelitis;Noninfective

oophoritis;Obstetrical pulmonary embolism;Occupational exposure to communicable disease;Occupational exposure to SARS-CoV-2;Ocular hyperaemia;Ocular myasthenia;Ocular pemphigoid;Ocular sarcoidosis;Ocular vasculitis;Oculofacial paralysis;Oedema;Oedema blister;Oedema due to hepatic disease;Oedema mouth;Oesophageal achalasia;Ophthalmic artery thrombosis;Ophthalmic herpes simplex;Ophthalmic herpes zoster;Ophthalmic vein thrombosis;Optic neuritis;Optic neuropathy;Optic perineuritis;Oral herpes;Oral lichen planus;Oropharyngeal oedema;Oropharyngeal spasm;Oropharyngeal swelling;Osmotic demyelination syndrome;Ovarian vein thrombosis;Overlap syndrome;Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection;Paget-Schroetter syndrome;Palindromic rheumatism;Palisaded neutrophilic granulomatous dermatitis;Palmoplantar keratoderma;Palpable purpura;Pancreatitis;Panencephalitis;Papillophlebitis;Paracancerous pneumonia;Paradoxical embolism;Parainfluenzae viral laryngotracheobronchitis;Paraneoplastic dermatomyositis;Paraneoplastic pemphigus;Paraneoplastic thrombosis;Paresis cranial nerve;Parietal cell antibody positive;Paroxysmal nocturnal haemoglobinuria;Partial seizures;Partial seizures with secondary generalisation;Patient isolation;Pelvic venous thrombosis;Pemphigoid;Pemphigus;Penile vein thrombosis;Pericarditis;Pericarditis lupus;Perihepatic discomfort;Periorbital oedema;Periorbital swelling;Peripheral artery thrombosis;Peripheral embolism;Peripheral ischaemia;Peripheral vein thrombus extension;Periportal oedema;Peritoneal fluid protein abnormal;Peritoneal fluid protein decreased;Peritoneal fluid protein increased;Peritonitis lupus;Pernicious anaemia;Petit mal epilepsy;Pharyngeal oedema;Pharyngeal swelling;Pityriasis lichenoides et varioliformis acuta;Placenta praevia;Pleuroparenchymal fibroelastosis;Pneumobilia;Pneumonia;Pneumonia adenoviral;Pneumonia cytomegaloviral;Pneumonia herpes viral;Pneumonia influenzal;Pneumonia measles;Pneumonia mycoplasmal;Pneumonia necrotising;Pneumonia parainfluenzae viral;Pneumonia respiratory syncytial viral;Pneumonia viral;POEMS syndrome;Polyarteritis nodosa;Polyarthritis;Polychondritis;Polyglandular autoimmune syndrome type I;Polyglandular autoimmune syndrome type II;Polyglandular autoimmune syndrome type III;Polyglandular disorder;Polymicrogyria;Polymyalgia rheumatica;Polymyositis;Polyneuropathy;Polyneuropathy idiopathic progressive;Portal pyaemia;Portal vein embolism;Portal vein flow decreased;Portal vein pressure increased;Portal vein thrombosis;Portosplenomesenteric venous thrombosis;Post procedural hypotension;Post procedural pneumonia;Post procedural pulmonary embolism;Post stroke epilepsy;Post stroke seizure;Post thrombotic retinopathy;Post thrombotic syndrome;Post viral fatigue syndrome;Postictal headache;Postictal paralysis;Postictal psychosis;Postictal state;Postoperative respiratory distress;Postoperative respiratory failure;Postoperative thrombosis;Postpartum thrombosis;Postpartum venous thrombosis;Postpericardiotomy syndrome;Post-traumatic epilepsy;Postural orthostatic tachycardia syndrome;Precerebral artery thrombosis;Pre-eclampsia;Preictal state;Premature labour;Premature menopause;Primary amyloidosis;Primary biliary cholangitis;Primary progressive multiple sclerosis;Procedural shock;Proctitis herpes;Proctitis ulcerative;Product availability issue;Product

distribution issue;Product supply issue;Progressive facial hemiatrophy;Progressive multifocal leukoencephalopathy;Progressive multiple sclerosis;Progressive relapsing multiple sclerosis;Prosthetic cardiac valve thrombosis;Pruritus;Pruritus allergic;Pseudovasculitis;Psoriasis;Psoriatic arthropathy;Pulmonary amyloidosis;Pulmonary artery thrombosis;Pulmonary embolism;Pulmonary fibrosis;Pulmonary haemorrhage;Pulmonary microemboli;Pulmonary oil microembolism;Pulmonary renal syndrome;Pulmonary sarcoidosis;Pulmonary sepsis;Pulmonary thrombosis;Pulmonary tumour thrombotic microangiopathy;Pulmonary vasculitis;Pulmonary veno-occlusive disease;Pulmonary venous thrombosis;Pyoderma gangrenosum;Pyostomatitis vegetans;Pyrexia;Quarantine;Radiation leukopenia;Radiculitisbrachial;Radiologically isolated syndrome;Rash;Rash erythematous;Rash pruritic;Rasmussen encephalitis;Raynaud's phenomenon;Reactive capillary endothelial proliferation;Relapsing multiple sclerosis;Relapsing-remitting multiple sclerosis;Renal amyloidosis;Renal arteritis;Renal artery thrombosis;Renal embolism;Renal failure;Renal vascular thrombosis;Renal vasculitis;Renal vein embolism;Renal vein thrombosis;Respiratory arrest;Respiratory disorder;Respiratory distress;Respiratory failure;Respiratory paralysis;Respiratory syncytial virus bronchiolitis;Respiratory syncytial virus bronchitis;Retinal artery embolism;Retinal artery occlusion;Retinal artery thrombosis;Retinal vascular thrombosis;Retinal vasculitis;Retinal vein occlusion;Retinal vein thrombosis;Retinol binding protein decreased;Retinopathy;Retrograde portal vein flow;Retroperitoneal fibrosis;Reversible airways obstruction;Reynold's syndrome;Rheumatic brain disease;Rheumatic disorder;Rheumatoid arthritis;Rheumatoid factor increased;Rheumatoid factor positive;Rheumatoid factor quantitative increased;Rheumatoid lung;Rheumatoid neutrophilic dermatosis;Rheumatoid nodule;Rheumatoid nodule removal;Rheumatoid scleritis;Rheumatoid vasculitis;Saccadic eye movement;SAPHO syndrome;Sarcoidosis;SARS-CoV-1 test;SARS-CoV-1 test negative;SARS-CoV-1 test positive;SARS-CoV-2 antibody test;SARS-CoV-2 antibody test negative;SARS-CoV-2 antibody test positive;SARS-CoV-2 carrier;SARS-CoV-2 sepsis;SARS-CoV-2 test;SARSCoV-2 test false negative;SARS-CoV-2 test false positive;SARS-CoV-2 test negative;SARSCoV-2 test positive;SARS-CoV-2 viraemia;Satoyoshi syndrome;Schizencephaly;Scleritis;Sclerodactylia;Scleroderma;Scleroderma associated digital ulcer;Scleroderma renal crisis;Scleroderma-like reaction;Secondary amyloidosis;Secondary cerebellar degeneration;Secondary progressive multiple sclerosis;Segmented hyalinising vasculitis;Seizure;Seizure anoxic;Seizure cluster;Seizure like phenomena;Seizure prophylaxis;Sensation of foreign body;Septic embolus;Septic pulmonary embolism;Severe acute respiratory syndrome;Severe myoclonic epilepsy of infancy;Shock;Shock symptom;Shrinking lung syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjogren's syndrome;Skin swelling;SLE arthritis;Smooth muscle antibody positive;Sneezing;Spinal artery embolism;Spinal artery thrombosis;Splenic artery thrombosis;Splenic embolism;Splenic thrombosis;Splenic vein thrombosis;Spondylitis;Spondyloarthropathy;Spontaneous heparin-induced thrombocytopenia syndrome;Status epilepticus;Stevens-Johnson syndrome;Stiff leg syndrome;Stiff person syndrome;Stillbirth;Still's disease;Stoma site thrombosis;Stoma site vasculitis;Stress cardiomyopathy;Stridor;Subacute cutaneous lupus erythematosus;Subacute

endocarditis;Subacute inflammatory demyelinating polyneuropathy;Subclavian artery embolism;Subclavian artery thrombosis;Subclavian vein thrombosis;Sudden unexplained death in epilepsy;Superior sagittal sinus thrombosis;Susac's syndrome;Suspected COVID19;Swelling;Swelling face;Swelling of eyelid;Swollen tongue;Sympathetic ophthalmia;Systemic lupus erythematosus;Systemic lupus erythematosus disease activity index abnormal;Systemic lupus erythematosus disease activity index decreased;Systemic lupus erythematosus disease activity index increased;Systemic lupus erythematosus rash;Systemic scleroderma;Systemic sclerosis pulmonary;Tachycardia;Tachypnoea;Takayasu's arteritis;Temporal lobe epilepsy;Terminal ileitis;Testicular autoimmunity;Throat tightness;Thromboangiitis obliterans;Thrombocytopenia;Thrombocytopenic purpura;Thrombophlebitis;Thrombophlebitis migrans;Thrombophlebitis neonatal;Thrombophlebitis septic;Thrombophlebitis superficial;Thromboplastin antibody positive;Thrombosis;Thrombosis corpora cavernosa;Thrombosis in device;Thrombosis mesenteric vessel;Thrombotic cerebral infarction;Thrombotic microangiopathy;Thrombotic stroke;Thrombotic thrombocytopenic purpura;Thyroid disorder;Thyroid stimulating immunoglobulin increased;Thyroiditis;Tongue amyloidosis;Tongue biting;Tongue oedema;Tonic clonic movements;Tonic convulsion;Tonic posturing;Topectomy;Total bile acids increased;Toxic epidermal necrolysis;Toxic leukoencephalopathy;Toxic oil syndrome;Tracheal obstruction;Tracheal oedema;Tracheobronchitis;Tracheobronchitis mycoplasmal;Tracheobronchitis viral;Transaminases abnormal;Transaminases increased;Transfusion-related alloimmune neutropenia;Transient epileptic amnesia;Transverse sinus thrombosis;Trigeminal nerve paresis;Trigeminal neuralgia;Trigeminal palsy;Truncus coeliacus thrombosis;Tuberous sclerosis complex;Tubulointerstitial nephritis and uveitis syndrome;Tumefactive multiple sclerosis;Tumour embolism;Tumour thrombosis;Type 1 diabetes mellitus;Type I hypersensitivity;Type III immune complex mediated reaction;Uhthoff's phenomenon;Ulcerative keratitis;Ultrasound liver abnormal;Umbilical cord thrombosis;Uncinate fits;Undifferentiated connective tissue disease;Upper airway obstruction;Urine bilirubin increased;Urobilinogen urine decreased;Urobilinogen urine increased;Urticaria;Urticaria papular;Urticarial vasculitis;Uterine rupture;Uveitis;Vaccination site thrombosis;Vaccination site vasculitis;Vagus nerve paralysis;Varicella;Varicella keratitis;Varicella post vaccine;Varicella zoster gastritis;Varicella zoster oesophagitis;Varicella zoster pneumonia;Varicella zoster sepsis;Varicella zoster virus infection;Vasa praevia;Vascular graft thrombosis;Vascular pseudoaneurysm thrombosis;Vascular purpura;Vascular stent thrombosis;Vasculitic rash;Vasculitic ulcer;Vasculitis;Vasculitis gastrointestinal;Vasculitis necrotising;Vena cava embolism;Vena cava thrombosis;Venous intravasation;Venous recanalisation;Venous thrombosis;Venous thrombosis in pregnancy;Venous thrombosis limb;Venous thrombosis neonatal;Vertebral artery thrombosis;Vessel puncture site thrombosis;Visceral venous thrombosis;VIth nerve paralysis;VIth nerve paresis;Vitiligo;Vocal cord paralysis;Vocal cord paresis;Vogt-Koyanagi-Harada disease;Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated

Guillain Barre syndrome.

Carol Hill, MD (retired)

Diamondhead, MS

11. Emailed to Lt. Governor Hosemann, Senator Kirby, Senator Barnett, Senator Barrett, Senator Blackmon, Senator Blackwell, Senator Blount, Senator Boyd, Senator Branning, Senator Bryan, Senator A. Butler, Senator K. Butler, Senator Carter, Senator Caughman, Senator Chassaniol, Senator Chism, Senator DeBar, Senator Delano, Senator England, Senator Fillingane, Senator Frazier, Senator Harkins, Senator Hickman, Senator Hill, Senator Hopson, Senator Horhn, Senator Jackson, Senator Johnson, Senator Jordan, Senator McCaughn, Senator McDaniel, Senator McLendon, Senator McMahan, Senator Michel, Senator Moran, Senator Norwood, Senator Parker, Senator Parks, Senator Polk, Senator Seymour, Senator Simmons, Senator Sojourner, Senator Sparks, Senator Suber, Senator Tate, Senator Thomas, Senator Thompson, Senator Turner, Senator Whaley, Senator Wiggins, Senator Williams, Senator Younger – March 10, 2023

No. The Covid vaccines DO NOT cure Covid-19.

[Week 9 UK data on COVID & the latest available Scottish data shows us negative efficacy, & that protection wanes fast & hospitalization & death escalates for booster \(3rd\) shot; older at greatest risk \(substack.com\)](#)

Why don't you know the devastating statistics related to the vaccines?

BECAUSE the CDC has been hiding it from you:

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

After a lawsuit by scientists to force the CDC to release the information used to give Emergency Use Authorization to the Pfizer vaccine, the CDC initially said it would take 55 years but later amended that to 75 years. But a judge said, NO:

[Forget 55 Years, FDA Now Says Will Take 75 Years to Release Pfizer Covid Vaccine Data - Election Central \(uspresidentialelectionnews.com\)](#)

[Judge scraps 75-year FDA timeline to release Pfizer vaccine safety data, giving agency eight months | Washington Examiner](#)

This is from the recently released 55,000 pages of documents. There are NINE single spaced pages of adverse reactions:

[5.3.6-postmarketing-experience.pdf \(phmpt.org\)](#)

On page 7 is this chart:

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

	Characteristics	Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 ^a
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

THAT'S 1223 FATALITIES OUT OF 42,086

ONE OUT OF EVERY 35 PEOPLE DIED!!!

And YOU refuse to stop all mandates.

Because you are so misinformed that you actually believe the vaccines cure covid?!

WHERE IS YOUR DATA?

Disgusted,

Carol Hill MD (retired)

Diamondhead, MS

12. Emailed to Governor Reeves, Lt. Governor Hosemann, Speaker Gunn, Tony Geiger (Attorney General's office), SOS Watson, Senator Kirby, Senator Barnett, Senator Barrett, Senator Blackmon, Senator Blackwell, Senator Blount, Senator Boyd, Senator Branning, Senator Bryan, Senator A. Butler, Senator K. Butler, Senator Carter, Senator Caughman, Senator Chassaniol, Senator Chism, Senator DeBar, Senator Delano, Senator England, Senator Fillingane, Senator Frazier, Senator Harkins, Senator Hickman, Senator Hill, Senator Hopson, Senator Horhn, Senator Jackson, Senator Johnson, Senator Jordan, Senator McCaughn, Senator McDaniel, Senator McLendon, Senator McMahan, Senator Michel, Senator Moran, Senator Norwood, Senator Parker, Senator Parks, Senator Polk, Senator Seymour, Senator Simmons, Senator Sojourner, Senator Sparks, Senator Suber, Senator Tate, Senator Thomas, Senator Thompson, Senator Turner, Senator Whaley, Senator Wiggins, Senator Williams, Senator Younger, Representative White, Representative McKnight, Representative Eubanks, Representative Hopkins, Representative Criswell, Representative Williamson – January 1.2023

As the new legislative session is about to begin, there are several issues that need to be addressed.

One of the most important is health freedom. Last year I wrote multiple letters to various legislative members as well as the Governor, Attorney General, Lt. Governor, Speaker and Secretary of State trying to alert our elected leaders to the truths about the pandemic, the treatments, and the vaccines. I didn't write my opinion; I sent scientific literature and research to explain the facts.

I understand that reading the information is hard so they chose to listen to the "experts" at the MSDH, FDA, and CDC. Here we are a year later and everything I sent has been proven true while the "experts" were found to be either lying or uninformed. Since they continue to promote many of their talking points, you decide.

Here are some examples:

"Everyone should take the Covid vaccine even if they have had the Covid infection"

[Stronger, More Robust Natural Immunity Thwarts Any Case for... | AIER](#)

“A growing body of research is making it increasingly clear that natural immunity to Covid-19 owing to previous infection is stronger, more durable, and broader than vaccine-induced immunity.”

“Covid vaccines are safe and effective”

[5.3.6-postmarketing-experience.pdf \(phmpt.org\)](#)

(from the court ordered Pfizer document release)

“APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST 1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute

...(9 pages)...

Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated Guillain Barre syndrome”

In the **first 90 days** of public use, Pfizer received reports on **1,223 deaths** and did not report this to the public or pull the product off the market in a voluntary recall. (As comparison, thirty-two deaths from the swine flu vaccine in 1976 halted the program.)

Pfizer identified **1,291 unique adverse events** including neurological, cardiovascular, immunologic, and hematologic; the FDA was aware and still approved EUA (Emergency Use Authorization) for a virus with approximately the same severity as the seasonal flu.

[Home - OpenVAERS](#) (through December 16, 2022)

- **2,384,132 REPORTS OF VACCINE ADVERSE EVENTS IN VAERS**
- **33,011 COVID Vaccine Reported Deaths / 42,724 Total Reported Deaths**
- **186,726 Total COVID Vaccine Reported Hospitalizations/271,067 Total Reported Hospitalizations**
- **1,484,971 COVID Vaccine Adverse Event Reports**
-

[Humanity Projects - Home](#) (phinancetechnologies.com)

Increase in disabilities vs Vaccine doses

Period: 2021/2 to 2022/11

This section analyses the relationship between the Covid-19 vaccine rollout and the increase in disabilities that started around 2/2021. We perform the analysis first for the Civilian Labor Force aged 16-64 and afterwards for the 65+ age group.

The Vaccination doses refer to the total vaccination doses as a percentage of the respective age group population. The vaccination age groups were 19-64 and 65+ as these were the closest

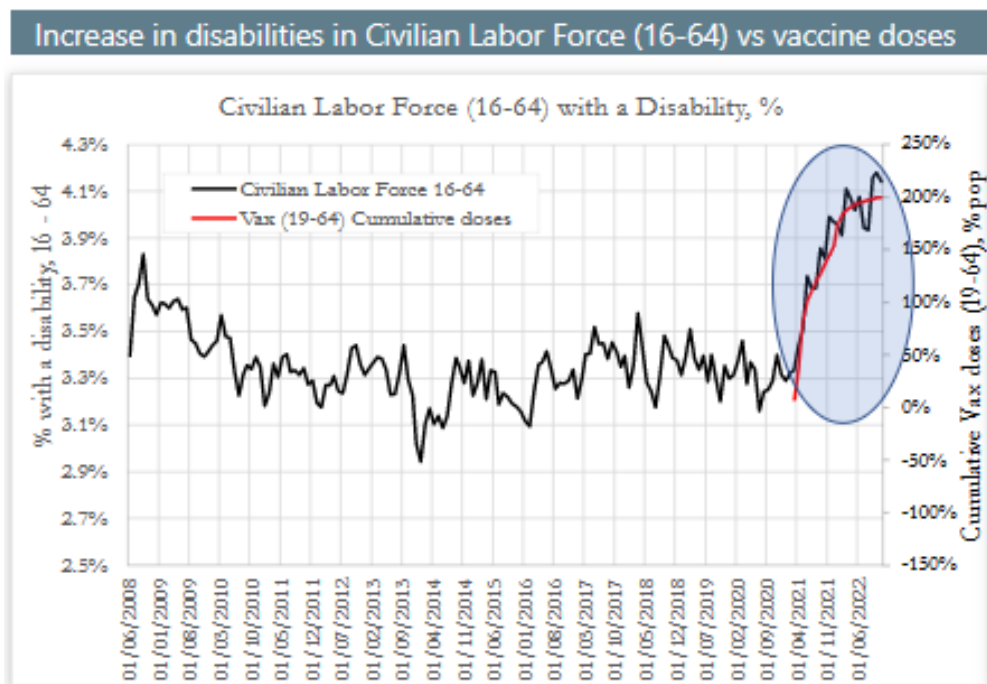
age cohorts we could obtain from the CDC vaccination data, to match the BLS disability age cohorts.

Increase in disabilities in the Civilian Labor Force (16-64) vs Vaccine uptake

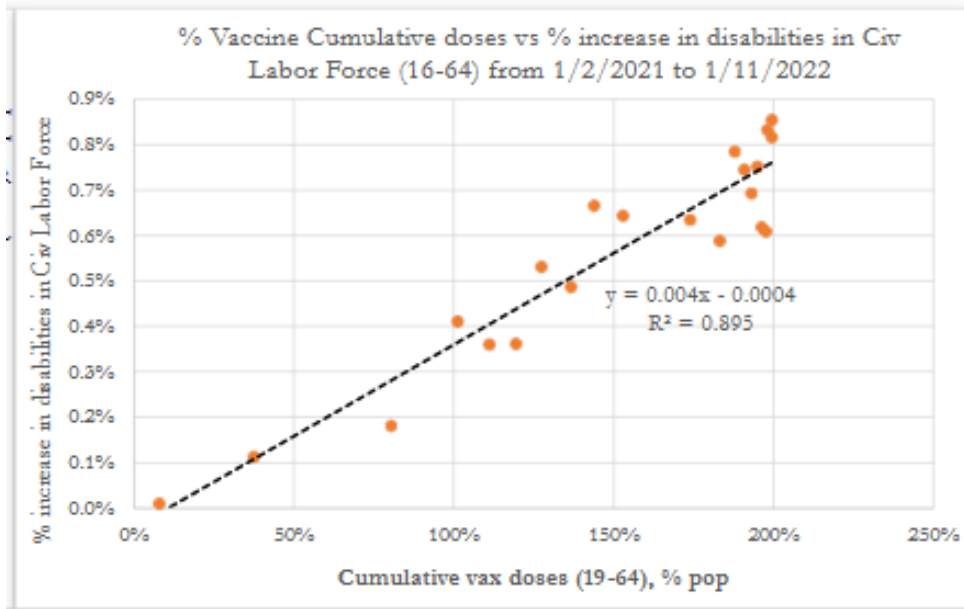
The following charts illustrate the relationship between the increase in the disability rate in the Civilian Labor Force (16-64) and the Covid-19 vaccinations.

The chart on the left shows the evolution of the disability rate from 2008 to 11/2022 (left axis) with the vaccination data superimposed (right scale). This chart shows the change in disabilities, which started around 2/2021 and accelerated from 5/2021, in a wider context. When comparing with the vaccination data, the results are compelling.

The chart on the right shows the correlation between the rise in the disability rate since 2/2021 with the vaccination data. The regression R2 is close to 90% which is evidence for a strong relationship. We must always consider other external factors that might explain the rise in disabilities and which are also correlated to the vaccination data. This is usually stated as "correlation is not causation". However, in the absence of other explanatory factors, and strong medical evidence of the vaccines causing injuries and deaths, one must consider the relationship seriously.



Increisabilities in Civilian Labor Force (16-64) vs vaccines



What about efficacy?

Pfizer CEO: Our Vaccines Offer 'Limited, If Any Protection' (townhall.com)

“Speaking during remarks to a J.P. Morgan healthcare conference this week, Pfizer CEO Albert Bourla openly stated current vaccines the company developed for Wuhan coronavirus offer "limited, if any" protection against contracting current variants of the disease. He then encouraged booster shots.”

Booster-Caused IgG4 Immune Tolerance Explains Excess Mortality and "Chronic Covid" (substack.com)

“After mRNA vaccination the immune response against Spike is shifting to IgG4, which is how your body responds after repeat exposure to stuff it needs to tolerate, like bee venom, pollen or peanut proteins.”

- “**Immune tolerance prevents rapid clearance of the infection**, making boosted people the slowest to clear Covid-19.”

“*The disease may seem mild* if immune tolerance fails to elicit a strong reaction and stop viral replication. The virus, proliferating unopposed, damages the cardiovascular system *more* than in those who can mount a vigorous immune reaction.”

Mississippi Coronavirus Vaccination Progress | USAFacts

“In Mississippi, **1,811,293** people or **61%** of the state has received at least one dose.

Overall, **1,576,362** people or **53%** of Mississippi's population are considered fully vaccinated.

Additionally, **627,504** people or **21%** of Mississippi's population have received a booster dose.”

A Public Records Request from the MSDH reveals the following covid deaths in Mississippi (4/1/22 - 12/13/22):

Age:	Unvaccinated	Vaccinated
0-19	0	0
20-39	5	6
40-49	12	6
50-59	19	19
60-69	37	60
70-79	81	115
80-89	55	128
90+	35	59

*Please note that the vaccinated make up 61% of all Mississippians and 62% of the Mississippians who have died from Covid.

“Ivermectin is horse medicine”

[‘You are not a horse’: The viral FDA response to people taking animal-worming tablets to fight Covid | The Independent](#)

“Mississippi Health Department officials have released a plea for people to stop taking ivermectin, a deworming medicine intended for horses and cows.

The department formally issued a warning after reports of a sharp surge in calls to poison control centers from people who had ingested the drug, which is used to control parasites in livestock.

“Do not use ivermectin products made for animals” warned the Mississippi Health Department on [Facebook](#). “Animal drugs are highly concentrated for large animals and can be highly toxic in humans. Do NOT take drugs made for animals in any form.”

[A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness - PubMed \(nih.gov\)](#)

[“A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness” Ivermectin obliterates 97 percent of Delhi cases | National | thedesertreview.com](#)

“Ivermectin obliterates 97 percent of Delhi cases”

And may I remind you of the suppressed experience of the Greenville doctors:

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 and Dr Dobbs that is cordial about the efficacy of hydroxychloroquine and the impressive results that Dr Mansour and his colleagues in Greenville are seeing.

2. December 2020 is an email from Dr. Mansour to Dr Dobbs explaining the good results Greenville is 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. It doesn't appear that Dobbs responded.

3. September 2021 is a correspondence between Dr Waites and Dr Dobbs. Dr Waites has apparently received correspondence from Dr. Hayek in Greenville about the exceptional results in the Greenville hospital using early treatment with ivermectin. There are also some attached forwarded emails from Dr. Mansour. The Greenville experiences has been so impressive that they want to publish their results with the Mississippi Medical Association. Dr. Waites wants Dr. Dobbs to be aware.

4. September 2021 response is Dr. Dobbs email to Dr Brunson -- apparently about the Greenville information. He gives suggestions for "significant edits" which would downplay any appearance of success.

July 2020 <https://1drv.ms/b/s!AuKMDWmJBjqrFbi4oiGC7DNHS3L?e=umVdgr>

December 2020 <https://1drv.ms/b/s!AuKMDWmJBjqrFd7nvq7fIXNgV-R?e=0s4mFs>

September 2021 <https://1drv.ms/b/s!AuKMDWmJBjqrFhbw6uxwlqRMhUh?e=mQxx9P>

September 2021 response <https://1drv.ms/b/s!AuKMDWmJBjqrFnwKRDPIKRbs-pC?e=lzAP2V>

UPDATE

After being exposed for suppression of the information that could have potentially saved thousands of Mississippi lives, Dr Dobbs was allowed to step down—with much fanfare—and move on to assume the role of Dean of the John D. Bower School of Population Health without investigation or prosecution.

“MSDH recommends COVID-19 vaccination for everyone 6 months and older.”

[2020.07.23.20160895v4.full.pdf \(medrxiv.org\)](https://www.medrxiv.org/content/10.1101/2020.07.23.20160895v4.full.pdf)

“Results: Our analysis finds a exponential relationship between age and IFR (infection fatality rate) for COVID-19. The estimated **age-specific IFRs are close to zero for children and younger adults** but reaching 0.4% at age 55, 1.3% at age 65, 4.5% at age 75, and 15% at age 85.”

[Pfizer Vaccine: FDA Failed to Mention Risk of Heart Damage in Teens \(extremelyamerican.com\)](https://www.extremelyamerican.com/pfizer-vaccine-fda-failed-to-mention-risk-of-heart-damage-in-teens/)

“News Alert: FDA Must have known that MYOCARDITIS in teens was a risk when they issued the Emergency Use Authorization that did not mention it.”

[Pfizer Knew Vaccine Injuries Were More Severe in People Under 55, Documents Reveal • Children's Health Defense \(childrenshealthdefense.org\)](https://www.childrenshealthdefense.org/pfizer-knew-vaccine-injuries-were-more-severe-in-people-under-55-documents-reveal/)

“The adverse event rate per dose for Pfizer’s mRNA jab, based on their own studies, is nearly 1 in 800, and the myocarditis rate is 10 in 100,000 — far greater than the 2 in 100,000 rate previously reported.”

Please realize that your MSDH is recommending all Mississippians 6 months and older with as low as a zero risk of death from Covid infection take an Emergency Use Authorized Vaccine (that means it has NOT been FDA approved) with the above stated risks of adverse events and deaths!

The Food and Drug Administration is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation.

Never before in history has the FDA been in charge of mandating the practice of medicine.

According to their website, the Mississippi State Department of Health's mission is to protect and advance the health, well-being and safety of everyone in Mississippi.

The mission of MSDH is not to dictate medical protocols. Physicians have always had the freedom to use their own judgment to treat patients in the best way that they saw fit. The practice of medicine has multiple methods to treat diseases and it has always been the physician and patient's decisions as how best that could be accomplished for each individual.

In the past when a new disease was identified, it was debate and collaboration amongst physicians that found the best treatments. Not dictates from government bureaucrats that are never involved in patient.

Physicians have always debated on the methods of treatments with free-flowing conversation and ideas. Until Covid. Now discussion is stifled. Vocal disagreement with "protocols" threatens a doctor's license.

[Board: Mississippi doctors can lose license for spreading fake vaccine info \(wjtv.com\)](http://wjtv.com)

"Physicians who spread misinformation about the COVID-19 vaccine could now have their license to practice medicine suspended or completely revoked, according to a new policy adopted by the Mississippi State Board of Medical Licensure."

Using the Board's rule, it appears to me that the entire MSDH should be in jeopardy of losing their licenses in light of the fact that they have been wrong on just about all things Covid.

I would encourage you to actively work on a law to stop such nonsense.

Thank you for your service.

Carol Hill, MD (retired)

Diamondhead, MS