

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).

Antibody
An antibody is a protein that fights germs like viruses and bacteria by latching onto and disabling them.

"S" Protein— Spike Protein
The spike protein is an important and recognizable part of the virus. When the immune system makes antibodies against the spike protein, they can disable the entire virus.

Virus that causes COVID-19

How do the COVID-19 vaccines work?
Vaccines expose us to pieces of either a bacteria or a virus. Our body mounts an immune response by making antibodies against those pieces. Antibodies are proteins that fight germs like viruses and bacteria by latching onto and disabling them. The goal is that our body will then recognize those pieces and use the antibodies to fight off any future exposure to the real bacteria or virus.

There are several different types of vaccines.

Traditional vaccines include pieces of the virus in them. This causes your immune system to react by making antibodies against those pieces.

The **Pfizer and Moderna vaccines** are called **"messenger RNA"** vaccines. They do not contain pieces or proteins from the virus. Instead, they contain instructions for your cells, called "messenger RNA."

This messenger RNA tells your cells to make the COVID-19 spike protein themselves. Once your cells make the spike protein, your immune system will make the antibodies that fight COVID-19 and protect you from getting sick from this virus.

The **Johnson & Johnson vaccine** also instructs your cells to make the COVID-19 spike protein themselves, but it delivers those instructions by using a harmless adenovirus, similar to a common cold virus, rather than using messenger RNA.

1) mRNA enters normal cell in the body
2) Cell decodes mRNA and makes spike protein
3) Cell brings spike protein to cell surface and your body makes antibodies

1) Instructions enter normal cell in the body
2) Cell makes spike protein
3) Cell brings spike protein to cell surface and your body makes antibodies

Mount Sinai
[mountsinai.org/about/covid19/vaccine-information](https://www.mountsinai.org/about/covid19/vaccine-information)

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=IwAR2wtNgHKLsTvOsRWgTptQH7HogfmQKYkhBkkVg0TrDnxKh47MI9sQ58ISM
- <https://thetrue defender.com/shocking-indonesia-c-19-cases-dramatically-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