Virginia Medical Freedom Alliance
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Colin M. Greene, MD, MPH
State Health Commissioner
P.O. Box 2448
Richmond, VA 23218

July 19, 2022

Dear Dr. Greene:

The Virginia Medical Freedom Alliance (VAMFA) is a non-partisan coalition of Virginia doctors, allied healthcare professionals, organizations, and citizens who are concerned and alarmed by the public health system's encroachment on the ability of healthcare professionals to provide evidence-based ethical care to Virginians during the two-plus years of the COVID-19 pandemic. We respectfully but urgently demand that an in-person forum of at least four hours, that is open without restrictions to the public, be arranged between Virginia healthcare professionals and VAMFA-selected independent expert medical scientists and Commissioner Greene, members of the State Board of Health and senior VDH medical scientists to freely discuss and critically evaluate the available evidence regarding the clinical management of COVID-19, without limitation to specific interventions (e.g., therapeutics, preventatives, vaccines). We also request that Dr. Greene conduct an in-person VDH listening tour at multiple representative locations throughout the Commonwealth that begins no later than two weeks after the forum. You need to hear, in local forums open to the public without restrictions, directly from your constituents and healthcare professionals about their healthcare and professional experiences related to the public health management of COVID in their communities.

Several VAMFA members welcomed the apparent opportunity to have some of our treatment questions and concerns addressed at a VDH-sponsored "open forum conversation on COVID-19 therapeutics" on June 29 in which VDH "will be answering your questions and discussing the changing landscape of therapeutics in Virginia." We entered many questions into the chat stream (appended) but were disappointed when they were ignored. The webinar facilitator stated that the VDH COVID-19 Therapeutics Group only focuses on interventions that have an FDA emergency use authorization (EUA) for COVID and that "VDH staff do not have the ability to respond to questions regarding medications that are not authorized by the FDA for the treatment of Covid-19." The current EUA products are limited to tixagevimab/cilgavimab (Evusheld) for prevention and bebtelovirmab, nirmatrelvir/ritonavir (Paxlovid), molnupiravir (Lageviro), and remdesivir (Veklury) for treatment. The VDH response to specific VAMFA concerns about the safety or efficacy of these products was that all have clinical trial data that is "very supportive regarding their safety and efficacy in treating COVID-19," they "use reliable sources of data" (defined as CDC, FDA and peer-reviewed articles) to inform Virginia professionals and they "must follow the NIH treatment guidelines." Questions and concerns about the COVID vaccines were deflected by promising to "facilitate getting them to our colleagues in the vaccine space and answered." We have heard nothing since then. After about thirty minutes all of us were suddenly dropped from the webinar without any warning. Some who were able to log back in were again dropped.

Many of the healthcare professionals that participated in the VDH June 29 COVID therapeutics forum have been treating patients with COVID-19 for more than two years. They know that hundreds of peer-reviewed studies clearly show that aggressive prevention and early outpatient multidrug treatment could have prevented 75 to 80 percent of hospitalizations and deaths attributed to COVID.[1] Early in the pandemic, a group of world-renowned critical care doctors and scientists collaborated as the Frontline COVID-19 Critical Care Alliance (FLCCC) to quickly develop robust prevention and treatment protocols.[2] These protocols repurposed and incorporate multiple common, inexpensive, remarkably safe and effective FDA-approved oral medications and over-the-counter immune-fortifying nutritional therapeutics.[3] COVID is completely treatable; the standard of care is these multidrug FLCCC protocols using *correct* dosages and started *early* enough to slow viral replication and reduce inflammation and blood clotting.

Instead of embracing this longstanding commonsense epidemiologic approach to managing an epidemic, Virginia's public health apparatus, including the prior Administration and Health Commissioner, disparaged and disregarded the medications in these protocols. The VDH issued a "Dear Colleague" letter[4] that had a chilling effect on doctors and allied healthcare professionals who had assessed the available medical evidence and, in their professional judgment and authority, prescribed and dispensed these life-saving medications. The VDH did this without first performing an independent review of any of the abundant research evidence that supports the use of these life-saving protocols. Hospitals and clinics throughout Virginia, on the other hand, turned sick people away with no treatment, instructing them to return when they had difficulty breathing and low blood oxygen levels. Not to treat when effective treatment is available is to do harm and is part of an unethical, reckless, and deliberately indifferent pattern of behavior. We witnessed many hospital administrations in Virginia interfering with the doctor-patient relationship by imposing a late-stage "one size fits all" treatment protocol involving ventilators and the novel, inadequately tested EUA products with dubious benefit and considerable risk and cost. Many refused to honor the patient's (or family's) legal right to refuse the drugs as well as the doctor's professional and legal authority to prescribe or use off label the medications in the FLCCC protocols.

Since the introduction of the COVID vaccines we doctors have witnessed and treated unprecedented and increasing numbers of Virginians of all ages with devastating vaccine-related injuries including death. The official NIH-FDA-CDC-VDH narrative that "COVID-19 vaccines are safe and effective" and "Benefits of vaccination outweigh the risks" are false and misleading based on abundant and growing evidence from sources that include the U.S. Vaccine Adverse Events Reporting System (VAERS), the Department of Defense Medical Epidemiology Database (DMED) and the vaccines' own clinical trial data. VDH has repeatedly failed to offer any objective quantitative information or evidence (e.g., number needed to harm versus number needed to treat) that would form the basis of an informed consent discussion; instead, it pushes out only the unconscionable and unsubstantiated "safe and effective" messaging. Does VDH know that more vaccine-associated deaths have been reported in the U.S. since December 2020 than for *all other vaccines in the last 30 years combined*?[5] Is VDH aware that the majority of the more than 13,000 death reports in VAERS occurred within the first two days after vaccination?[6] Based on the VAERS reports, the actual number of U.S. COVID vaccine-associated deaths is estimated to exceed 200,000.[7] Do you know how many of those are Virginians? If not, why not? Why isn't VDH publicly tracking the serious vaccine-associated adverse event data, particularly deaths, for Virginia and comparing with the overall U.S. statistics? The definitions and numbers of cases, hospitalizations and reported adverse events can be, and have been, manipulated to the point of hopeless confusion for the public. Death is less malleable. Since the vaccines were introduced there is overwhelming evidence from multiple sources that *non-COVID* excess deaths are *rising* across the world,

birth rates are falling and serious injuries and disabilities are increasing. How does VDH explain the astounding 84% increase in excess deaths (61,000) from the pre-COVID baseline (January 2020) to January 2022 in *healthy U.S. working-age millennials*, with spikes coinciding with the vaccine mandates and boosters?[8]

The mass vaccination campaign to eradicate COVID resulted in 258 million Americans getting vaccinated. Why haven't COVID cases decreased despite increased vaccination across 69 countries including the U.S?[9] Vaccine immunity now wanes within months of vaccination or boosting, and most new cases (infections) and severe cases occur in the *vaccinated.*[10] [11]

Why is VDH ignoring or misrepresenting all this evidence? VDH has an obligation to communicate complete, current and accurate safety and effectiveness information in language the public can understand. The information, particularly by age group, is critically important for each Virginian to make a truly informed personal choice about getting vaccinated, boosted or vaccinating their children. The vaccine informed consent forms and VDH/CDC vaccine FAQs include nothing about the risk of death and almost nothing about the many serious adverse events reported in VAERS, DMED and the clinical trial data.

There is no scientific or ethical justification to continue a "one size fits all" prevention and treatment strategy that prioritizes ineffective, deadly vaccines and novel, inadequately tested and expensive medications and biological products of dubious benefit and considerable risk. Substantially more effective and safer prevention and treatment protocols are readily available. It is time to halt the COVID-19 vaccines, particularly in children, and return to an *individualized* approach to prevent and treat COVID. We must honor as inviolable the sacred doctor-patient relationship and the fundamental right of personal informed consent about bodily autonomy.

We and the VDH Code of Ethics[12] expect public health policies in Virginia that are based upon VDH's independent critical assessment of all relevant information and evidence, including ongoing effectiveness and safety (adverse event reports) data. It is time to shatter the illusion of scientific consensus and "settled science" due to ignoring, censoring and demonizing dissent as misinformation from "deniers," as a Board of Health member referred to a Virginia citizen who presented evidence in a public comment at the June 23 quarterly meeting of the Virginia Board of Health. The future of sound medical practice depends on free and uncensored dialogue between physicians and medical scientists about treatment options including their efficacy, side effects and alternative therapies and nutritional options.

The conduct of the VDH staff on June 29 and the Board of Health members on June 23 violated standards of professional conduct and the VDH Code of Ethics[13] that requires all workers to "Recognize and respect the dignity of the people served as well as our fellow employees" and "Appreciate and support diverse backgrounds, perspectives, and ideas." We expect this unacceptable behavior to be officially addressed and include a call for disciplinary action and retraining of VDH personnel.

We respectfully but urgently demand that an in-person forum that is open to the public without restrictions be arranged between Virginia healthcare professionals and VAMFA-selected independent expert medical scientists and Commissioner Greene, members of the State Board of Health, and senior VDH medical scientists to freely discuss and critically evaluate the available evidence regarding the clinical management of COVID-19, without limitation to specific interventions (e.g., therapeutics, preventatives, vaccines) and lasting at least four hours. We also request that Dr. Greene conduct an in-

person VDH listening tour at multiple representative locations throughout the Commonwealth beginning no later than two weeks after the forum. He needs to hear directly from his constituents and healthcare professionals, in forums open to the public without restrictions, about their healthcare and professional experiences related to the public health management of COVID in their communities. We are eager to continue to work together to heal and protect the health of Virginians by providing the most robust evidence-based care possible.

Respectfully,

Sheila M. Furey, MD *on behalf of the Virginia Medical Freedom Alliance (https://vamfa.org)*
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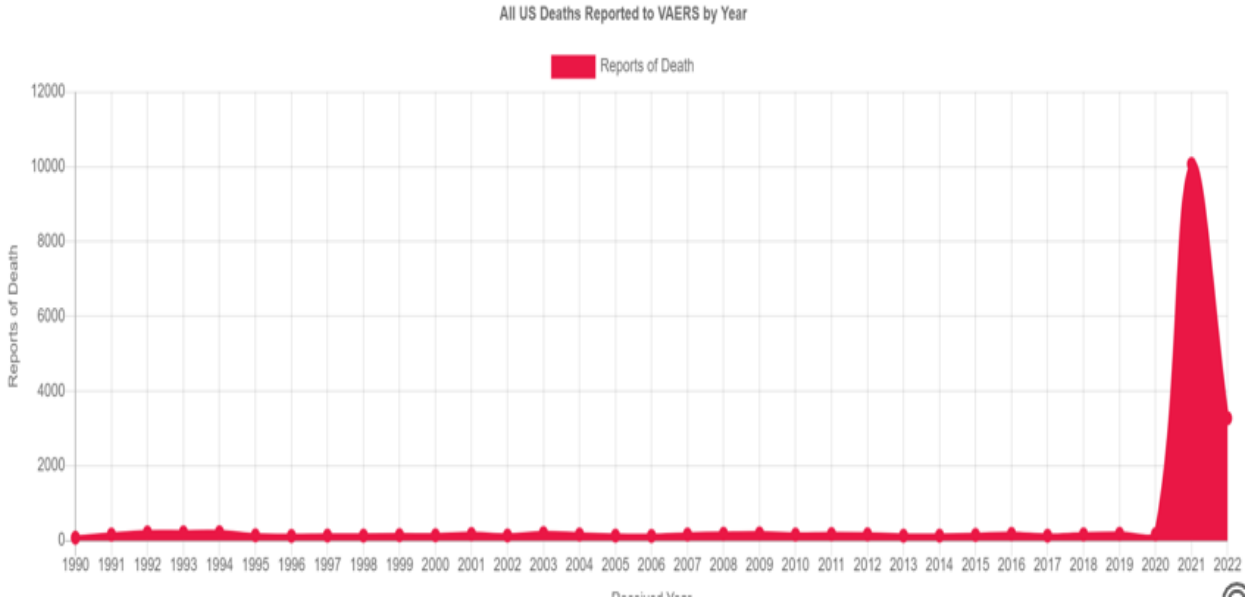
cc:
Board of Health
The Honorable Governor Glen Youngkin
The Honorable Lieutenant Governor Winsome Sears
The Honorable Attorney General Jason Miyares
The Virginia General Assembly

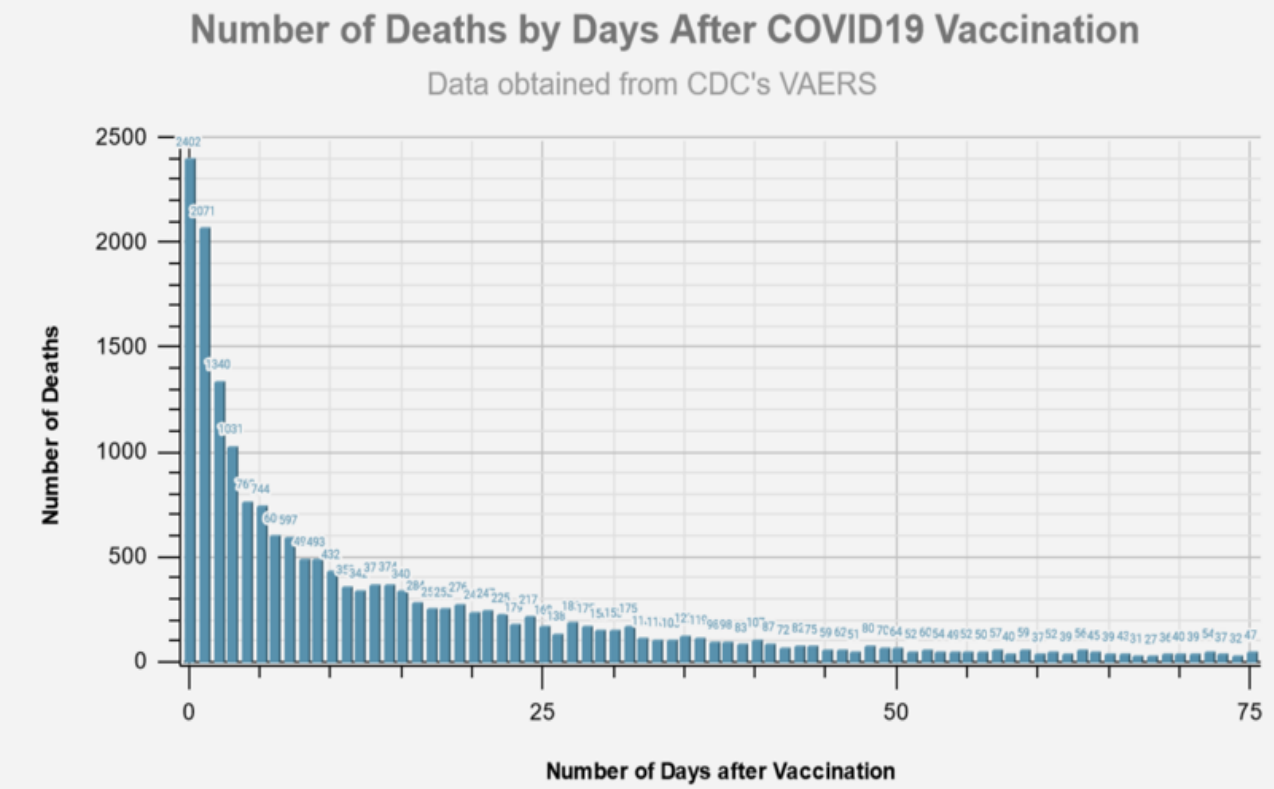
[1] McCullough P, Kelly R, Ruocco G, Lerma E, Tumlin J, Wheeland KR, et al. Pathophysiological basis and rationale for early outpatient treatment of SARS-CoV-2 (COVID-19) Infection. *Amer J Med.* 2021;134:16–22.
[2] https://covid19criticalcare.com/about/
[3] https://covid19criticalcare.com/covid-19-protocols/
[4] https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-22

[5] https://vaersanalysis.info/2022/07/09/vaers-summary-for-covid-19-vaccines-through-7-1-2022/

CDC: All US Deaths Reported to VAERS by Year, 1990-2022



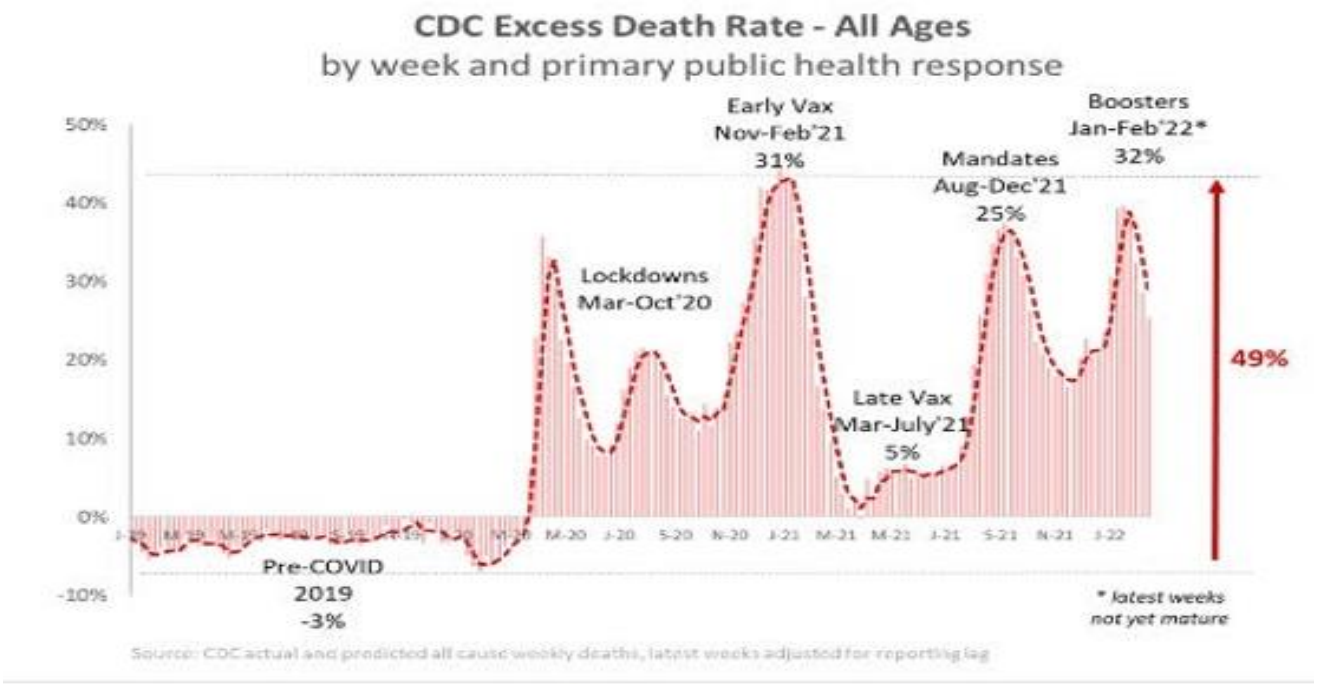
[6]https://vaersanalysis.info/2022/07/09/vaers-summary-for-covid-19-vaccines-through-7-1-2022/



[7] Jessica Rose, 2021. Critical appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a functioning pharmacovigilance system? *Sci, Publ Health Pol & Law* 3:100-129

[8] **CDC Excess Death Rates During COVID (Jan. 2020 - Jan. 2022): Exhibit 1: All ages** (49% increase in 2yrs)

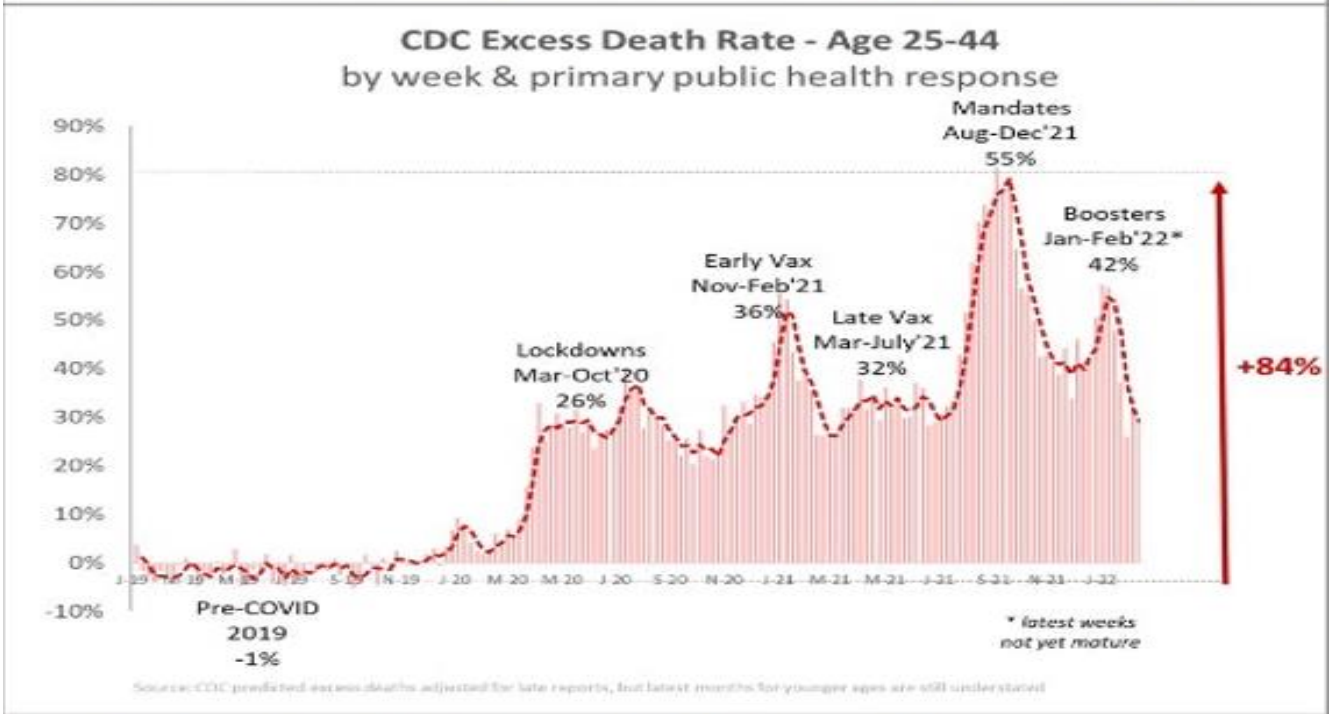
Exhibit 1 | Excess Mortality Has Not Fallen Since 2020 Even After Two Years



Source:https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard

CDC Excess Death Rates During COVID (Jan. 2020 - Jan. 2022): Exhibit 4: Age 25-44 (84% increase in 2 yrs)

Exhibit 4 | Millenials Suffered Rapid and Record Rate of Excess Deaths in Fall '21



Source:https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard

[9] Subramanian SV, Kumar A. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. *Eur J Epidemiol*. 2021;36(12):1237-1240. doi:10.1007/s10654-021-00808-7

[10] https://chriswaldburger.substack.com/p/bombshell-uk-data-destroys-entire?s=r

[11] https://www.science.org/content/article/grim-warning-israel-vaccination-blunts-does-not-defeat-delta

[12] https://www.vdh.virginia.gov/content/uploads/sites/4/2016/03/Code_of_Ethics_Policy.pdf

[13] https://www.vdh.virginia.gov/content/uploads/sites/4/2016/03/Code_of_Ethics_Policy.pdf

APPENDIX

Comments in the chat from the VDH COVID-19 Therapeutics Webinar Open Call Forum June 29, 2022 (Webinar ID 92 4480 7440)

Alexis Page, PharmD, BCACP (Moderator)

******START OF CHAT******

Tobi Wiseman (to Everyone) 12:02 PM

Moderna's 3/23/2022 press release states its vaccine for 6mo to 2 y.o. age group was only 43.7% effective and for 2-5 y.o. it was 35.7%. https://investors.modernatx.com/news/news-details/2022/Moderna-Announces-its-COVID-19-Vaccine-Phase-23-Study-in-Children-6-Months-to-Under-6-Years-Has-Successfully-Met-Its-Primary-Endpoint/default.aspx There is false covid19 safety data claims and non-existent safety data on the administration of it in conjunction with the other childhood Vaccines, https://www.theepochtimes.com/white-house-health-official-makes-false-claim-about-covid-19-vaccines_4544788.html https://www.theepochtimes.com/no-safety-data-to-back-cdcs-recommendation-on-co-administering-covid-19-injections-and-other-vaccines-in-children_4560494.html ; so why is the jab being promoted, for the child/youth's benefit or to "protect" adults?

Susan Franz ((but appearing in this chat as Dennis Petrocelli) ToEveryone) 12:03 PM

If the Virginia Department of Health, HHS and state leadership are relying on the "settled science" from the FDA, CDC and Pharma-funded medical journals, then they only have half of the story on vaccine safety. We need our state officials to hold themselves to a higher standard by conducting due-diligence deep dives into all aspects of prevention and early treatment options for COVID-19, listening to the medical experts who have recommendations that span the spectrum of prevention and early treatment options for COVID-19. It is incumbent upon you as our state leaders to seek to understand the broad range of perspectives behind these opposing views and realize that there is never just a one-size-fits-all solution for Virginians.

How will you seek to understand those experts who show both support and dissent of COVID-19 vaccine safety and efficacy?

Tobi Wiseman (to Everyone) 12:04 PM

Knowing that children are at near-zero IFR for covid-19; there are reported (and counting) adverse events to youth (50,159 in 5-17 y.o. (through 6/17/22)) in VAERS and countless unreported to VAERS https://openvaers.com/covid-data/child-reports; the EUA shields the manufacturer's liability, in this case, mRNA gene therapy; once the "emergency" state is recalled, this jab goes on the childhood vaccination schedule and liability is permanently removed for any injuries or deaths occurring in any age group; and knowing that in no other industry is liability shielded for a manufactured product, what will VDH's response to the overwhelming true public health burden weighing on Virginians with the increasing acute or chronic resulting conditions that are potentially life-long and life-threatening illnesses?

Barbara Zedler 12:05 PM

Is VDH aware that death reports in VAERS exceed 13,000 and the majority occurred within the first two days after vaccination. https://vaersanalysis.info/2022/05/27/vaers-summary-for-covid-19-vaccines-through-5-20-2022/

Based on these reports, the actual number of U.S. COVID vaccine-associated deaths is estimated to exceed 200,000. Jessica Rose, 2021. Critical appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a functioning pharmacovigilance system? *Sci, Publ Health Pol & Law* 3:100-129

We are particularly alarmed by the astounding 84% increase in excess deaths (61,000) over the pre-COVID baseline in healthy working-age millennials, with spikes coinciding with the vaccine mandates and boosters. (CDC Excess Death Rates During COVID (Jan. 2020 - Jan. 2022))

Why is VDH ignoring or misrepresenting all this data? VDH has an obligation to communicate complete, current and accurate safety and effectiveness information in language the public can understand. The information, particularly by age group, is critically important for each of us to make a truly informed personal choice about getting vaccinated, boosted or vaccinating our children. The vaccine informed consent forms and VDH/CDC vaccine FAQs include nothing about the risk of death and almost nothing about the many serious adverse events reported in VAERS, DMED and the clinical trial data.

Dennis Petrocelli (You) 12:04 PM

How will you, in your position of authority as a state health agency leader, assure us that you have, and will continue to, conduct your due diligence in fully and unbiasedly educating yourself on the full range of prevention and early treatment options using safe and existing off-label medications for COVID-19 and without relying completely on the FDA's recommendations to only promote EUA biologics such as vaccines, remdesevir and other novel EUA medications?

Dennis Petrocelli (You) 12:05 PM

Who conducts the trials and studies of new medications and vaccines for COVID-19 and other illnesses? Who funds these trials and studies? Who is responsible for approving these drugs and biologics for use in America?

Dennis Petrocelli (You) 12:05 PM

Prior to COVID-19, the standard practice in science and medicine was to study vaccines and other medicines for many years prior to providing to pregnant women, infants and young children. What happened to science during COVID that makes you confident that these vaccines are safe and effective for pregnant women and infants despite the lack of long-term safety data? As a state health agency leader,

what definitive sources have led you to the conclusion that COVID-19 vaccines are safe and effective for all people, including babies and children from 6 months to five years of age?

Dennis Petrocelli (You) 12:05 PM

The CDC and HHS have stated on their websites that they support and follow the FDA and CDC recommendations on COVID-19 vaccines and EUA medications for the prevention and treatment of COVID-19. Can you please explain briefly how you, as a public health leader, came to support EUA COVID-19 vaccines and biologics as safe and effective for all age groups?

Dennis Petrocelli (You) 12:06 PM

Molnupiravir is mutagenic. Why would this EUA be used in such a broad setting when it presents such serious dangers?

Dennis Petrocelli (You) 12:07 PM

The VDH and Virginia HHS have stated on their websites that they support and follow the FDA and CDC recommendations on COVID-19 vaccines and EUA medications for the prevention and treatment of COVID-19. Can you please explain briefly how you, as a public health leader, came to support EUA COVID-19 vaccines and biologics as safe and effective for all age groups?

Dennis Petrocelli (You) 12:07 PM

Were you aware that the regulatory bodies who approve drugs and vaccines, such as the FDA, do not conduct or oversee the trials and studies on these novel COVID-19 vaccines and, instead, leave the "science" up to the pharmaceutical companies who have profited in the tens of billions of dollars off of these federally mandated EUA biologics? What are your thoughts about this process and do you trust these relationships and their outcomes?

Dennis Petrocelli (You) 12:08 PM

In your professional capacity, how do you make sense of the thousands of U.S. physicians, nurses, medical practitioners and other Americans who have concerns about the safety and efficacy of COVID-19 vaccines? How do you explain the thousands of people here, and abroad, who are reporting serious adverse reactions (including death) from the vaccines on social media and in our communities? Why do you think the government, the medical community at large and the media are ignoring these people and their stories?

Dennis Petrocelli (You) 12:10 PM

In your professional capacity, how do you make sense of the thousands of U.S. physicians, nurses, medical practitioners and other Americans who have concerns about the safety and efficacy of COVID-19 vaccines? How do you explain the thousands of people here, and abroad, who are reporting serious adverse reactions (including death) from the vaccines on social media and in our communities? Why do you think the government, the medical community at large and the media are ignoring these people and their stories?

Dennis Petrocelli (You) 12:11 PM

How do you explain the thousands who of U.S. physicians, nurses, medical practitioners and other Americans who have reported their safe and effective use of off-label "underground" medications such as ivermectin and hydroxychloroquine in the prevention and early treatment of COVID-19 for their patients,

their family, their friends and themselves? The reality of what many of us have seen and experienced firsthand with these medications has been extremely safe and effective, yet the broad narrative in the medical community and media is that they are not safe, nor effective. These are patently false and we know that because ivermectin has been used in billions of people for multiple ailments around the world in all age groups for decades and has a better safety profile than aspirin, which is why it is not he WHO's List of Essential Medicines.

Dennis Petrocelli (You) 12:11 PM

How do you reconcile all of the lies and red herring arguments by the government and medical industry about the dangers of using ivermectin and hydroxychloroquine in preventing and treating COVID-19 when there is an abundance of data, and countless Americans and Virginians, who have used these meds safely and effectively for COVID-19 in the past two-and-a-half years?

Barbara Zedler 12:12 PM

Is VDH aware that very early in the pandemic, a group of world-renowned critical care doctors and scientists collaborated as the Frontline COVID-19 Critical Care Alliance (FLCCC) to quickly develop robust prevention and treatment protocols? https://covid19criticalcare.com/about/

These protocols repurposed and incorporate many common, inexpensive, VERY SAFE, FDA-approved oral medications and over-the-counter immune-fortifying nutraceuticals. When implemented early and at correct dosages these multidrug protocols have consistently prevented 75 to 80 percent of hospitalizations and deaths. COVID is completely treatable, and the standard of COVID care is early treatment with these protocols. https://covid19criticalcare.com/covid-19-protocols/ In fact, no vaccine would be necessary and herd immunity would have rapidly brought the pandemic to an end if early treatment were widely and aggressively used. This is substantiated by real-world results in many areas of the world where that occurred.

Why did the VDH disparage and disregard these lifesaving early treatments and continue to do so? How does VDH ethically justify the continued and *expanded* use of clearly ineffective, deadly vaccines when effective and safe prevention and treatment protocols are available? Why does VDH persecute doctors and pharmacists who legally prescribe and dispense these medications?

Dennis Petrocelli (You) 12:13 PM

What are the moral and ethical guideposts used by leaders in the FDA, CDC and VDH COVID-19 recommendation and guideline decision-making process? Is there a specific set of ethical and criteria applied when making recommendations regarding vaccines and medications in infants and pregnant women? Are these ethical guidelines posted somewhere for the public to see?

Dennis Petrocelli (You) 12:16 PM

Clinical trials of molnupiravir as a therapy for patients with mild-to-moderate COVID-19 also suggest its significant therapeutic efficacy in comparison to placebo. Molnupiravir is lethally mutagenic against viral RNA, but its effect on host cell DNA is being questioned. Can you please address this drug's use and why a mutagennic drug is being used so widely?

Barbara Zedler to Everyone 12:15:13 PM

Why do you continue to espouse the official narrative of "safe and effective" without sharing ANY actual DATA? Do you KNOW the statistics? SHARE DATA, not CONCLUSIONS. Why won't you address many of the real questions you are receiving but only a selected few?

Dennis Petrocelli (You) 12:14 PM

So Virginia is forced to only use what the federal agencies recommend?

Patricia Zimmerman To Everyone 12:15:17 PM
The Pfizer biodistribution studies from Japan indicate that the lipid nanoparticle spreads throughout the body within 48 hours after injection. High concentrations are noted in the liver, spleen, adrenals and ovaries. SARS-COV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 Overview of Pharmacokinetic Test | BibSonomy and https://www.docdroid.net/xq0Z8B0/pfizer-report-japanese-government-pdf There was a 2000% increase in decidual casts in the second quarter of 2021, as compared to the first quarter of 2021. https://www.thegms.co/publichealth/pubheal-ra-22041401.pdf How is VDH monitoring this? Does VDH consider there to be a link between decidual casts and the COVID-19 vaccine?

Dennis Petrocelli ToEveryone 12:15:51 PM
Who is the point person at VDH who concluded that Ivermectin was not safe or effective? 85 real world studies from around the world show >80% decline in mortality.
The VAERS data is very alarming - more reactions to mRNA vax than all others combined for past 30 years. Have you looked at adverse reactions in the 35,000 prisoners housed in Virginia correctional facilities after they were vaccinated?

Dennis Petrocelli (You) 12:16 PM
Clinical trials of molnupiravir as a therapy for patients with mild-to-moderate COVID-19 also suggest its significant therapeutic efficacy in comparison to placebo. Molnupiravir is lethally mutagenic against viral RNA, but its effect on host cell DNA is being questioned. Can you please address this drug's use and why a mutagennic drug is being used so widely?

Dennis PetrocelliToEveryone 12:18:11 PM
Is there an objection to VDH advocating patients have adequate Vitamin D levels? Seems like that could be a good message.

Dennis PetrocelliToEveryone 12:18:27 PM
Do you consider Pfizer own trial studies to be reliable data? If so, who has reviewed the 55,000 docs release?

Patricia ZimmermanToEveryone 12:20:48 PM
Re comment by Dennis Petrocelli: data suggestinga link between vitamin D deficiency and severity of COVID: https://pubmed.ncbi.nlm.nih.gov/34607398/

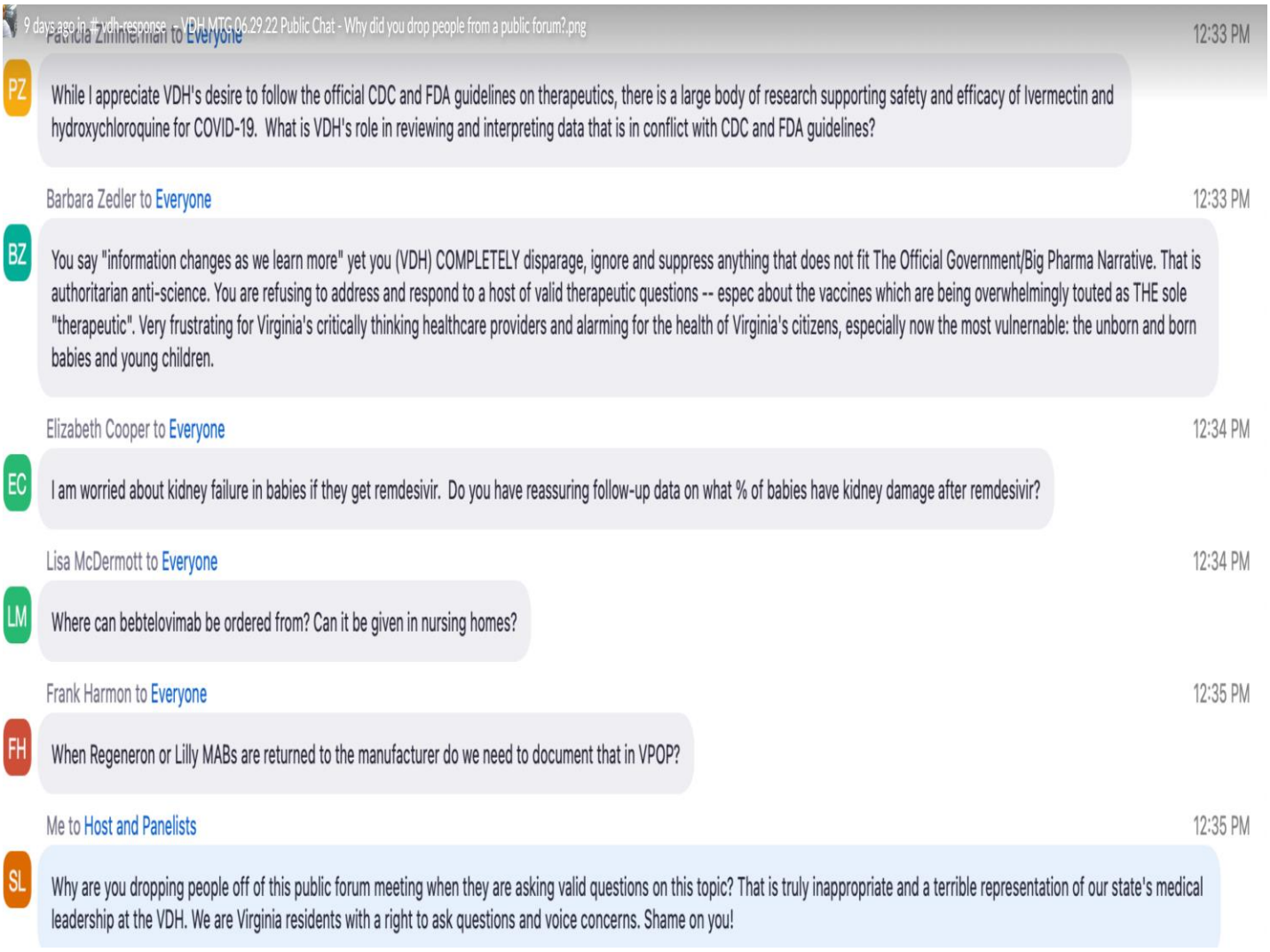
Dennis Petrocelli (You) 12:19 PM
Please explain why molnupiravir is consdiered safe and effective and approved for use when it is mutagenic.
It may be worthwhile noting the evidence that β-d-N4-hydroxycytidine, the active metabolite of molnupiravir, is not only cytotoxic but also mutagenic in mammalian cells.[3] The drug may damage DNA.
There is a certain irony that vaccine-shy individuals who have believed the untruth that vaccines against SARS-CoV-2 alter DNA, seem poised to reach for a perceived 'alternative' that may indeed alter their DNA adversely. This worry is borne out by the rise in the Merck share price and Moderna's corresponding drop, as reported by Reuters.[4]
https://www.bmj.com/content/375/bmj.n2422/rr-5

Dennis Petrocelli (You) 12:21 PM
If you find that federal guidelines are potentially dangerous, can VDH use their own guidelines?

Alexis PageToEveryone 12:21:42 PM

vaxmax_help@vdh.virginia.gov

Barbara Zedler ToEveryone 12:21:59 PM
Why have so many states endorsed early prevention and treatment of C-19 with the FLCCC protocol components but VA is ignoring them? Many hospital administrations in Virginia are interfering with the doctor-patient relationship by imposing a delayed one-size-fits-all treatment protocol involving ventilators and only novel, inadequately tested and expensive medications of dubious benefit and considerable risk -- the ones that you are limiting treatment to. They refuse to honor the patient's (or family's) legal right to refuse the latter as well as the physician's professional and legal authority to prescribe or use off-label the medications in the FLCCC protocols.



(Susan Lawson ("Me")posted this final comment when she logged back in after being dropped once. She was immediately re-dropped after posting.)

Tobi Wiseman (to Everyone) approx. 12:36 PM, submitted to the Q&A box as the chat was locked
Has anyone in VDH done the careful research of perusing the Pfizer documents on its vaccine trials released per a federal court order on 1/6/2022? The documents contain data that should not be ignored for convenience or for pecuniary reasons; if any of the data is ignored, then this office is derelict in its duty. Cumulatively, in the internal trials, there were over 42,000 adverse events and more than 1200

people died. Four of the deaths occurred *on the day they were injected.* Only a few examples among many of the document revelations, they disclose Pfizer knew in May of 2021 that 35 minors' hearts had been damaged a week after MRNA injection — but the FDA rolled out the EUA for teens a month later anyway, and parents did not get a press release from the US government about heart harms til August of 2021, after thousands of teens were vaccinated. https://dailyclout.io/pfizer-vaccine-fda-fails-to-mention-risk-of-heart-damage-in-teens/ Pfizer documents also reveal that among the 34 pregnancies followed, 1 was normal, 1 was pending, and 28 babies died in utero. 'reissue_5.3.6 postmarketing experience.pdf Also, why of the 4,526 6mo. to 4 y.o. Pfizer trial participants, did 3,000 not make it to the end of the trial? https://twitter.com/search?q=4%2C526%206%20mo&src=typed_query If the foregoing data was formerly unknown by VDH's staff, but now being presented with it and being informed that much more data exists, what steps will be taken to further investigate and educate staff and decision-makers on the vaccine's safety?

******END OF CHAT******