Dear Senator Kolkhorst and Committee,

Thank you for submitting SB-25 *"Relating to the right of certain facility residents to designate an essential caregiver for in-person visitation."* The following comments propose that restrictions of in-person visitation is one of many government policies responsible for many deaths from COVID-19 disease associated with infection from the virus, SARS-CoV-2.

The following are examples of how state and federal government policies have obstructed physicians' ability to treat patients' symptoms of a viral infection. How failure to provide prompt out-patient therapies to reduce viral propagation and failure to provide alternative treatment options in hospitals with coordinated care with the patient's primary care physicians and family wishes has resulted in countless deaths.

1. **CDC Clinical Management Guidelines have not changed in over a year.**

As indicated in a March 26, 2020 email from the Texas Medical Board (TMB) and as of March 10, 2021 from the CDC, a year later the recommendations for clinical management for COVID-19 remains the same.

> *"Current clinical management of COVID-19 consists of infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated."*

Until November 3, 2020, the CDC continued to state that there were no treatments for COVID-19. This was in spite of reports from Italy, Spain, China and several countries of the effectiveness of various therapies to treat COVID 19. The only addition to the CDC policy has been the drug Remdesivir which is the ONLY FDA approved drug. According to The New York Times May 11, 2020 article, "*Remdesivir, the antiviral drug that's shown some promise in Covid-19 patients,* ***was earlier tested against bat viruses EcoHealth discovered***."

According to testimony given at the December 7, 2020 HHS Committee hearing from critical care physicians, Dr. Matt Leveno, Medical Director Parkland MICU and COVID TCU (UT Southwestern) and Dr. James J. McCarthy Chief Physician Executive (Memorial Hermann Health System) Houston, TX, **the only therapies being offered to hospitalized patients are Remdesivir and a steroid.** According to a June 29, 2020 ABC article, "*Coronavirus drug remdesivir to cost $3,120 per patient with private insurance, irking critics."* **Texas Right To Know (TRTK) has received multiple reports of patients being denied alternative treatment in hospitals resulting in death.**

2. The **National Institute of Health (NIH) COVID-19 Treatment Guidelines Panel (the Panel):**
"recommends ***against the use of any agents*** *for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pre-exposure or post-exposure prophylaxis (PrEP), except in a clinical trial (AIII)."*
These guidelines interfere on the right to decide what in-patient or out-patient treatments (conventional or complementary and alternative) may be used for COVID-19 as determined between the patient and their physician. Dr. Fauci's decision to unilaterally promote vaccines as a primary

intervention for several designated "infectious diseases" precluded proven therapies from being applied to the sick and dying.

As of June 19, 2020, The Texas Medical Association (TMA) is supporting this NIH policy.
"*The Texas Medical Association, an advocacy group for physicians, recommends against the use of the hydroxychloroquine and azithromycin for the treatment of COVID-19 outside of clinical trials.*

From March 20, 2020 to July 17, 2020, **The Texas Board of Pharmacy** put forth "*emergency board rule §291.30 concerning medication limitations for prescribing chloroquine, hydroxychloroquine (HCQ), mefloquine, or azithromycin"* preventing physicians' prescription orders being filled for patients.

On July 31, 2020, the **Texas Medical Board (TMB) issued a press release** stating:

> *"Both patients and physicians have a right to decide what treatment may be used for COVID-19. The Board does not issue endorsements of the use of any specific drugs or treatments for COVID-19, but any treatment decision must be made with full, proper and accurate* ***disclosure by a physician****. Physicians should refer to laws and Board rules, including those for complementary and alternative medicine, when considering potential treatments and medical decisions regarding COVID-19."*

In spite of this clarity, Texas Right To Know is aware of front line physicians who have received warning letters from the TMB, it is unknown how many of the warning letters resulting in TMB investigation.

3. According to the FDA's Emergency Use Authorization (EUA) for Vaccines to Prevent COVID-19 document, in order to fulfil the CRITERIA AND CONSIDERATIONS FOR THE ISSUANCE OF AN EUA FOR A COVID-19 VACCINE there can be "***no adequate, approved, and available alternative*** *to the product for diagnosing, preventing,* ***or treating the disease or condition****".*

Has the resistance for the CDC, NIH, and FDA to acknowledge effective adjuvant therapies such as D3, Zinc, HCQ, Ivermectin, Budesonide, Ozone etc. being used in other countries been concealed to ensure that the vaccine program would proceed under EUA licensing?

4. Since March 10, 2020, there have only been two Texas health committee hearings who only heard from invited testimonies from state agencies and industry spokespeople. In March, caution was given to staffers that by the time the vaccines were developed and deployed to be on the look-out for media reporting that the virus has mutated which reduces the efficacy of any antibodies develop from vaccination. On 14 December 2020, authorities of the United Kingdom of Great Britain and Northern Ireland reported to WHO that a new SARS-CoV-2 variant was identified through viral genomic sequencing. This variant is referred to as SARS-CoV-2 VUI 202012/01 (Variant Under Investigation, year 2020, month 12, variant 01). Initial analysis indicates that the variant may spread more readily between people. Investigations are ongoing to determine if this variant is associated with any changes in the severity of symptoms, antibody response or vaccine efficacy.

This PubMed articles Mutations Strengthened SARS-CoV-2 Infectivity, states, "*More than 8000 observed single mutations in the SARS-CoV-2 genomes have raised serious concerns about changes in infectivity*."

5. Prior to vaccinations, are patients receiving Informed Consent from physicians? Does the informed consent contain clarity that:

A. Emergency Use Authorization (EUA) of any COVID-19 vaccine is NOT and DOES NOT equate to FDA approval and cannot be mandated by anyone per Imelda Garcia, Associate Commissioner, Laboratory and Infectious Disease Services Texas Department of State Health Services,

B. Vaccines do not prevent infection of SARS-CoV-2 nor do vaccines prevent individuals from infecting others with SARS-CoV-2 per then Surgeon General Jerome Adams article on December 14, 2020.

C. Clinical trials were only conducted on healthy people and excluded from the studies were individuals on medication or with pre-existing medical or psychiatric conditions, such as high blood pressure, diabetes, heart conditions etc. See Pfizer Clinical Trial – Moderna Clinical Trial

D. Vaccines were not tested on pregnant or breastfeeding women. Those who became pregnant experienced miscarriages and still births. (see Pfizer EUA Doc #2 Pg 42)

E. Vaccine injury can produce potential long-term adverse effects that were never mentioned during the December 7, 2020 HHS committee that may include Guillain-Barré syndrome, brain swelling, muscle weakness and paralysis, convulsions and seizures, stroke, narcolepsy, shock, heart attack, autoimmune disease, arthritis and joint pain, multisystem inflammatory syndrome in children, anaphylactic shock and death.

6. Use of PCR for diagnostic testing is only being permitted under Emergency Use Authorization and is NOT APPROVED by the FDA, nor is PCR testing indicative of an effective immune response, which is historically evaluated by the creation of antibodies or reduction in inflammatory markers.

7. Pfizer's and Moderna's vaccines use "messenger RNA" (mRNA) technology, which has never produced a successful vaccine for single stranded viruses like HIV etc.
Vaccines claims of safety and efficacy lack definitive medical assessment
NOTE: Ex. Pfizer EUA statements regarding safety and efficacy included terms such as:

A. "it is not possible to assess sustained efficacy over a period longer than 2 months." *pg 46*

B. "too small to evaluate efficacy outcomes." pg 46

C. "data are insufficient to make conclusions about benefit in individuals with prior SARS-CoV-2 infection." pg 47

D. "No efficacy data are available from participants ages 15 years and younger" pg 47

8. What steps are being taken by the State of Texas to investigate:

A. Origin of SARS-CoV-2 for the State of Texas to determine and establish recognized status of SARS-CoV-2 as an engineered bioweapon or a naturally occurring virus.

B. Threats posed from virus Gain of Function (GoF) research and the potential need to ban all (GoF) research and funding in Texas similar to Federal funding to EcoHealth. See on Fox News:

- **Steve Hilton investigates origin of COVID-19, links to US commissioned research**
  Jan. 25, 2021 - 15:49 - 'The Next Revolution' host breaks down the evidence surrounding the origins of COVID-19.
- **Tucker Carlson: Big Tech attempting to censor COVID-19 vaccine dissent**
  February 9, 2021
- **Tucker Carlson: Have questions about the COVID vaccine? 'Shut up and take it,' says Big Tech**

C. Scientific and peer reviewed research documents substantiating that the SARS-CoV-2 virus spike protein and mRNA vaccine induced virus spike protein:
   i. Cross the blood brain barrier,
   ii. Contain inserts for HIV-1, HIV-2, SIV, P-R-R-A, Prion-like structures in the spike protein,
   iii. Invoke InflammoThrombic Reponse (ITR),
   iv. Determine mRNA vaccine induced virus spike protein's capacity to:
      a. Invoke Vaccine Enhanced Disease,
      b. Add an additional Gain of Function capacity,
      c. Be throughout the body and not contained in the injection site,
      d. Reverse transcribes the mRNA into the cell's DNA and not "disappear" in 3 hours.

9. According the FTC Act, 15 U.S.C. 41 et seq., "*It is unlawful under the to advertise that a product can prevent, treat, or cure human disease unless you possess competent and reliable scientific evidence, including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time."* Are statements that vaccines are "safe and effective" a violation of this FTC Act?

10. In the 2011 Supreme Court case of Bruesewitz vs Wyeth, LLC, the ruling stated that "vaccines are unavoidable unsafe." Statements made to this committee that vaccines are safe are contrary to this Supreme Court ruling and are a violation of the affidavit signed to in order to testify to this committee that their testimony is the truth, the whole truth and nothing but the truth.

11. As of February 26, 2021, the Vaccine Adverse Events Reporting System (VAERS.hhs.gov) reports from COVID-19 vaccines that there have been 25,212 reports of adverse events with 10,666 reports coming from the age range of 17-44, which are some of least likely to have adverse outcomes from a person-to-person COVID-19 infection. Also reported are 1,265 deaths with 932 deaths occurring in the age range of 66-75+ years old. As of February 26, 180 pregnant women had reported adverse reactions to COVID vaccines, including 56 reports of miscarriage or premature birth. None of the COVID vaccines approved for Emergency Use Authorization (EUA) have been tested for safety or efficacy in pregnant women. Yet health officials are urging pregnant women to get the vaccine. These numbers are in light of the 6th Report by the Committee on Government Reform in 2000 when former FDA commissioner David A. Kessler," *estimated that VAERS reports currently represent* ***only a fraction*** *of the serious adverse events*." The PREP Act Federal law established that the only option offered to the COVID-19 vaccine injured is the existing Countermeasures Injury Compensation Program. Individuals are only eligible to receive a maximum lifetime payment $50,000 with no appeal, no legal fees or expert fees compensation.

Thank you for your consideration,
Sheila Hemphill, CEO