



24 January, 2024

Dr. The Hon. Michael Ronald Darville
Minister of Health and Wellness
Ministry of Health and Wellness
Poinciana Building Meeting & Augusta Street
P. O. Box N 3730
Nassau, N.P., The Bahamas

BY HAND AND FACSIMILE TRANSMISSION TO HEALTHGENERAL@BAHAMAS.GOV.BS

Dear Minister,

Subject: Press Release by The Ministry of Health & Wellness dated 9th January, 2024

I trust this letter finds you in good health and high spirits. I am writing to you on behalf of OPTIMIST, an advocacy group Offering Preventative Interventional Medicines thereby Increasing Safety and Trust.

We are aware of the recent uptick in COVID-19 cases. The purpose of this letter is to request the Ministry's scientific evidence supporting the recent COVID-19 prevention recommendations that were made in the Ministry's press release dated 9th January, 2024 titled "HEALTH OFFICIALS REMIND PUBLIC TO CONTINUE COVID-19 PREVENTION MEASURES".

We recognize the substantial efforts of the Ministry of Health & Wellness in managing the ongoing public health situation, and we believe that clear recommendations are crucial for the well-being of affected individuals.

Of interest is the statement found within the press release urging the public to "actively participate in the following measures that have proven to be effective in curbing the spread of COVID-19". The Ministry of Health & Wellness then lists mask-wearing, physical distancing and vaccination amongst other things.

Rationale for Request:

1/ Masking:

- 1/ We would be grateful if you would provide the scientific evidence relied upon by the Ministry recommending mask wearing as a prevention method. The largest meta analysis on masking published by Cochrane¹ last year concluded that “We are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies we assessed.”

2/ Physical Distancing:

- 1/ We would be grateful if you would provide the scientific evidence relied upon by the Ministry recommending physical distancing as a prevention method. A recent Independent Scottish Enquiry report written by Dr Ashley Croft, concluded that there was "insufficient evidence... or alternatively, no evidence"² to support the use of face masks outside healthcare settings, lockdowns, social distancing and test, trace and isolate measures in 2020.

3/ COVID-19 Vaccination:

- 1/ We would be grateful if you would provide the scientific evidence relied upon by the Ministry recommending COVID-19 vaccination as a method “to protect yourself and others.”
- 2/ We would also be grateful if you would provide a risk benefit analysis for each age group including pregnant or lactating mothers for taking the latest COVID-19 boosters.
- We would be grateful for the Ministry to provide the scientific evidence for the efficacy of a fourth dose particularly for those with prior infection of COVID-19. We understand that there is limited RCT evidence for efficacy. A recent paper in the European Journal of Clinical Investigation concluded (i) “Evidence is limited on the effectiveness of a fourth vaccine dose against coronavirus disease 2019 (COVID-19) in populations with prior severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections.” and “In conclusion, in the general population of Austria with a history of a SARS-CoV-2 infection we did not observe a significant rVE of a fourth vaccine dose for COVID-19 deaths during a time with already very low absolute risk for this outcome.”³

4/ Informed Consent:

We also believe that informed consent is a bedrock of medical practice and that all future Ministry recommendations provide disclosure of:

¹ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/full>

² <https://www.COVID-19inquiry.scot/sites/default/files/2023-07/Dr-Croft-epidemiology-report.pdf>

³ <https://onlinelibrary.wiley.com/doi/10.1111/eci.14136>

(i) All know adverse event risks for each recommended medical intervention:

We would be grateful if the Ministry would advise the general public of the following risks:

- There are currently over 3,000 peer reviewed articles in the scientific literature that point to specific harms in four main areas, namely (i) Cardiovascular: heart inflammation, myocarditis, cardiac arrest; (ii) Neurologic: All forms of stroke, Guillain–Barré syndrome, neuropathy; (iii) Blood clotting and (iv) Immune system abnormalities: Suppressed immune systems, and autoimmune disease.
- In a recent review in Vaccine researchers found that “High IgG4 antibody levels generated in response to repeated inoculation with mRNA COVID-19 vaccines could be associated with a higher mortality rate from unrelated diseases and infections by suppressing the immune system.”⁴
- A chart (Figure 2) in a Cleveland Clinic study in 2023 indicated that the more inoculations a person received, the more likely they were to catch COVID-19.⁵

(ii) Lack of long terms RCT trial data for COVID-19 vaccines:

We would be grateful if the Ministry would advise the general public that there is no long term gold standard RCT data to inform us on COVID-19 vaccine safety. The vaccination of placebo-recipients (unblinding) for both Moderna and Pfizer before completion of the follow-up period jeopardized the investigation of long-term efficacy and safety.

- In its FDA Industry Guidance, the agency said that for licensure applications, it wanted participants followed for COVID-19 outcomes for “as long as feasible, ideally at least one to two years”⁶
- According to the New England Medical Journal, Large, placebo-controlled, phase 3 efficacy trials could provide much of the needed information if they have appropriately prolonged follow-up while random assignments are still blinded. Such continuation would yield unbiased evidence on the duration of protection and on longer-term safety, including assessment of any evidence of the vaccine eventually enhancing the risk of severe disease”⁷
- The Pfizer and Moderna Phase III participants were unblinded shortly after EUA. According to the BMJ by February 24 2021 at 5:30 pm ET, 16,904 of Pfizer participants who received placebo have received their first dose and 11,807 have received their second dose.”⁸

⁴ <https://pubmed.ncbi.nlm.nih.gov/38158298/>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10234376/pdf/ofad209.pdf>

⁶ <https://www.fda.gov/media/139638/download>

⁷ <https://www.nejm.org/doi/full/10.1056/NEJMp2033538#>

⁸ <https://www.bmj.com/content/373/bmj.n1244/rr-7>

(iii) Disclosure that In-depth vaccinovigilance has not been carried out for all COVID-19 vaccines.

- According to a recent article in the International Journal of Molecular Science many important tests were not carried out on the mRNA vaccines as they were classified as biologics.⁹

(i) "Some of the tests they have undergone as vaccines have produced non-compliant results in terms of purity, quality and batch homogeneity."

(ii) "The wide and persistent biodistribution of mRNAs and their protein products, incompletely studied due to their classification as vaccines, raises safety issues."

(iii) "Post-marketing studies have shown that mRNA passes into breast milk and could have adverse effects on breast-fed babies."

(iv) "Long-term expression, integration into the genome, transmission to the germline, passage into sperm, embryo/fetal and perinatal toxicity, genotoxicity and tumorigenicity should be studied in light of the adverse events reported in pharmacovigilance databases."

(v) "The potential horizontal transmission (i.e., shedding) should also have been assessed."

(vi) "In-depth vaccinovigilance should be carried out."

(iv) Disclosure of the lack of quality data supporting COVID-19 boosters.

- The recent Pfizer Monovalent booster¹⁰ was never subjected to human clinical trials.
- The Moderna booster¹¹ was only tested on 50 participants.

Dr. Marty Makary, speaking at the House Select Subcommittee on the Coronavirus Pandemic, in February 2023 stated that "Governments should recommit to providing clear, consistent, regular, frequent and accessible public health messaging that is highly visible to the public and transparent about what is, and is not, known to the scientific community."

5/ Reducing COVID-19 Risk:

Data from Italy early on in the Pandemic showed that 98.8% of deaths had one or more comorbidities.¹² According to a paper in the National Library of Medicine,

⁹ <https://pubmed.ncbi.nlm.nih.gov/37445690/>

¹⁰ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/10-COVID-19-Modjarrad-508.pdf>

¹¹ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/08-COVID-19-Priddy-508.pdf>

¹² https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf

“people at any age with serious underlying medical conditions are more at risk of getting COVID-19 infection. The elderly, SARS-CoV-2 infected persons with comorbidities, including PD, diabetes, cancer, and hypertension (HTN) and CVD, are at higher risk of death”.¹³ Another paper in the National Library of Medicine concluded that “the population afflicted with comorbid conditions is found to be more vulnerable to death or ICU admissions comparable to people without comorbid conditions.”¹⁴

(i) Benefits of Exercise:

According to the National Institute of Aging, there are Real-Life Benefits of Exercise and Physical Activity, which can Manage and prevent some diseases like arthritis, heart disease, stroke, type 2 diabetes, osteoporosis, and 8 types of cancer, including breast and colon cancer, as well as control your blood pressure¹⁵.

(ii) Benefits of Vitamin D:

A real-time meta analysis of 118 treatment studies show statistically significant lower risk for mortality, ICU admission, hospitalization, and cases. 60 studies from 56 independent teams in 21 countries show statistically significant lower risk. Random effects meta-analysis with pooled effects using the most serious outcome reported shows 60% [40-74%] and 36% [30-41%] lower risk for early treatment and for all studies. Results are similar for higher quality studies, peer-reviewed studies, and mortality: early treatment - 68% [45-82%], 57% [36-71%], 68% [39-84%]; all - 37% [31-42%], 40% [34-45%], 36% [28-43%]. Late stage treatment with calcitriol/calcifediol and analogs is more effective than cholecalciferol: 65% [41-79%] vs. 39% [26-49%]. 190 sufficiency studies show a strong association between vitamin D sufficiency and outcomes, with 52% [48-56%] lower risk for higher levels.¹⁶

Request:

We believe it is vitally important that all recommendations by the Ministry of Health & Wellness are supported by science to ensure that the public has a high level of confidence in these recommendations.

We also believe that informed consent is critical and recommend that all future Ministry recommendations on COVID prevention be provided with full disclosure of:

(i) all known adverse event risks for each recommended medical intervention,

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10000013/>

¹⁴

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10000013/#:~:text=Based%20on%20clinical%20data%20on,have%20been%20the%20most%20prevalent.&text=In%20this%20review%2C%20we%20focused,cancer%2C%20diabetes%2C%20and%20CVD.>

¹⁵ <https://www.nia.nih.gov/health/exercise-and-physical-activity/real-life-benefits-exercise-and-physical-activity>

¹⁶ <https://c19early.org/dmeta.html>

With respect to COVID vaccines, we recommend that the Ministry provides disclosure of:

(ii) lack of long term RCT trial data for any COVID-19 vaccine,

(iii) lack of in-depth vaccinovigilance for any COVID-19 vaccine, and

(iv) lack of quality RCT data supporting COVID-19 boosters particularly for those people that have had prior infection with COVID-19.

We would also ask that full disclosure be comprehensive and comprehended in language that people can understand.

We would also recommend that the Ministry focuses on prevention and educates the public on ways to reduce their comorbidities and ways to improve their general health and immunity.

Collaborative Approach:

We understand the complexity of public health and would welcome the opportunity to collaborate with the Ministry of Health and relevant health professionals. A collaborative approach ensures that recommendations are informed by a broad range of expertise and are aligned with the evolving understanding of the virus and its impact.

Closing Remarks:

Your leadership is vital in ensuring the well-being of our communities during these challenging times. We appreciate your consideration of this request because we believe that the implementation of quality recommendations contribute significantly to the overall health and resilience of our society.

If you require any additional information or clarification, please do not hesitate to contact us at optimistbahamas@gmail.com

Thank you for your dedication to public health, and we look forward to the positive impact of your continued efforts.

Sincerely,

A handwritten signature in brown ink, appearing to read "M. A. Palmer".

M. A. Palmer, Esq.

Executive Director

OPTIMIST

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