

## **Notice of Liability**

to Administrators and Promoters of the mRNA Injection

Novel Pfizer mRNA

known as '*Comirnaty*'

**(the mRNA Injection)**

As at 29/7/2021

Dedicated to a

daughter, sister and aunty in the prime of her life who was taken too soon.

We will not let you be forgotten.

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## Introduction

1. We are writing to you regarding the emerging safety concerns raised by distinguished scientists around the world and the unanswered questions surrounding the new mRNA Injection.
2. We are not anti-vaccine or science. However, the media and social media have been relentless in labelling people who ask questions to make an informed decision about what they place in their bodies as '*anti-vaxers*'.
3. Front-line doctors, nurses and health professionals (and lawyers) who have merely been trying to bring facts and scientific evidence forward are threatened with investigation and deregistration. Many are publicly silent due to fear.
4. We have unanswered questions which the Government's 0800 Helpline are unable, and seemingly unqualified, to answer. These are legitimate questions that must be asked, given the Government's unprecedented drive to push the provisional mRNA Injection (which does not prevent COVID-19 or reduce serious symptoms) on a healthy population.
5. The New Zealand prime minister<sup>1</sup> has described the media campaign around COVID-19 as "*propaganda*".
6. The Government advises us to "*trust the science*". However, the science is conflicting, and the '*narrative*' is being driven by commercial, political and media interests, while highly credible scientists, even Nobel laureates, are censored.
7. There was a time when the tobacco industry, politicians and the media opposed the views of respected scientists. Then there was asbestos and thalidomide? Does history remember those scientists that raised concerns as anti-science?
8. Why are vaccines being touted as the solution when the disease is mild in most cases. Currently, the New Zealand radio advertisements describe COVID-19 as a common cold or flu.
9. The global infection fatality rate (**IFR**) for COVID-19 is now estimated to be 0.15%.

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<sup>1</sup> <https://www.youtube.com/watch?v=oA9gyCsJPTQ&t=1832s> Ministry of Health New Zealand  
(<https://youtu.be/oA9gyCsJPTQ?t=1832>) 30:32 - 1/3/2021

For people under 70, the IFR is 0.05% and is likely lower in people without serious co-morbidities. Therefore, comparisons to the IFR for influenza are probably correct and explain why the FDA has recently raised concerns about the tests (refer to the **PCR Tests** heading below).

10. The science, as reported by **Public Health England**, tracking the media-hyped “*deadly Delta*” mutation shows us that it has a low case fatality rate of 0.1% (refer to **What about the Deadly Delta Variant** heading below).
11. Does it feel like history repeating? Swine flu kept the world in suspense for almost a year. A massive vaccination campaign was mounted to put a stop to the anticipated pandemic. But, as it turned out, it was a relatively harmless strain of the flu virus (refer to **Adverse Reporting Systems** heading below).
12. The pharmaceutical companies have not done all the safety tests they usually do in a standard 5-to-10-year development period before releasing a product. The current trial for the mRNA Injection, **Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals**<sup>2</sup> can be accessed by clicking in the footnotes below (refer to **The Normal Development Protocol has been Ignored** heading below).
13. Pharmaceutical companies have unsuccessfully attempted to bring a coronavirus vaccine to market for decades, all attempts failed due to efficacy and safety concerns (refer to **The Animal Studies from Previous Coronavirus mRNA Injections are of concern** heading below).
14. Regardless, credible fear of the unknown medium and long-term side effects from doctors, scientists, nurses, and other health care professionals are being censored and dismissed as conspiracy theories.
15. Acclaimed scientists are concerned about the emerging data concerning the ‘Spike Protein’ and other adverse reactions. The scientists claim that the data shows that the mRNA Injection moves from the muscle in the arm where it was injected (which is unlike traditional vaccines) and travels to other parts of the body, causing harm.
16. **Dr Robert Malone** invented the mRNA and DNA vaccine core platform technology (refer to **Doctors, Scientists and Vaccine Makers Raising Alarm Bells** heading

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<sup>2</sup> [Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals - No Study Results Posted - ClinicalTrials.gov](#)

below). Dr Robert Malone has recently voiced grave concerns about the lack of transparency of side effects, censoring discussion, and the lack of informed consent that these bring, as you will read in this document.

17. **Dr Geert Vanden Bossche**, a vaccine maker, in his open letter<sup>3</sup> to the World Health Organisation (**WHO**), raised the issue of the covid vaccines and the detrimental consequences of further '*viral immune escape*'.
18. **Professor Luc Montagnier**, a French virologist and recipient of the 2008 **Nobel Prize in Medicine** for his discovery of the human immunodeficiency virus (**HIV**), contends that "*it is the vaccination that is creating the variants*"<sup>4</sup> (refer to **Breakthrough Case Number and Changes to the Cycle Threshold** heading below).
19. Many other doctors and scientists have pointed out that contrary to what the Government states about safety, the spike protein induced by the vaccine does not remain only in the muscle around the vaccination site but gets absorbed and circulates in the bloodstream and to various vital organs of the body (refer to **mRNA Injection and Adverse Reactions** heading below).
20. By way of summary, we want answers to the following questions:
  - (a) Why are we risking exposing healthy individuals with little risk of hospitalisation or death from Covid 19 to participate in a vaccine trial which has skipped the standard development protocols, and the trial remains open until 2023?
  - (b) Should we be concerned about the animal studies from the previous failed development of a Coronavirus vaccine? Refer to **The Animal Studies from Previous Coronavirus mRNA Injections are of concern** heading below.
  - (c) Why are we asking healthy children with a low risk of death or hospitalization to participate in a vaccine trial of an experimental vaccine? If we are vaccinating children entering puberty, what is the impact on fertility? Refer to the **Why vaccinate the Children with an experimental vaccine?** heading below.

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<sup>3</sup> [Open Letter to the WHO: Immediately Halt All Covid-19 Mass Vaccinations-Geert Vanden Bossche, DMV, PhD – Freedom Of Speech \(fos-sa.org\)](#)

<sup>4</sup> <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/> and <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/>

- (d) Should we be concerned about the significant difference between the relative risk reduction and absolute risk reduction regarding the effectiveness of the mRNA Injection?
- (e) Should we be concerned that the preliminary vaccine trials did not include research on the impact of the vaccine on the elderly, the immune-compromised, pregnant women, and different ethnic groups, nor were the trials designed to look at whether the mRNA Injection reduces serious outcomes? Refer to **The preliminary mRNA Injection trials did not include research on the impact of the mRNA Injection on the elderly, the immune-compromised, pregnant women and different ethnic groups (i.e., the impact on different genetics)** heading below.
- (f) Why should we take the mRNA Injection if it does not prevent Covid or prevent transmission?
- (g) Are we being told about all the possible adverse reactions of an mRNA vaccine (versus a traditional vaccine) and the emerging information regarding the spike protein issue?
- (h) Why is Pfizer immune from any liability?
- (i) Why aren't we being told about effective treatments and emerging research?
- (j) Why are being told by some experts that informed consent is not being obtained?
- (k) What is the Infection Fatality Rate? Do cases and deaths need to be distinguished?
- (l) Why are scientists questioning the use of the PCR test?
- (m) Why are the Governments changing the classification of deaths in the vaccine era?
- (n) Why are politicians and lawyers speaking up being ignored by the media?
- (o) Why is 'big tech' censoring experts that are speaking up against the narrative?

21. An article in the **British Medical Journal** <sup>5</sup> highlights how "*Politicians and governments are suppressing science*". The question is, why? The Government is meant to protect us in exchange for the taxes, levies, and other monies that we pay to the institution during our lifetimes.
22. Accordingly, we consider it is the duty of the administrators and promoters of the mRNA Injection to be fully informed and to provide full disclosure in order for an individual to provide Informed Consent.
23. In the absence of full disclosure, administrators and promoters should be held personally liable for death or harm suffered as a consequence of administration of the mRNA Injection, irrespective of any claim to be carrying out instructions.
24. In the absence of answers to our questions which you may direct to the person that emailed you this document, we put you on notice of all the information set out in this document. Unfortunately, due to the one-sided narrative (which prohibits questions) and the mass advertising campaigns for the vaccine, we feel that we have no choice but to write to you and put you on notice of potential culpability.

Thank you.

NB: this document is not an exhaustive list of resources. We have tried to limit each topic to a summary to alert you of the issues.

### **The Normal Development Protocol has been Ignored**

25. Vaccine development is usually a slow and laborious process that takes between 5 to 10 years. However, the co-founder of **BioNTech** designed the coronavirus vaccine it made with **Pfizer** in just a few hours over a single day<sup>6</sup>.
26. The mRNA Injection trial was launched on July 27, 2020, and released onto the market approximately seven months later. The mRNA Injection is currently being administered on provisional licences as part of a two-year trial which will not be completed until 2023<sup>7</sup>.

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<sup>5</sup> [Covid-19: politicisation, "corruption," and suppression of science | The BMJ](#)

<sup>6</sup> <https://www.businessinsider.com.au/pfizer-biontech-vaccine-designed-in-hours-one-weekend-2020-12?r=US&IR=T>

<sup>7</sup> [https://www.pfizer.com/news/hot-topics/the\\_facts\\_about\\_pfizer\\_and\\_biontech\\_s\\_covid\\_19\\_vaccine](https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine)



27. The **CDC**<sup>8</sup> states that:

Before a vaccine is ever given to people, FDA oversees extensive lab testing of the vaccine that can take several years to make sure it is safe and effective. After the lab, testing in people begins, and it can take several more years before the clinical studies are complete and the vaccine is licensed.

Once a vaccine is licensed, FDA, CDC, National Institutes of Health (NIH), and other federal agencies routinely monitor its use and investigate any potential safety concerns.

28. This has not been the case with the mRNA Injection.

29. The speed at which the mRNA Injection has been rolled out is unprecedented. However, no matter what we are told about safety, **Pfizer** has not done all the tests that they would normally undertake to develop a vaccine. There is no way that **Pfizer** could have undertaken all the tests that would typically be undertaken in the 5 to 10 years in approximately seven months. Therefore, there is no medium or long-term data about the safety of the mRNA Injection.

30. The safety data is simply not there.

31. We do not have 1-year safety data, let alone 3-year or 5-year safety data for the use of the mRNA Injection on animals, let alone humans. So why are billions of people being subjected to a vaccine that has not complied with standard development protocol? Why are healthy people in countries with little risk being subjected to these vaccines?

32. Eminent vaccine authority **Dr Peter Hotez**, dean of the **National School of Tropical Medicine at Baylor College of Medicine**, who was involved in the development of a potential SARS (a type of coronavirus) vaccine, has issued stark warnings regarding the way the current Covid vaccines have been developed.

33. **Dr Peter Hotez** stated:

*"I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with <sup>9</sup>."*

34. Previous research in the development of the Sars coronavirus vaccine leads to

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<sup>8</sup> [https://www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fparents%2Fvaccine-decision%2Findex.html](https://www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fparents%2Fvaccine-decision%2Findex.html)

<sup>9</sup> <https://www.reuters.com/article/us-health-coronavirus-vaccines-insight-idUSKBN20Y1GZ>

pulmonary immunopathology on challenge with the SARS virus<sup>10</sup>. According to the paper, the researchers concluded:

*"These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccine led to occurrence of The-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. **Caution in proceeding to application of a SARS-CoV vaccines in humans is indicated** [emphasis added]."*

35. There remains no vaccine for any new coronaviruses that have caused outbreaks in the past 20 years.
36. **Dr J Patrick Whelan**, a paediatric rheumatologist, raised concerns with the **FDA** in December 2020:

*"...about the possibility that the new vaccine aimed at creating immunity against the SARS-CoV-2 spike protein (including the vaccines of Moderna and Pfizer) have the potential to cause microvascular injury to the brain, heart, liver, and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs:"<sup>11</sup>*

37. **Dr Stuart White**, in his letter to the editor of the **British Medical Journal**, "**Rapid Response: Could COVID mRNA vaccines cause autoimmune diseases?**<sup>12</sup>" writes:

*"mRNA vaccines effect coded protein production in the recipient's body. In the case of COVID, inert spike (S) antigen proteins are produced. Normally, these enable SARS-CoV-2 coronavirus particles to enter host cells, but therapeutically, inoculation triggers humoral (antibody-mediated) acquired immunity.*

*Severe/fatal cases of COVID are associated with immune hyperactivation and excessive cytokine release, leading to multiorgan failure. A broad range of mechanisms (with a final common pathway) appear to be involved. However, it has been suggested that molecular mimicry may contribute to this problem, with antibodies to SARS-CoV-2 spike glycoproteins cross-reacting with structurally similar host heptapeptide protein sequences (for example, in interleukin 7 and alveolar surfactant proteins), and raising an acute (auto)immune response*

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<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/22536382/>

<sup>11</sup> <https://www.regulations.gov/document/FDA-2020-N-1898-0246>

<sup>12</sup> <https://www.bmj.com/content/371/bmj.m4347/rr-6>

*against them.[2] Autoinflammatory dysregulation in genetically susceptible individuals, and other autoimmune mechanisms such as epitope spreading and bystander activation, might also contribute to acute but also chronic autoimmunity during and after COVID. [3]*

*In the understandable socioeconomic rush towards mass vaccination without longer-term safety testing, it would seem that an essential stage in any vaccine licensing process should involve careful analysis of the human proteome against vaccine peptide sequences. This should minimize the risks both of acute autoimmune reactions to inoculation and future chronic autoimmune pathology.”*

38. We need to maintain the very high standards that have been set for the approval of vaccines in the past. So why are the Governments encouraging healthy populations with little risk of hospitalization or death to take a new vaccine with no medium to long-term when scientists raise the alarm?
39. The following professionals have published an article titled **‘The Safety of COVID-19 Vaccinations—We Should Rethink the Policy’** in **MPDI**:
- **Dr Harald Walach**, PhD, is a professor at Poznan University of the Medical Sciences in Poznan, Pediatric Hospital, Poland and a visiting professor at Witten/Herdecke University’s Department of Psychology. He is a health researcher with approximately 200 peer-reviewed papers to his name and broad expertise in various clinical, experimental, and secondary research methods.
  - **Dr Rainer J. Klement** is a medical physicist with ample experience in data analysis and statistics. He is based at the Radiation Oncology Department of Leopoldina Hospital in Schweinfurt, Germany. He is active in medical modeling and evaluating the effect of ketogenic diets in oncology patients.
  - **Wouter Aukema** Independent Data and Pattern Scientist, The Netherlands
40. In the article, the experts compared the risks and benefits of the mRNA Injection, given that the COVID-19 vaccines have had expedited reviews without sufficient safety data. They calculated the number needed to vaccinate (**NNTV**) from a sizeable

Israeli field study to prevent one death. The results showed that:

*"The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer, while the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate. The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations. Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11/100,000 vaccinations. For three deaths prevented by vaccination, we have to accept two inflicted by vaccination. **Conclusions:** This lack of clear benefit should cause governments to rethink their vaccination policy.<sup>13</sup>"*

41. A request for official information was made in March 2021 under the Official Information Act, asking for details of the benefit and risk assessment undertaken as part of the Pfizer/Biotech vaccine approval. However, the New Zealand Ministry of Health elected to withhold the information as per a copy of the letter set out below:

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<sup>13</sup> [Vaccines | Free Full-Text | The Safety of COVID-19 Vaccinations—We Should Rethink the Policy | HTML \(mdpi.com\)](#)

T Baker

By email: fyi-request-14899-4938bd99@requests.fyi.org.nz  
Ref: H202102755

Dear T Baker

**Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 10 March 2021 for:

*"In Ministry of Health media release (3rd Feb 2021) announcing Medsafe approval of Pfizer/BioNTech vaccine, it was stated Medsafe had completed a 'benefit risk assessment, which allows [Medsafe] to balance the benefits of the vaccine against any known risks such as side effects.'*

*Please provide full details of benefit risk assessment undertaken as part of Pfizer/BioNTech vaccine approval."*

The information you have requested is withheld under sections 9(2)(b)(ii) and 9(2)(ba)(i) of the Act. The release of this information would likely unreasonably prejudice the commercial position of the person who supplied the information. Further to this the information is subject to an obligation of confidence and making it available would likely prejudice the supply of similar information, or information from the same source.

Please note that the Ministry has published some information that may be of interest to you at the following links:

- <https://www.medsafe.govt.nz/committees/maac/Recommendation109-2February2021.htm>
- <https://www.medsafe.govt.nz/COVID-19/vaccine-approval-process.asp>
- <https://www.medsafe.govt.nz/COVID-19/q-and-a.asp>
- <https://www.medsafe.govt.nz/Consumers/Safety-of-Medicines/Medsafe-Evaluation-Process.asp>

Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

42. On 18 May 2021, the New Zealand High Court upheld that the approval of the experimental Pfizer vaccine and vaccination rollout plan by the New Zealand Government was unlawful<sup>14</sup>. Within hours of the decision of Justice Ellis, the Government announced it would change the Medicines Act retrospectively. Parliament met the very next day to push through the emergency law change.

43. The "**Summary of the risk management plan for Comirnaty (COVID-19 mRNA**

<sup>14</sup> <https://kti.org.nz/?cat=5>

vaccine)”?<sup>15</sup> published on **MedSafe’s** website sets out the “Important Risks and Missing Information table”:

**Table 1: List of important risks and missing information**

Important identified risks	Anaphylaxis
Important potential risks	Vaccine-associated enhanced disease (VAED) including vaccine-associated enhanced respiratory disease (VAERD)
Missing information	Use in pregnancy and while breast feeding
	Use in immunocompromised patients
	Use in frail patients with co-morbidities (eg, chronic obstructive pulmonary disease [COPD], diabetes, chronic neurological disease, cardiovascular disorders)
	Use in patients with autoimmune or inflammatory disorders
	Interaction with other vaccines
	Long-term safety data

44. In addition, the **FDA `Vaccine and Related Biological Products Advisory Committee December 10, 2020, Meeting Announcement’** on 10 December 2020 appears to be rushed, limited ability for the advisory panel to question or comment, and the chairman specifically states that would stay away from adaptive and innate immune responses right now”. The full video can be watched at the **FDA’s** website:

<https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-december-10-2020-meeting-announcement>

45. We know that once you have been vaccinated, you cannot undo the vaccine. Consequently, we should have a right to ask questions and to make an informed decision of whether we want to proceed or not.

46. The vaccine's clinical trials were all designed to be randomised control trials. Safety and efficacy were meant to be measured by comparing the vaccinated cohort against a control group that did not receive the vaccine. Where is the control group if the Government wants to vaccinate the population in an unprecedented time frame?

<sup>15</sup> [Comirnaty-RMP.pdf \(medsafe.govt.nz\)](#)

## **The Animal Studies from Previous Coronavirus mRNA Injections are of concern**

47. Trials for other vaccines have been performed on animals, and the results were published before giving the vaccine to humans.
48. We have been unable to source the animal studies for the current mRNA Injection. Please forward us the animals' studies if we are wrong.
49. According to **America's Front-Line Doctors**, ` **White Paper on Experimental mRNA Injection for Covid 19**<sup>16</sup>:

*"vaccine safety requires proper animal trials and peer-reviewed data, neither of which has occurred during operation warp speed. This is especially concerning considering the fatal failure of prior coronavirus vaccine attempts such as SARS-CoV-1, the virus that is 78% identical to SARS-CoV-2 (COVID)."*

50. Researchers typically take time to test for the possibility of immune enhancement in animals (**refer to the mRNA and mRNA Injection and Adverse Reactions heading below**). However, given the perceived urgency, vaccine makers moved straight into small-scale human tests without waiting to complete such animal tests<sup>17</sup>. As a result, we are not being told in the mass advertising campaigns that immune enhancement is a possible risk even though credible experts and various Government committees have raised the concern.
51. **The National Library of Medicine** published a paper in 2012<sup>18</sup>, ` **Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus**' regarding severe acute respiratory syndrome (SARS), emerged in China in 2002 and spread to other countries. The researchers concluded:

*"These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution*

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<sup>16</sup> [White Paper on Experimental Vaccines for Covid-19\\* \(wsimg.com\)](http://wsimg.com)

<sup>17</sup> [As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing | Reuters](#)

<sup>18</sup> [Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus - PubMed \(nih.gov\)](#)

*in proceeding to application of a SARS-CoV vaccine in humans is indicated.'*

52. As noted above, **Dr Peter Hotez** worked on developing a vaccine for SARS, the coronavirus behind a major 2003 outbreak, and found that some vaccinated animals developed more severe diseases compared with unvaccinated animals when they were exposed to the virus. **Peter Hotez** spoke to Reuters in 2020<sup>19</sup> and stated that

*"There is a risk of immune enhancement ...the way you reduce that risk is first you show it does not occur in laboratory animals."*

53. Previous research in the **National Library of Medicine** concluded that the development of the Sars coronavirus vaccine leads to pulmonary immunopathology on challenge with the SARS virus<sup>20</sup>. The researcher concluded:

*"These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated."*

54. As noted above, prior coronavirus vaccine attempts such as SARS-CoV-1 failed, and the previous virus is 78% identical to SARS-CoV-2 (Covid 19).

55. Scientists are concerned about when the previous mRNA vaccines were tested on animals. While the animals seemed fine at first when they were exposed to the real virus, their bodies overreacted, and many of the animals died. According to **Dr Sherri Tenpenny**:

*"ALL animal trials resulted in disaster, the death of most or all of the animals."*

*Here is the study with ferrets from 2012:*

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421>

*"These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated."*

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<sup>19</sup> [As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing | Reuters](#)

<sup>20</sup> <https://pubmed.ncbi.nlm.nih.gov/22536382/>



*Here are the same results in cats:*

[https://www.jstage.jst.go.jp/article/jvms/60/1/60\\_1\\_49/article](https://www.jstage.jst.go.jp/article/jvms/60/1/60_1_49/article)

*And the same results in mice:*

<https://pubmed.ncbi.nlm.nih.gov/22536382/>

<https://pubmed.ncbi.nlm.nih.gov/17194199/>

<https://pubmed.ncbi.nlm.nih.gov/18941225/>”

### **Why vaccinate the Children with an experimental vaccine?**

56. Vaccinating children with untested vaccines when the trial does not finish until 2023, and thus without studying the potential adverse, long term effects on fertility, carcinogenesis, heart disorders, neurological and immune system disorder, is unethical in our honest opinion.
57. Studying these effects takes years to establish safety or efficacy fully.
58. In 2020, the Government appointed experts stated that children were at very low risk of catching Covid 19. One research paper<sup>21</sup> that looked at 7,780 cases concluded that the death rate for children was 0.09% (although it is no doubt lower due to the issues with the PCR test and the policy counting deaths). This means that children have a 99.91% survival rate. The risk to children remained low until the push for the mRNA injection.
59. The **WHO**<sup>22</sup>, as of 3 June 2021, held the view that:

*"Children and adolescents tend to have milder disease compared to adults, so unless they are part of a group at higher risk of severe COVID-19, it is less urgent to vaccinate them than older people, those with chronic health conditions and health workers.*

*More evidence is needed on the use of the different COVID-19 vaccines in children to be able to make general recommendations on vaccinating children against COVID-19."*

60. A report published in **The Lancet** in March 2021<sup>23</sup> discusses why Children and young

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<sup>21</sup> [COVID-19 in 7780 pediatric patients: A systematic review - EClinicalMedicine \(thelancet.com\)](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

<sup>22</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

<sup>23</sup> [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

people remain at low risk of COVID mortality. The Table below sets out age-specific data for seven countries showing estimated all-cause deaths for children compared to Covid-19 deaths:

	Population	All-cause deaths*		COVID-19 deaths†		COVID-19 deaths as percentage of all-cause deaths, %
		n	per 100 000	n	per 100 000	
<b>USA</b>						
0-4 years	19 810 275	23 844	120.36	67	0.34	0.28%
5-14 years	41 075 169	4990	12.15	67	0.16	1.34%
<b>UK</b>						
0-9 years	8 052 552	3793	47.10	7	0.09	0.19%
10-19 years	7 528 144	1109	14.73	22	0.29	1.98%
<b>Italy</b>						
0-9 years	5 090 482	1569	30.83	8	0.16	0.51%
10-19 years	5 768 874	772	13.38	10	0.17	1.30%
<b>Germany</b>						
0-9 years	7 588 635	2782	36.66	9	0.12	0.32%
10-19 years	7 705 657	1249	16.21	4	0.05	0.32%
<b>Spain</b>						
0-9 years	4 370 858	1369	31.31	8	0.18	0.58%
10-19 years	4 883 447	532	10.89	18	0.37	3.39%
<b>France</b>						
0-9 years	7 755 755	2916	37.60	7	0.09	0.24%
10-19 years	8 328 988	1068	12.82	4	0.05	0.38%
<b>South Korea</b>						
0-9 years	4 148 654	1519	36.61	0	0.00	0
10-19 years	4 940 455	814	16.48	0	0.00	0
<b>Total</b>	<b>137 047 945</b>	<b>48 326</b>	<b>35.26</b>	<b>231</b>	<b>0.17</b>	<b>0.48%</b>

The sources of these data are provided in the appendix (p 2). \*Includes all deaths from approximately March 1, 2020, to Feb 1, 2021. †Includes all COVID-19 deaths reported from the start of the pandemic up to Feb 3, 2021 (USA), Jan 29, 2021 (UK), Jan 20, 2021 (Italy), Feb 9, 2021 (Germany), Feb 10, 2021 (Spain), Feb 11, 2021 (France), or Feb 3, 2021 (South Korea).

**Table: Age-specific data for seven countries showing estimated all-cause deaths compared with COVID-19 deaths**

61. The **CDC**<sup>24</sup> reported that 482 children in the US died in the last year of Covid 19.
62. The **BBC**<sup>25</sup> reported that the **University College London**, and the **Universities of York, Bristol** and **Liverpool** state their studies of children are the most comprehensive yet anywhere in the world. The overall risk of children becoming severely ill or dying from Covid is extremely low. Researchers estimate that 25 deaths in a population of some 12 million children in England give a broad, overall mortality rate of 2 per million children.
63. If a child is at risk of complications of Covid (and we understand that a small number of children are at risk), then their family should be entitled to seek advice and weigh up the risks and benefits for their loved one. With respect, parents with healthy

<sup>24</sup> [CDC COVID Data Tracker](#)

<sup>25</sup> <https://www.bbc.com/news/health-57766717>

children should not be expected to give permission for their children to be exposed to an experimental vaccine.

64. In May 2021, **Pfizer**<sup>26</sup> released the first data set for phase 1 clinical trials conducted on children 12 to 15 years of age. 1131 and 1129 persons were randomized to vaccine and placebo. The **Pfizer** COVID-19 vaccine clinical trial found the overall incidence of severe adverse events during the two-month observation period to be 10.7%, or 1 in 9, in the vaccinated group and 1.9% in the unvaccinated group, resulting in a vaccine risk of 8.8% or 1 in 11 vaccinated children. The short two-month follow-up period is not sufficient to monitor short term data, let alone any medium- and long-term health risks.

65. **The American Frontline Doctors** look at how Pfizer obtained FDA emergency authorization for children:

['Serious violations and manipulations of trial protocol': How Pfizer obtained FDA emergency authorization for children - America's Frontline Doctors \(americasfrontlinedoctors.org\)](https://americasfrontlinedoctors.org/serious-violations-and-manipulations-of-trial-protocol-how-pfizer-obtained-fda-emergency-authorization-for-children-america-s-frontline-doctors)

66. Children who received the vaccine had nearly six times the risk of a severe adverse event occurring in the two-month observation period compared to children who did not receive the vaccine. This is a level of risk that has never been seen before with other vaccines on the market and is disproportionate to the actual risk of a child becoming ill if exposed to SARS-CoV-2<sup>27</sup>.

67. The VAERS reporting system in American records from 14 December 2020 to June 11, 2021, <sup>28</sup>for 12- to 17-year-olds show:

- 6,332 total adverse events, including 271 rated as serious and seven reported deaths among 12- to 17-year-olds.
  - The most recent reported deaths include a 15-year-old male (VAERS I.D. 1383620) who reportedly died one day after receiving his second Pfizer dose, a 15-year-old male (VAERS I.D. 1382906) who received Pfizer and a 16-year-old male (VAERS I.D. 1386841) who reportedly suffered a

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<sup>26</sup> <https://www.cdc.gov/.../covid-19-pfizer-biontech-vaccine>

<sup>27</sup> <https://childrenshealthdefense.org/defender/kids-covid-risk/>

<sup>28</sup> [Search Results from the VAERS Database \(medalerts.org\)](https://www.vaers.hhs.gov/search-results)

hemorrhage and died four days after receiving a Pfizer vaccine. An autopsy is pending.

- Other deaths include two 15-year-olds (VAERS I.D. 1187918 and 1242573), a 16-year-old (VAERS I.D. 1225942) and one 17-year-old (VAERS I.D. 1199455).

- 974 reports of anaphylaxis among 12- to 17-year-olds with 98% of cases attributed to Pfizer's vaccine, 1.4% to Moderna and 0.2% (or two cases) to Johnson & Johnson.
- 109 reports of myocarditis and pericarditis (heart inflammation), with 108 attributed to Pfizer's COVID vaccine.
- 24 reports of blood clotting disorders, all attributed to Pfizer.

68. On 10 June 2021, the **CDC**<sup>29</sup> announced that it would hold an emergency meeting with its advisers on 19 June 2021 (the meeting was postponed after Congress officially established Juneteenth National Independence Day, a federal holiday) to discuss the recent increase in myocarditis and pericarditis following the vaccine in children and adults. The **CDC** defines myocarditis as inflammation of the heart muscle and pericarditis as inflammation of the heart's outer lining. These conditions occur when the body's immune system causes inflammation as a response to a trigger, such as an infection. According to the **CDC**, the adverse effects are occurring:

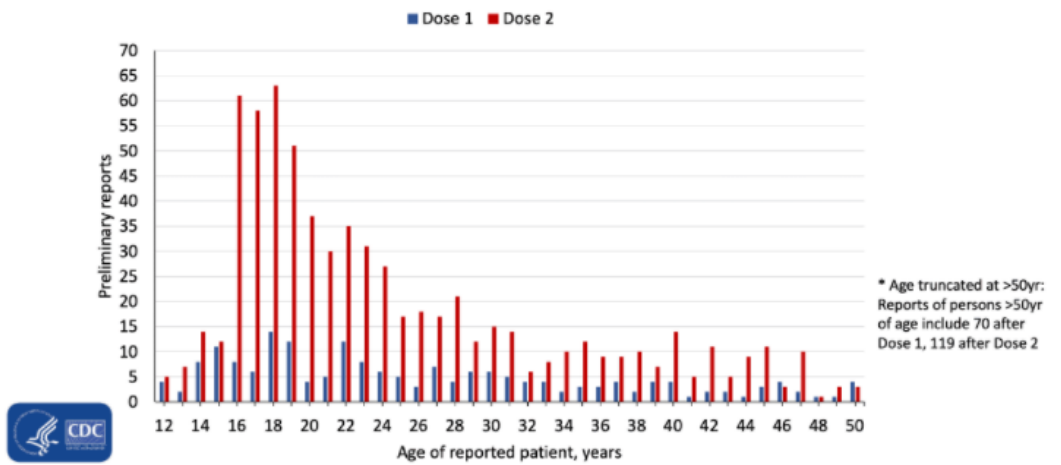
*"mostly in male adolescents and young adults age 16 years or older ... typically within several days after COVID vaccination."*

69. The **CDC** concluded a "likely association" between a rare heart inflammatory condition in adolescents and young adults, mainly after receiving their second Covid-19 vaccine shot, citing the most recent data available.

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<sup>29</sup> <https://www.cdc.gov/vaccines/acip/meetings/downloads/agenda-archive/agenda-2021-06-18-508.pdf>

## Preliminary reports of myocarditis/pericarditis to VAERS after mRNA COVID-19 vaccination by age and dose number\* (as of Jun 11, 2021)



CDC

70. Amid growing safety concerns, **Robert F. Kennedy, Jr. and Dr Meryl Nass**, on behalf of **Children’s Health Defense (CHD)**, filed a Citizen Petition with the **FDA** asking the agency to immediately revoke the Emergency Use Authorizations (EUAs) for COVID vaccines and to refrain from licensing them. The petition can be accessed by copying and pasting the link below into a browser:

<https://www.regulations.gov/document/FDA-2021-P-0460-0001>

71. **UK Medical Freedom Alliance**<sup>30</sup> has sent two open letters to the **Joint Committee for Vaccination and Immunisation**, amongst others, the first on 25 February 2021<sup>31</sup> setting out several safety and ethical concerns about vaccinating healthy children and the most recent on 7 June 2021 specifically concerning the emergency approval<sup>32</sup>. To date, no Covid vaccines have been approved for use by the **European Medicines Agency**. Instead, the Covid vaccines on the market currently have temporary authorisation from the **MHRA**. Copies of the letters by clicking in the footnotes below.

<sup>30</sup> <https://www.ukmedfreedom.org/open-letters/open-letter-to-professor-devi-sridhar-re-bbc-newsround-episode-on-childrens-vaccines>

<sup>31</sup> [https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/60379523f61260115203f392\\_UKMFA%20Covid-19\\_Vaccine\\_in\\_Children.pdf](https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/60379523f61260115203f392_UKMFA%20Covid-19_Vaccine_in_Children.pdf)

<sup>32</sup> <https://www.ukmedfreedom.org/open-letters/ukmfa-urgent-open-letter-to-the-mhra-re-emergency-authorisation-of-the-pfizer-covid-19-vaccine-for-children>

72. According to the **Daily Mail**<sup>33</sup> report on 16 June 2021:

*"Britain will not give Covid vaccines to children yet because No10's advisors want more data on risks before expanding the roll-out".*

*"Experts on the Joint Committee on Vaccination and Immunisation are understood to have raised 'serious ethical concerns' about inoculating children because of the tiny risk they face of becoming seriously ill."*

73. **America's Frontline Doctors** asked a federal court in Alabama to block the emergency use authorization (EUA) for the COVID vaccine use in 12-to 15-year-olds. **Dr Angelina Farella**, paediatric medical director for America's Frontline Doctors, stated:

*"We've never seen this level of side effects for any vaccine without the FDA taking action."*

*The Rotavirus vaccine was pulled for 15 cases of non-lethal side effects, and the Swine Flu vaccine was pulled for 25 deaths. But now, by the CDC's data, we see a 12,000 percent increase in deaths with these vaccines, and they're still talking about giving this to our kids."*

74. **Dr Yaffa Shir Raz**<sup>34</sup>, from **America's Frontline Doctors**, undertook an analysis and comparison of the review document submitted by Pfizer to the US Food and Drug Administration, based on which the FDA gave the green light to expand the emergency permit for vaccination also for children aged 12-15, as opposed to the study protocol in children, reveal concerning findings, including violations of the protocol established by Pfizer itself, and no less serious, designing the trial protocol in a way that will allow the company to present as positive findings as possible in terms of vaccine safety in children.

75. An editor with the **British Medical Journal**<sup>35</sup>, one of the world's most respected peer-reviewed publications, has co-signed an article saying that the evidence shows the risks to children from Covid-19 vaccines outweigh the benefits, including any benefits regarding reducing infection for adults. The reasoning is that the disease in children remains mild and that:

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<sup>33</sup> [Ministers 'will be told not to roll out Covid jabs for children until scientists get more data' | Daily Mail Online](#)

<sup>34</sup> <https://americasfrontlinedoctors.org/frontlinenews/serious-violations-and-manipulations-of-trial-protocol-how-pfizer-obtained-fda-emergency-authorization-for-children/>

<sup>35</sup> [BMJ Editor on Covid Vaccines for kids: risks outweigh benefits | Gript](#)

*"There is no need to rush to vaccinate children against covid-19—the vast majority stands little to benefit, and it is ethically dubious to pursue a hypothetical protection of adults while exposing children to harms, known and unknown,"*

76. In 2014 the **WHO** released the report **‘Considerations regarding consent in vaccinating children and adolescents between 6 and 17 years old’**<sup>36</sup> whereby parents are informed of imminent vaccination by an implied consent process. This may include:

*"...letters directly addressed to the parents. Subsequently, the physical presence of the child or adolescent, with or without an accompanying parent at the vaccination session, is considered to imply consent."*

77. Is a child's presence at school implied consent? What if a parent does not receive the letter and does not wish their child to receive the mRNA Injection? A vaccine cannot be undone.

78. In Ontario, the provincial **Health Care Consent Act**<sup>37</sup> states there is no minimum age to provide consent for vaccination, and a child does not need external permission to receive one<sup>38</sup>. In Canada, children are encouraged to have the vaccine at events with free ice cream and live DJs<sup>39</sup>.

79. In July 2019, **Dr Ashley Bloomfield**<sup>40</sup> in New Zealand spoke about so-called vaccine equity. He spoke about having dedicated teams and going into the child's home and vaccinating them. Does Dr Bloomfield plan to take this approach where parents do not wish their child to receive the mRNA Injection? The full video can be viewed by copying and posting the link in the footnotes below in a browser. Now Chris Hipkins has announced that the Government will track down the unvaccinated<sup>41</sup>.

80. Medsafe<sup>42</sup> has now granted Provisional Consent for COVID-19 vaccine for 12–15-year-olds, in addition to the Provisional Consent already granted for over 16-year-olds

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<sup>36</sup> <https://apps.who.int/iris/handle/10665/259418>

<sup>37</sup> <https://www.canlii.org/en/on/laws/stat/so-1996-c-2-sch-a/latest/so-1996-c-2-sch-a.html>

<sup>38</sup> <https://www.680news.com/2021/05/24/youth-dont-need-adult-permission-to-get-vaccinated-experts-say/>

<sup>39</sup> <https://www.newswars.com/canadian-government-lures-children-with-ice-cream-to-take-vaccine-without-parental-consent/>

<sup>40</sup> [Equity perspectives - Ashley Bloomfield - YouTube](#)

<sup>41</sup> <https://thebfd.co.nz/2021/07/10/new-zealand-announces-plan-to-hunt-down-the-unvaccinated/>

<sup>42</sup> <https://www.medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf>

subject to Pfizer meeting 58 conditions by July 2021. We have been unable to find any legislative requirement in New Zealand for promotional material to state that the vaccine has provisional consent despite strict requirements for other treatments.

81. **Ex-BBC journalist** has stated that all children should receive the Covid-19 vaccine, even without parental consent. Rosie Millard<sup>43</sup>, a former BBC art correspondent and current chair of BBC's charity **Children in Need**, stated in a debate on Good Morning Britain.
82. Parents with children that are fully vaccinated for the standard vaccines (e.g., measles) are asking the following questions:
- (a) Why vaccinate children with an experimental vaccine that has been rushed through in less than a year when children have little risk?
  - (b) If we are vaccinating children entering puberty, what is the impact on fertility? We note that vaccine manufacturers are not required as standard to evaluate their products' impact on fertility and have not done so with the Covid vaccinations. While some may claim that there is no evidence that the mRNA Injection impacts fertility, how can they know this when the vaccine has been around for less than a year and they are testing on 12- to 15-year-olds.
  - (c) Why can't we wait to vaccinate our healthy children? What are the medium- or long-term effects of vaccinating our healthy children with an experimental vaccine? We do not know how the mRNA Injection will impact girls' menstrual cycle. The University of Illinois is investigating the issue<sup>44</sup>, but the results are unknown to date.
  - (d) What precedent do we set if we accept mandatory vaccinations of healthy children with an experimental vaccine? Please could you answer the following questions:
    - Why is the Government not allowing parents to discuss the above issues?
    - Why should children risk their health at risk for a theoretical benefit to

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<sup>43</sup> <https://videopress.com/v/clv94NL4?preloadContent=metadata>

<sup>44</sup> [Research Consent Form \(illinois.edu\)](https://www.illinois.edu/research-consent-form)



adults?

- How can we impose an experimental treatment on our children when we do not know the actual risk, given that the trial is ongoing?

83. In addition, the **Guardian**<sup>45</sup> has reported that New Zealand hospitals are experiencing the payoff of “immunity debt” created by Covid-19 lockdowns, with wards flooded by babies with a potentially deadly respiratory virus, doctors have warned. We were told that the lockdowns were for our safety, even though **WHO**<sup>46</sup> has now spoken out about the lockdowns, and now we are learning that there are consequences to our children’s health (on top of the other consequences).

**The preliminary mRNA Injection trials did not include thorough research on the impact of the mRNA Injection on the elderly, the immune-compromised, pregnant women, and different ethnic groups (i.e., the impact on different genetics)**

84. Individuals have different physiologies and what may be harmless to one individual is potentially lethal to another (e.g., peanut and egg allergies are examples).

85. **WHO’S** website states that:

*“People with underlying health conditions that weaken their immune systems (such as cancer or HIV) or who have severe allergies to some vaccine components may not be able to get vaccinated with certain vaccines<sup>47</sup>”.*

86. The above statement concerns existing vaccines that have gone through the standard development protocols, including animal tests, over many years, and long-term safety data is known. Yet, these communities are being encouraged to take an experimental vaccine when we do not understand the impact of the vaccine on their health.

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<sup>45</sup> <https://www.theguardian.com/world/2021/jul/08/new-zealand-children-falling-ill-in-high-numbers-due-to-covid-immunity-debt>

<sup>46</sup> <https://www.sciencemediacentre.co.nz/2020/10/13/who-advice-on-lockdowns-in-the-news/>

<sup>47</sup> <https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work>

## ***Immune Compromised***

87. **Pfizer** has not specifically studied the impact of the mRNA Injection on different groups, such as immune-compromised individuals with comorbidities, the elderly or different ethnic groups which have different genetic which may have a different reaction to the mRNA Injection than other groups.
88. The '**FACT SHEET FOR HEALTHCARE PROVIDERS ADMINISTERING VACCINE (VACCINATION PROVIDERS)**' states:

Altered Immunocompetence  
Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine.

89. The **New Zealand Ministry of Health** '*Minutes of the out of Session Medicines Adverse Reactions Committee Meeting 20 January 2020*'<sup>48</sup> as show on New Zealand's Medsafe's website:

*"The Committee discussed the clinical trial information available to date. The low numbers of participants who were very elderly, of ethnic minorities, and with various important comorbidities were noted. It was also noted that the study design does not provide robust safety data in a number of populations. Nor does it provide adequate information about duration of immunity/need for booster doses, prevention of transmission, prevention of asymptomatic disease or prevention of severe disease."*

90. In addition, the **New Zealand Ministry of Health** agreed that there was a need:

*"...for more information on use in patients with renal and hepatic impairment, children and people with multiple comorbidities was emphasised. The need for information on coadministration with other vaccines was stressed, with upcoming influenza vaccination, herpes zoster/shingles in the over 65-year-olds, and an adult catch-up programme for measles/mumps/rubella (MMR) vaccination likely to coincide with the introduction of any COVID vaccine."*

91. The **New Zealand Data Sheet** from **MedSafe** states the following:

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<sup>48</sup> [MARC Minutes Out of Session Meeting - 20 January 2021 \(medsafe.govt.nz\)](https://www.medsafe.govt.nz/eng/medicines/medicinesafety/minutes/2021/20210120.htm)

***Immunocompromised individuals***

The efficacy, safety and immunogenicity of COMIRNATY has **not** been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of COMIRNATY may be lower in immunosuppressed individuals.

92. The “**Summary of the risk management plan for Comirnaty (COVID-19 mRNA vaccine)**”?<sup>49</sup> published on **Med Safe’s** website sets out the “Important Risks and Missing Information table”:

**Table 5: Missing information: Use in immunocompromised patients**

Risk minimisation measures	Data sheet sections 4.4 and 5.1.
Additional pharmacovigilance activities*	BNT162-01 cohort 13 C4591018 C4591011 C4501012 ACCESS/VAC4EU.

\* See Table 10 for a summary of the studies.

**Table 6: Missing Information: Use in frail patients with co-morbidities (eg, chronic obstructive pulmonary disease [COPD], diabetes, chronic neurological disease, cardiovascular disorders)**

Risk minimisation measures	Data sheet section 5.1.
Additional pharmacovigilance activities*	C4591001 subset C4591011 C4501012 ACCESS/VAC4EU Safety and immunogenicity in high-risk adults

\* See Tables 10 and 10 for a summary of the studies.

**Table 7: Missing Information: Use in patients with autoimmune or inflammatory disorders**

Risk minimisation measures	None
Additional pharmacovigilance activities*	C4591011 C4501012 C4591018 ACCESS/VAC4EU

\* See Table 10 for a summary of the studies.

93. As noted by the **New Zealand Ministry of Health**<sup>50</sup>, there is little information about the interaction between the mRNA Injection and many medicines, which is putting these vulnerable communities at potential risk. We are told to discuss the matter with our GPs, most of which will struggle to tell you the list of ingredients in the mRNA

<sup>49</sup> [Comirnaty-RMP.pdf \(medsafe.govt.nz\)](#)

<sup>50</sup> <https://www.medsafe.govt.nz/profs/Datasheet/c/comirnatyinj.pdf>

Injection, let alone how the mRNA Injection will interact with different medicines.

### **Pregnancy**

94. The Governments are pushing for pregnant women to consent to the mRNA Injection.
95. A study published in the **New England Journal of Medicine** of COVID19 vaccinations given to pregnant women (mainly in their 3rd trimester) shows that approximately 14% of them resulted in pregnancy loss.

*"Among 3958 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester). Adverse neonatal outcomes included preterm birth (in 9.4%) and small size for gestational age (in 3.2%); no neonatal deaths were reported. 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. Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (46 cases).<sup>51</sup>"*

96. The **New Zealand Data Sheet** from **MedSafe** states the following:

#### **4.6 Fertility, pregnancy and lactation**

##### **Fertility**

In a combined fertility and developmental toxicity study, female rats were intramuscularly administered COMIRNATY prior to mating and during gestation (4 full human doses of 30 µg each, spanning between pre-mating day 21 and gestation day 20). SARS CoV-2 neutralising antibodies were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in fetuses and offspring. There were no vaccine related effects on female fertility and pregnancy rate.

##### **Pregnancy**

There is limited experience with use of COMIRNATY in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development (see Fertility). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

##### **Lactation**

It is unknown whether BNT162b2 [mRNA] is excreted in human milk. A combined fertility and developmental toxicity study in rats did not show harmful effects on offspring development before weaning (see Fertility).

<sup>51</sup> [Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons | NEJM](#)

97. The Letter to Editor – Comment on “**mRNA Covid-19 mRNA Injection Safety in Pregnant Persons**”, Shimabukuro et al. (NEJM Apr 2021) discuss safety in pregnancy:

[mRNA Injection safety in preg NEJM May 28 2021.pdf](#)

98. According to the **CDC**<sup>52</sup>, Clinical trials for the COVID-19 vaccines currently authorized for use under an Emergency Use Authorization in the United States did not include breastfeeding people. Because the vaccines have not been studied on lactating people, there are no data available on the:

- Safety of COVID-19 vaccines in lactating people
- Effects of vaccination on the breastfed baby
- Effects on milk production or excretion

99. In addition, no single-dose toxicity studies, toxicokinetic studies, genotoxicity or carcinogenicity studies were conducted. Nor were there any studies on when couples receive the mRNA Injection and the impact on future children.

**Doctors, researchers, and vaccine makers do not know if the mRNA Injection will reduce serious outcomes, let alone save lives.**

100. We are told that the mRNA Injection will reduce serious outcomes.

101. However, **Peter Doshi's** reported in the **British Medical Journal**<sup>53</sup> that the Covid 19 mRNA Injection trial had not been set up to detect if there will be a reduction in any serious outcomes from Covid 19 or whether the mRNA Injection has interrupt transmission of the disease.

102. The research to determine whether the mRNA Injection has any effect in reducing hospital admissions has not commenced. However, **Kaiser Permanente Southern**

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<sup>52</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

<sup>53</sup> <https://www.bmj.com/content/bmj/371/bmj.m4037.full.pdf>

**California** is about to commence "Pfizer-BioNTech COVID BNT162b2 mRNA Injection Effectiveness Study<sup>54</sup>" to determine the mRNA Injection effectiveness (VE) of 2-doses of Pfizer's BNT162b2 mRNA Injection against COVID-associated hospitalization.

103. We understand that Pfizer's only concern is whether the mRNA vaccine would reduce mild symptoms.

### **Doctors, Scientists and Vaccine Makers Raising Alarm Bells**

104. We are told to "Trust the Scientists".

105. Highly credible doctors, scientists and vaccine developers are raising safety concerns worldwide are raising serious safety concerns with the new mRNA technology.

106. Those speaking out are putting their professional reputations (and more) on the line. However, others are not speaking up for fear of losing their licenses. For example, **the College of Physicians and Surgeons of Ontario**<sup>55</sup> issued the following statement:

*"The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements and/or promote unsupported, unproven treatments COVID. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations. Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action, when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be supported by available evidence and science."*

107. For example, **Dr Francis Christian**<sup>56</sup>, a practising surgeon and clinical professor of general surgery at the University of Saskatchewan, was suspended effective September 2021 after releasing a statement to 200 doctors expressing concerns about giving the COVID shots to children.

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<sup>54</sup> <https://www.clinicaltrials.gov/ct2/show/NCT04848584?cond=pfizer+vaccine&draw=2&rank=1>

<sup>55</sup> <https://www.cpso.on.ca/News/Key-Updates/Key-Updates/COVID-misinformation>

<sup>56</sup> <https://childrenshealthdefense.org/defender/university-fires-dr-francis-christian-covid-vaccines-kids/>

108. Some of the professionals speaking out are listed below. This list is far from exhaustive due to the volume of professionals raising concerns.

**Dr Michael Yeadon:** Senior Principal Scientist, Wellcome Research (1988 -1995), Chief Scientific Officer, Allergy & Respiratory Research, **Pfizer** R&D (1995 -2011), VP, Allergy & Respirator Head, Research, **Pfizer** Global R&D (2005 – 2008), CSO and Vice President, Allergy & Respiratory Research Head, **Pfizer** Global R&D (2006 – 2011), Consultant (Scientific Advisory Board), Pulmatrix (2011 -2016), Consultant, Apellis Pharmaceuticals (2011-2016), Co-Founder, Ziarco (2011-2017).

**Dr Yeadon** was one of the authors of the petition to the European Medical Agency. The petition can be accessed via the link below:

<https://2020news.de/en/dr-wodarg-and-dr-yeadon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/>

A couple of Interviews with **Dr Yeadon**.

<https://thehighwire.com/videos/episode-219-in-harms-way/>

<https://securefreedomradio.podbean.com/e/with-michael-yeadon/>

**Dr Wolfgang Wodarg:** Specialist in Pulmonary and Bronchial Internal Medicine, Hygiene and Environmental Medicine, Epidemiology, and Public Health; Honorary Member of the Parliamentary Assembly of the Council of Europe and former Head of the Health Committee of the Parliamentary Assembly of the Council of Europe; former Member of Parliament, German Bundestag; Initiator and Spokesman for the study commission 'Ethics and Law in Modern Medicine'; Author and University Lecturer (Medical Doctor) (Germany).

**Dr Wolfgang Wodarg** was one of the authors of the petition to the European Medical Agency. A couple of Interviews with **Dr Wolfgang Wodarg**.

<https://thehighwire.com/videos/health-expert-stop-covid-vax-experiments>

<https://2020news.de/wp->

[content/uploads/2020/12/Wodarg\\_Yeadon\\_EMA\\_Petition\\_Pfizer\\_Trial\\_FINAL\\_01DEC2020\\_EN\\_unsigned\\_with](content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with)

**Dr Robert Malone<sup>57</sup>, Inventor mRNA mRNA Injections:** The inventor of mRNA vaccines and one of the world's foremost experts on messenger mRNA therapeutics - having invented the field in 1988, Dr Malone has extensive research and development experience in the areas of pre-clinical discovery research, clinical trials, vaccines, gene therapy, biodefense, and immunology. He has over twenty years of management and leadership experience in academia, pharmaceutical and biotechnology industries, as well as in governmental and non-governmental organizations.

**Dr Robert Malone** is speaking out as he and other scientists did not expect the Spike Protein from the vaccine to move from the muscle in the arm from where it was injected and travel to other parts of the body, causing harm. **Dr Robert Malone** believes the Spike Protein could reach the bone marrow and lead to people developing leukaemia (Blood Cancer) - only time will tell.

A 15-minute extract of the interview can be accessed below:

<https://www.youtube.com/watch?v=aMB1dRJNHe8>

The entire 3-hour interview can be accessed below:

<https://www.youtube.com/watch?v=-NNTVJzqtY>

**Dr Peter Hotez:** an American scientist, paediatrician, and advocate in the fields of global health, vaccinology, and neglected tropical disease control. He serves as founding dean of the National School of Tropical Medicine, Professor of Paediatrics and Molecular Virology & Microbiology at Baylor College of Medicine, where he is also Director of the Texas Children's Hospital Center for mRNA Injection Development and Texas Children's Hospital Endowed Chair in Tropical Paediatrics, and University Professor of Biology at Baylor University.[1][2] Hotez served previously as President of the American Society of Tropical Medicine and Hygiene and is a founding Editor-in-Chief of PLOS Neglected Tropical Diseases. He is also the co-director of Parasites Without Borders, a global nonprofit organization with a focus on those suffering from parasitic diseases in subtropical environments. Hotez worked on the development of a vaccine for SARS

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<sup>57</sup> <https://www.rwmalonemd.com/>



(Severe Acute Respiratory Syndrome), the coronavirus behind a major 2003 outbreak, and found that some vaccinated animals developed more severe disease compared with unvaccinated animals when they were exposed to the virus.

As reported by Reuters, **Dr Peter Hotez**<sup>58</sup> stated:

*"I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with,"*

*"There is a risk of immune enhancement,"*

*"The way you reduce that risk is first you show it does not occur in laboratory animals."*

**Dr Geert Vanden Bossche:** Dr. Geert Vanden Bossche PhD, DVM is world-renowned vaccine developer, headed projects for Glaxo-Smithkline and Novartis, worked for the Bill & Melinda Gates Foundation and GAVI, was Head of the mRNA Injection Development Office for the German Centre for Infection Research (DZIF) and had a vaccine consultancy business from 2012 to 2019. He also represented GAVI in fora with other partners, including WHO, to review progress on the fight against Ebola and to build plans for global pandemic preparedness.

**Dr Geert Vanden Bossche** published his letter<sup>59</sup> to the **WHO** warning against the administration of vaccine during a pandemic. He wrote, *"In this agonizing letter, I put all of my reputation and credibility at stake."*

He has stated that the vaccine does not meet the definition of a vaccine and refers to the vaccine as an experimental gene modification therapy using synthetic messenger RNA. He writes:

*"One could only think of very few other strategies to achieve the same level of efficiency in turning a relatively harmless virus (SARS-Cov-2) into a bio-weapon of mass destruction."*

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<sup>58</sup> <https://www.reuters.com/article/uk-health-coronavirus-vaccines-insight/as-pressure-for-coronavirus-vaccine-mounts-scientists-debate-risks-of-accelerated-testing-idUKKBN20Y111?edition-redirect=uk>

**Dr Geert Vanden Bossche** believes that this mass vaccination program will cause mutation of the coronavirus into more infectious and virulent strains.

*"Immediate cancellation of all ongoing Covid mass vaccination campaigns should now become THE most acute health emergency of international concern ....The more we use these vaccines for immunising people in the midst of a pandemic, the more infectious the virus will become."<sup>60</sup>*

**Dr Geert Vanden Bossche** has posted his letters and videos on his website. See details below:

<https://www.geertvandenbossche.org/>

[Geert Vanden Bossche \(@GVDBossche\) / Twitter](#)

Interview with Chris Marteson

[The mRNA Injections: Awesome Ingenuity or A Huge Mistake? - YouTube](#)

**Professor Dolores Cahill:** Prof. Cahill received her degree in Molecular Genetics from Trinity College Dublin (1989) and her PhD in Immunology from Dublin City University in 1994. She was group leader of the Protein Technology Group in the Max-Planck-Institute of Molecular Genetics, Berlin, Germany (1996-2003). She co-founded a biotechnology company, Protagen AG ([www.protagen.de](http://www.protagen.de)), in Dortmund to commercialise this technology. Since 2005, she is a Professor of Translational Science at the UCD School of Medicine and Medical Sciences. Her research, publication and patent record is in high content protein/antibody arrays and their biomedical applications. Application includes the characterisation of antibodies specificity (including therapeutic antibodies), biomarker discovery validation, diagnostics, assay development, protein-interaction studies, proteomics, large scale/systems biology research. She is a member of a number of Editorial and Science Advisory and Review Boards. For the past ten years, she has been involved in policy development in the areas of science, technology and innovation, including in the EU Health, Innovation and Infrastructure. Since 2003, she is a Member of the Irish Government's Advisory Science Council (ASC) ([www.sciencecouncil.ie](http://www.sciencecouncil.ie)), appointed by the Minister for Industry, Trade and Employment. For the past ten years,

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<sup>60</sup> [The-Light-Issue-8-FINAL.pdf \(thelightpaper.co.uk\)](#)

she is on a number of Science Advisory & Review Boards, including for BMBF/DLR in Germany; BBSRC in the UK; Vinnova in Sweden. She has received prizes for her research, including the prestigious BMBF 'BioFuture' Award from the German Minister of Science. She was awarded the Federation of European Biochemical Societies (FEBS) 2009 Award for her research & its significance. Other recipients of this award include Prof. J. Craig Venter & Prof. Robert Huber.

**Professor Dolores Cahill** is one of the doctors that has set up the World Doctors Alliance to raise awareness.

<https://worlddoctorsalliance.com/>

The group of doctors wrote an '*Open Letter To All The Citizens Of The World And All The Governments Of The World*', which can be accessed below:

<https://doctors4covidethics.medium.com/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-Covid-f6e17c311595>

**Richard M. Fleming PhD, MD, JD.** In 1994, Dr. Fleming presented to the American Heart Association his "theory" that cardiovascular disease was due to inflammation. What was theory in 1994 has become a well-known fact for decades and was highlighted in 2004, with a feature on ABC's 20/20 News.

Patent # 9566037 was issued to Dr Fleming on February 14, 2017.

The Fleming Method patent (FMTVDM) covers ALL methods and devices able to measure metabolic and regional blood flow differences. This breakthrough made it possible to differentiate functionality of tissue, tissue types as well as non-tissue, and the measurement of treatment response using all isotopes, enhancing agents and devices capable of detecting and measuring isotopes.

Developing technology that disrupts the methods of conventional medicine is not always welcomed. Especially when that technology would half the revenue a \$20 billion nuclear isotope industry. When physicians bring innovation to medicine, complaints to medical boards often follow along with court cases, which is why it's called, "Disruptive Technology."

[COVID-19 | Fleming-Method \(flemingmethod.com\)](https://flemingmethod.com)

<https://odysee.com/@xipnios:7/Bases-116-Dr-Richard-Fleming-SARS-CoVid2:3>

**Dr Peter McCullough** is MPH is board certified by the American Board of Internal Medicine in internal medicine and cardiovascular disease. He has extensive training and expertise in lipidology and echocardiography. He holds additional certifications from the American Board of Clinical Lipidology and the National Board of Echocardiography. Dr McCullough specializes in treating patients with complicated internal medicine problems that have affected important organs, including the heart and kidneys. After receiving a bachelor's degree from Baylor University, Dr McCullough completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. He completed his internal medicine residency at the University of Washington in Seattle, a cardiology fellowship including service as Chief Fellow at William Beaumont Hospital, and a master's degree in public health at the University of Michigan. Dr McCullough oversees cardiology training, education, and research for Baylor Health Care System and is **Vice Chief of Medicine at Baylor University Medical Center** at Dallas. He is an internationally recognized authority in his field and frequently lectures on internal medicine, nephrology, and cardiology. In addition, he has published over a thousand related scientific communications. He is currently serving as the **chair of the National Kidney Foundation's Kidney Early Evaluation Program**, the largest community screening effort for chronic diseases in America. As both a primary care physician and specialist, Dr McCullough welcomes patients with complicated internal medicine problems that have affected important organs, including the heart and kidneys. He is knowledgeable about the roles of diet and exercise in health and disease and commonly provides guidance concerning dietary supplements and treatments for obesity. He has an intimate practice style with frequent patient contact and 24 X 7 access for questions and helps with medical problems. His practice involves both teaching and research. Therefore, his patients are among the first to have new tests and treatments for high cholesterol, high blood pressure, diabetes, and heart and kidney disease. Dr McCullough is on the medical staff at **Baylor University Medical Center, Baylor Jack and Jane Hamilton Heart and Vascular Hospital**, and **The Heart Hospital Baylor Plano**. He is also on staff at **Baylor Heart and Vascular Institute**, which promotes cardiovascular research and education.

**Dr Peter McCullough** testimony to the **United States Senate** as to effective treatments for Covid 19 is set out below:

<https://www.youtube.com/watch?v=QAHi3IX3oGM>

[Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 \(COVID\) Infection - The American Journal of Medicine \(amjmed.com\)](#)

<https://www.bitchute.com/video/rKP61hruGxIt/>

**Dr Sucharit Bhakdi:** an award-winning virologist, elucidates why the rushed Covid19 vaccine trials represent the world's largest medical experiment perpetrated on the globe in human history.

<https://thehighwire.com/videos/the-biggest-experiment-ever-done/>

[German Microbiologist: "They are Killing People with these COVID mRNA Injections" to Reduce the World's Population \(healthimpactnews.com\)](#)

**Dr Sherri J. Tenpenny** is an osteopathic medical doctor board-certified in three medical specialities. Dr Tenpenny has been a guest on hundreds of radio and national television programs (including the Dr Oz Show and the Today Show Australia). She has lectured at Cleveland State University, and Case Western Reserve Medical School and has been a speaker at conventions, both nationally and internationally, as a recognized expert on a wide range of topics within the field of Integrative Medicine, including breast health, breast thermography, women's hormones, medical uses of iodine and the adverse effects vaccines have on health.

From 1986 to 1998, she was a full-time Emergency Medicine physician and the director of the Emergency Department in Findlay, Ohio. Dr Tenpenny's corporate experience includes serving as the Medical Director at Sanoviv Medical Center, a 40-bed hospital located in Rosarita, Mexico, in 2008 and Chief Medical Consultant for Parker Hannifin, a Fortune 250 Company with 60,000 employees in 48 countries, from 2012 to 2014.

Currently, she attends to patients two days per week at Tenpenny Integrative Medical Center, located in Cleveland, Ohio, where patients from nearly all 50 states and 17 countries have gotten well using a combination of conventional and holistic therapies.

**Dr Sherri Tenpenny's** testimony to Ohio Congress about the vaccines may be accessed via the link below:

<https://www.bitchute.com/video/uaB0AkBUZE3y/>

**Dr Rogers Hodkinson:** received his general medical degrees from Cambridge University in the UK (M.A., M.B., B. Chir.), where he was a scholar at Corpus Christi College. Following a residency at the University of British Columbia, he became a Royal College certified general pathologist (FRCPC) and also a Fellow of the College of American Pathologists (FCAP). He is in good standing with the College of Physicians and Surgeons of Alberta and has been recognized by the Court of Queen's Bench in Alberta as an expert in pathology.

<https://www.bitchute.com/video/q6nG6wCzhmim/>

[Dr Roger Hodkinson talks to Anna Brees - 11th June 2021 \(bitchute.com\)](#)

<https://medmaldoctors.ca/dr-roger-hodkinson/>

**Stephanie Seneff, Ph.D.** a senior research scientist at MIT, is sounding the alarm over the radically unnatural COVID vaccines:

[Stephanie Seneff - COVID mRNA Injections May Bring Avalanche of Neurological Disease \(mercola.com\)](#)

**Dr Vladimir Zev Zelenko MD:** who created COVID HCQ protocol, calls child vaccine mandates '*crimes against humanity.*'

[Doctor who created COVID HCQ protocol calls child vaccine mandates 'crimes against humanity' | News | LifeSite \(lifesitenews.com\)](#)

### **New Zealand Doctors**

A group of doctors, dentists and scientists are very concerned about the rollout of the Covid-19 vaccine to the general population of New Zealand. The group is called **New**

**Zealand Doctors Speaking out with Science** ([NZ Doctors Speaking Out with Science \(nzdsos.com\)](https://nzdsos.com))

The group's open letter to the Government dated 27 April 2021 can be found at the link below:

[Letter by NZ Doctors with Concerns Over Pfizer mRNA Injection – Our land Our water Our bodies \(kti.org.nz\)](https://kti.org.nz/letter-by-nz-doctors-with-concerns-over-pfizer-mrna-injection-our-land-our-water-our-bodies)

Various videos can be found at:

<https://odysee.com/@NZDSOS:2>

**Dr Winter** about Covid and the vax:

<https://www.podbean.com/site/EpisodeDownload/PBF7E832RXUFJ>

An open video from **Dr Damian Wojcik**

[An open video from NZ GP Damian Wojcik – Covid Plan B](#)

**Dr Anna Goodwin** is a New Zealand based doctor.

[NZ Based Doctor Speaks Up For Health Freedom \(odysee.com\)](#)

**Dr Cindy de Villiers**

[Dr Cindy de Villiers M.D: "We practice first by doing no harm." \(odysee.com\)](#)

**Dr Matt Shelton**

[Dr Matt Shelton M.D. On New Zealand's Covid Response \(odysee.com\)](#)

**Dr Emanuel Garcia**

<https://odysee.com/@NZDSOS:2/Dr-Garcia:d?r=9s4b8vXFdXW35cQAKtQvLekUmw67oEZB>

**Dr Sam Bailey**

<https://www.youtube.com/channel/UCyD52JnQnXkLe5HGm4IARHw>

<https://www.bitchute.com/video/Wx4Rp4MspOHH/>

If you wish to sign the NZDSOS petition, please click on the link below:

[NZ Doctors Speaking Out with Science \(nzdsos.com\)](http://nzdsos.com)

**Dr Bridle** is an associate professor and viral immunologist in the Department of Pathobiology at the University of Guelph. His research interests include developing a better understanding of how the immune system responds to viral infections as well as designing immunotherapies for the treatment of cancers and infectious diseases.

**Dr Bridle**, who was awarded a \$230,000 grant by the Canadian Government last year for research on COVID vaccine development, said he and a group of international scientists filed a request for information from the Japanese regulatory agency to get access to Pfizer's "biodistribution study."

Interview: <https://lbry.tv/@RealNewsforever:a/COVID-VACCINES-ARE-DEADLY-SAYS-DOCTOR:8>

**Dr Carrie Madej**

<https://www.brighteon.com/7b904792-582a-495d-bb1c-141e3da181ab>

## Groups of Doctors

### **World Doctors Alliance**

Open letter to all the citizens of the world and all the governments of the world:

<https://worlddoctorsalliance.com/>

A number of **Texas physicians** have recently testified before the **State Senate** to oppose the vaccines being made mandatory. A link to their testimony is set out below:

<https://www.bitchute.com/video/OhKC74FaPOXO/>



**Doctors for Covid Ethics** ` Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID Vaccine Safety Concerns'

<https://doctors4covidethics.org/blog/>

[Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID mRNA Injection Safety Concerns | by Doctors for Covid Ethics | Medium](#)

[Pfizer mRNA Injection Authorised, Data Sight Unseen – Doctors for COVID Ethics \(doctors4covidethics.org\)](#)

Various Doctors in Canada speaking out:

<https://t.me/onceyouawake1>

<https://www.bitchute.com/video/NGTmdKRmNM2O/>

### **The mRNA Injection Does Not Appear to prevent Covid**

109. Initial clinical trials for the mRNA Injection did not demonstrate that the treatment stopped any of the following:

- (a) Getting Covid;
- (b) Getting Seriously sick with Covid;
- (c) Being hospitalised because of Covid; or
- (d) Transmitting Covid to others.

110. **Medsafe's** position as of July 2021<sup>61</sup>:

*"Question. Does the vaccine prevent or reduce transmission of COVID-19?"*

*Medsafe Answer: At this stage, we do not know if vaccination prevents or reduces transmission of COVID-19."*

111. All the trials proved waws that there was a mild reduction of mild symptoms (e.g., coughing or muscle pain). We know this as the Pfizer trial defined COVID as follows:

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<sup>61</sup> <https://www.medsafe.govt.nz/COVID-19/q-and-a.asp>

*"Covid-19 was defined according to the Food and Drug Administration (FDA) criteria as the presence of at least one of the following symptoms: fever, new or increased cough, new or increased shortness of breath, chills, new or increased muscle pain, new loss of taste or smell, sore throat, diarrhea, or vomiting ..."*

112. We have been led to believe that the mRNA Injection will prevent individuals from contracting COVID. However, the mRNA Injection does not stop Covid. The **Pfizer** 'Fact Sheet for Recipients and Care Givers'<sup>62</sup> (**Pfizer Fact Sheet**) states that:

*"The Pfizer-BioNTech COVID vaccine is an unapproved vaccine that may prevent COVID. There is no FDA-approved vaccine to prevent COVID."*

*"[t]he duration of protection against COVID is currently unknown."*

113. We noted with interest that **Merck** discontinued the development of the vaccine as it found that:

*"...the immune responses were inferior to those seen following natural infection and those reported for other SARS-CoV-2/COVID vaccines<sup>63</sup>."*

114. **The National Health Service**<sup>64</sup> in the United Kingdom has made clear that it is unknown whether Covid vaccinations prevent contraction or transmission of the virus; therefore, it cannot be suggested that the unknown risk to children posed by vaccination is worth it as a potential protective measure for others.

115. **Dr Anthony Fauci**, the director of the U.S. **National Institute of Allergy and Infectious Diseases** and the chief medical advisor to the president, has confirmed that the mRNA Injection aims to prevent some milder symptoms of Covid-19 rather than preventing transmission in a recent interview<sup>65</sup>.

116. **Chief Health Officer of Queensland Jeanette Young** acknowledged the situation and stated on television that:

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<sup>62</sup> <http://labeling.pfizer.com/ShowLabeling.aspx?id=14472&format=pdf>

<sup>63</sup> <https://www.merck.com/news/merck-discontinues-development-of-sars-cov-2-covid-19-vaccine-candidates-continues-development-of-two-investigational-therapeutic-candidates/>

<sup>64</sup> [Safety and Immunogenicity Study of 2019-nCoV Vaccine \(mRNA-1273\) for Prophylaxis of SARS-CoV-2 Infection \(COVID-19\) - Full Text View - ClinicalTrials.gov](#) AND [A Study to Evaluate Efficacy, Safety, and Immunogenicity of mRNA-1273 Vaccine in Adults Aged 18 Years and Older to Prevent COVID-19 - Full Text View - ClinicalTrials.gov](#) AND <https://clinicaltrials.gov/ct2/show/NCT04368728>

<sup>65</sup> <https://finance.yahoo.com/news/fauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html>

*"Just because you're vaccinated doesn't mean you won't get infected. <sup>66</sup>"*

117. When a vaccinated couple were not allowed to be with their newborn child for eight days.
118. According to projections by UK's top modelling agency, **Statement from the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O)**, the third wave of COVID spike will hospitalize and kill 60 to 70% of those people who took both the mRNA Injection doses <sup>67</sup>.
119. You can access the above Statement by clicking on the link below:  
[S1182 SPI-M-O Summary of modelling of easing roadmap step 2 restrictions.pdf \(publishing.service.gov.uk\)](#)  
or going via the Gov.UK website:  
[SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2, 31 March 2021 - GOV.UK \(www.gov.uk\)](#)

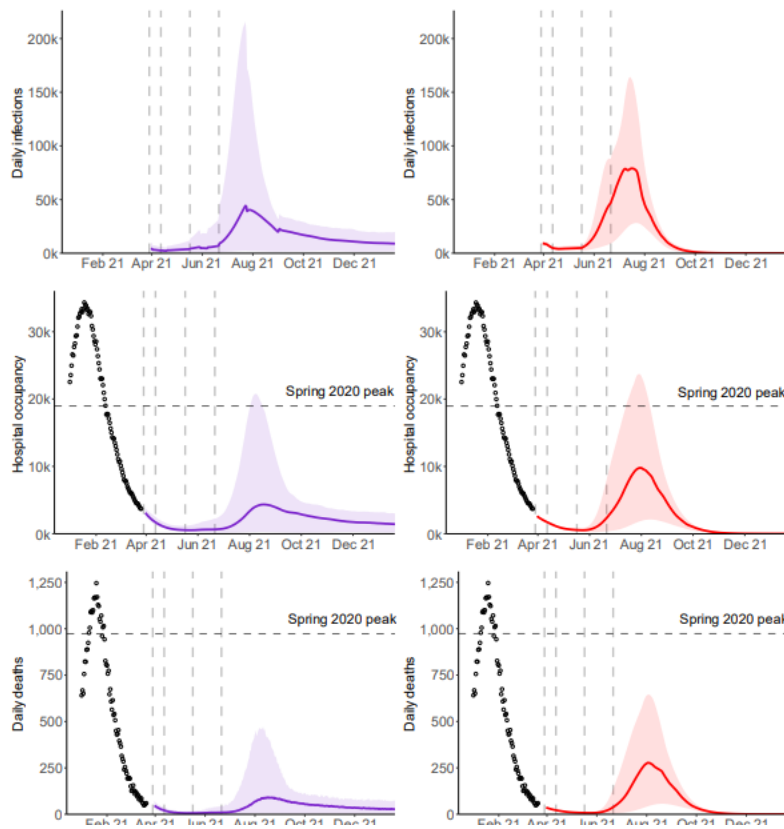
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<sup>66</sup> [Melbourne couple meet newborn baby eight days after birth due to COVID restrictions, Queensland news \(9news.com.au\)](#) and <https://www.msn.com/en-au/news/melbourne/couple-finally-meet-newborn-eight-days-after-birth/ar-AAKTKcu>

<sup>67</sup> [SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2, 31 March 2021 - GOV.UK \(www.gov.uk\)](#)

32. The resurgence in both hospitalisations and deaths is dominated by those that have received two doses of the vaccine, comprising around 60% and 70% of the wave respectively. This can be attributed to the high levels of uptake in the most at-risk age groups, such that immunisation failures account for more serious illness than unvaccinated individuals. This is discussed further in paragraphs 55 and 56.

**Figure 4:** England infections (top), hospital bed occupancy (middle), and deaths within 28 days of a positive test (bottom) in the Imperial (left – purple) and Warwick (right – red) models, **assuming central assumptions including 90% coverage in the under 50-year olds and significant reduction in transmission from baseline measures continue after Step 4.** Peaks in occupancy and daily deaths from January 2021 and levels seen in Spring 2020 are shown by dashed horizontal lines. Vertical dashed lines show the dates at which each Roadmap step is taken. Shaded regions show the 95% credible intervals.



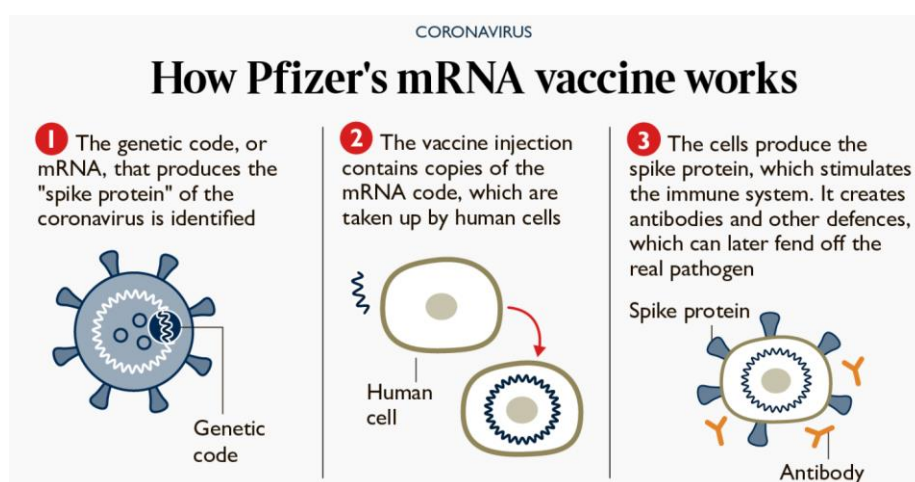
120. According to Sky News<sup>68</sup>, **Public Health England** has stated that the Delta (Indian) variant is 64% more transmissible than the Alpha (Kent) variant indoors and vaccines are less effective against it. Since early June, the number of Delta variant cases across the UK has increased by 243% to 42,323. More than 90% of new COVID cases in the UK are now the Delta variant.

121. In addition, the media is now reporting the need for booster vaccines.

<sup>68</sup> [COVID-19: Delta variant about 60% more transmissible than Alpha and more resistant to vaccines, PHE reports | UK News | Sky News](#)

## mRNA Injection and Adverse Reactions

122. Traditional vaccines work by exposing the body to a weakened microorganism strain responsible for causing the disease.
123. The mRNA Injection employs a novel messenger ribonucleic acid (**mRNA**), which theoretically work by injecting a non-natural RNA (of which no toxicology trials have been undertaken) into the body, where it replicates inside your cells and encourages your body to recognise and make antigens for, the "*spike proteins*" of the virus.
124. No mRNA vaccine has ever been released to the market anywhere globally before the vaccines for Covid 19.



125. Many doctors, including **Dr Ryan Cole**<sup>69</sup>, have described the mRNA Injection as an experimental, biological, gene therapy immune modularity vaccine. However, **Dr David Martin**<sup>70</sup> Explains Covid mRNA Injections are not mRNA Injections but are Medical Devices.
126. The **FDA** ACIP Meeting on 30 October 2020 headed up *CBER Plans for Monitoring COVID mRNA Injection Safety and Effectiveness*<sup>71</sup>, which are shown in the screenshot below ("**FDA's Working List of Possible Adverse Event Outcomes**"):

<sup>69</sup> <https://www.bitchute.com/video/5UHDpnt6ZYrp/>

<sup>70</sup> <https://lbry.tv/@AdamCast:4/Dr-David-Martin-Explains-Covid-Vaccines-are-not-Vaccines-are-Medical-Devices:b>

<sup>71</sup> <https://www.fda.gov/media/143557/download>

**FDA Safety Surveillance of COVID-19 Vaccines :  
DRAFT Working list of possible adverse event outcomes**

**\*\*\*Subject to change\*\*\***

- |   |  |
|---|--|
| ▪ Guillain-Barré syndrome   | ▪ Deaths   |
| ▪ Acute disseminated encephalomyelitis  | ▪ Pregnancy and birth outcomes                     |
| ▪ Transverse myelitis   | ▪ Other acute demyelinating diseases               |
| ▪ Encephalitis/myelitis/encephalomyelitis/<br>meningoencephalitis/meningitis/<br>encephalopathy | ▪ Non-anaphylactic allergic reactions              |
| ▪ Convulsions/seizures  | ▪ Thrombocytopenia                                 |
| ▪ Stroke  | ▪ Disseminated intravascular coagulation           |
| ▪ Narcolepsy and cataplexy  | ▪ Venous thromboembolism                           |
| ▪ Anaphylaxis   | ▪ Arthritis and arthralgia/joint pain              |
| ▪ Acute myocardial infarction   | ▪ Kawasaki disease                                 |
| ▪ Myocarditis/pericarditis  | ▪ Multisystem Inflammatory Syndrome<br>in Children |
| ▪ Autoimmune disease  | ▪ Vaccine enhanced disease                         |

127. The reporting systems are recording significant adverse reactions, including the above.

128. If the FDA was aware of these adverse reactions, then surely our Government in New Zealand must have known of the adverse reaction before funding an unprecedented advertising campaign stating the mRNA Injection is safe and effective.

**Spike Protein**

129. Pfizer's website<sup>72</sup> states that the mRNA Injection works by:

*"mRNA, delivered to your body's cells by lipid nanoparticles, instructs the cells to generate the spike protein found on the surface of the novel coronavirus that initiates infection.<sup>1,2</sup> Instructing cells to generate the spike protein spurs an immune response, including generation of antibodies specific to the SARS-CoV-2 spike protein."*

130. Covid 19 covered in spikes which are called the `Spike Protein`. The new mRNA vaccines make your body produce these `Spike Proteins`. Many scientists are speaking out about the spike protein as they state there is no off button.

131. **Dr Robert Malone, Inventor mRNA Injections, PhD Bret Weinstein, and Steve Kirsch** explain in their 3-hour video consider the science and evidence of how the covid vaccine spreads through the body. **Dr Robert Malone** discussed how he (nor

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<sup>72</sup> [https://www.pfizer.com/news/hot-topics/the\\_facts\\_about\\_pfizer\\_and\\_biontech\\_s\\_covid\\_19\\_vaccine](https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine)

many other scientists) did not expect the Spike Protein from the vaccine to move from the muscle in the arm (from where it was injected) and travel to other parts of the body, causing harm. He believes that the Spike Protein could even reach the bone marrow and lead to developing leukaemia (Blood Cancer) - only time will tell.

15-minute extract of the discussion:

<https://www.youtube.com/watch?v=aMB1dRJNHe8>

Full 3 Hour Interview:

<https://www.youtube.com/watch?v=-NNTVJzqtY>

Another interview:

[https://brandnewtube.com/watch/dr-malone-the-mrna-insider-with-del-bigtree-thehighwire-com\\_oa6KMdjVlv5Agsa.html](https://brandnewtube.com/watch/dr-malone-the-mrna-insider-with-del-bigtree-thehighwire-com_oa6KMdjVlv5Agsa.html)

132. **Dr Yeadon** (former Vice President Respiratory & Chief Scientific Advisor, Pfizer – full CV summary set out above) and **Dr Wodarg** (lung specialist and former head of the public health department) filed an application with the **European Medicine Agency (EMA)** for the immediate suspension of all SARS CoV2 vaccine studies, in particular the **BioNtech/Pfizer study** on BNT162b (EudraCT number 2020-002641-42). A pdf copy of the letter can be accessed by clicking on the link below:

[https://dryburgh.com/wp-content/uploads/2020/12/Wodarg\\_Yeadon\\_EMA\\_Petition\\_Pfizer\\_Trial\\_FINAL\\_01DEC2020\\_signed\\_with\\_Exhibits\\_geschwarz.pdf](https://dryburgh.com/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_signed_with_Exhibits_geschwarz.pdf)

133. **Dr Yeadon** has explained in laypersons terms that when you administer a substance to a person, you want to know where the substances distribute to in the body, how long it stays there (*Pharmacogenetics*), and what does it do when it is there (Pharmacodynamics). According to **Dr Yeadon**, the vaccine manufacturers are not required to study either. Accordingly, they do not have to study where the spike protein goes, what it does and for how long.

134. **Dr Byram Bridle**<sup>73</sup>, a viral immunologist and associate professor at the **University of Guelph, Ontario**, in an interview, warned listeners that his message was “scary.” **Dr Byram Bridle** stated that:

“We thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein. So by vaccinating people we are inadvertently inoculating them with a toxin ...”

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<sup>73</sup> <https://www.lifesitenews.com/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin>

“We have known for a long time that the spike protein is a pathogenic protein. It is a toxin. It can cause damage in our body if it gets into circulation ...”

135. Does the spike protein mean that those who have taken the vaccine will be dependent on ‘booster’ shots to address each new variant?
136. Various Research papers discussing the dangers of using a spike protein vaccine are set out below:

<https://europepmc.org/article/PMC/PMC8003504>

[Spike Protein crossing the Blood-Brain Barrier = Mad Cow Disease \(bitchute.com\)](#)

**SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19:**

[SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19 | Nature](#)

**The SARS-CoV-2 spike protein alters barrier function in 2D static and 3D microfluidic in-vitro models of the human blood-brain barrier:**

<https://www.sciencedirect.com/science/article/pii/S096999612030406X>

**SARS-CoV-2 spike protein alone may cause lung damage:**

[SARS-CoV-2 spike protein alone may cause lung damage \(medicalxpress.com\)](#)

**COVID mRNA Injection Spike Protein Can Cause Multiple Organ Damage:**

<https://principia-scientific.com/covid-vaccine-spike-protein-can-cause-multiple-organ-damage/>

**SARS-CoV-2 Spike Protein Elicits Cell Signalling in Human Host Cells: Implications for Possible Consequences of COVID-19 mRNA Injections:**

[mRNA Injections | Free Full-Text | SARS-CoV-2 Spike Protein Elicits Cell Signaling in Human Host Cells: Implications for Possible Consequences of COVID-19 mRNA Injections \(mdpi.com\)](#)

Stephanie Seneff - PhD MIT Professor has a lot to say about how the mRNA jabs & spike proteins operate:

[SARS-CoV-2 mRNA Injections and Neurodegenerative Disease - Seneff \(stephanieseneff.net\)](#)

***Antibody-Dependent Enhancement***

137. Researchers typically take time to test for the possibility of immune enhancement in animals. However, given the perceived urgency, vaccine makers moved straight into small-scale human tests without waiting to complete such animal tests<sup>74</sup>.

138. One type of immune enhancement is known as Antibody-Dependent Enhancement

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<sup>74</sup> [As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing | Reuters](#)



**(ADE).**

139. ADE is a process where a virus leverages antibodies to aid infection. In short, the antibodies, stimulated by a vaccine, amplify the infection rather than prevent its damage. This paradoxical reaction has repeatedly been seen in other vaccines and animal development trials, especially coronavirus vaccine trials<sup>75</sup>. ADE is a common problem with Dengue Virus, Ebola Virus, HIV, RSV, and the family of coronaviruses.

140. The **New Zealand Ministry of Health Committee** noted that:

*"...low prevalence of COVID infection in New Zealand means that vaccine-associated enhanced disease (VAED) may be less of a risk compared with other countries<sup>76</sup>."*

141. The Committee has acknowledged ADE in connection with the mRNA Injection, but they are unsure of the risk. So why is the New Zealand Government ignoring the mRNA Injection's potential risks and wishing to vaccinate the entire population when there is little to no risk of Covid?

142. The "**Summary of the risk management plan for Comirnaty (COVID-19 mRNA vaccine)**"<sup>77</sup> published on **Med Safe's** website sets out the "Important Risks and Missing Information table":

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<sup>75</sup> [COVID-19 Vaccines: Should We Fear ADE? | The Journal of Infectious Diseases | Oxford Academic \(oup.com\)](#)

<sup>76</sup> <https://www.medsafe.govt.nz/profs/adverse/minutesOoS-20-jan-2021.htm?fbclid=IwAR1iIZ86hJ1doeAZlkfdirpevhDwlAK0yt0r91Yf2igrXiwnax7qh4FBsk>

<sup>77</sup> [Comirnaty-RMP.pdf \(medsafe.govt.nz\)](#)

**Table 3: Important potential risk: Vaccine-associated enhanced disease (VAED) including vaccine-associated enhanced respiratory disease (VAERD)**

Evidence for linking the risk to the medicine	<p>VAED is considered a potential risk because it has not been seen in human studies with this or other COVID-19 vaccines being studied. It has not been seen in vaccine studies in animal models of the SARS-CoV-2 virus either. However, in selected vaccine studies in animal models as well as in some laboratory studies in animal cells infected with 2 other related coronaviruses (SARS-CoV-1 and MERS-CoV), abnormalities in immune responses or cellular responses indicative of VAED were observed. Because of this, VAED is considered a potential risk. In the past, there have been other examples of particularly respiratory viruses where VAED has been observed. For example, some children who received an inactivated respiratory syncytial virus vaccine (a different type of virus), had worse signs of disease when they were subsequently infected with respiratory syncytial virus.</p> <p>VAED is thought to occur by several mechanisms where the immune response is not fully protective and actually either causes the body to have an inflammatory reaction due to the type of immune response with specific types of T-cells, or the body does not produce enough strong antibodies to prevent SARS-CoV-2 infection of cells or produces weak antibodies that actually bind to the virus and help it to enter cells more easily, leading to worse signs of disease.</p>
Risk factors and risk groups	It is thought that the potential risk of VAED may be increased in individuals producing a weak antibody response or in individuals with decreasing immunity over time.
Risk minimisation measures	Routine: None Additional: None
Additional pharmacovigilance activities*	C4591001 C4591011 C4591012



ACCESS/VAC4EU
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143. A recent peer-reviewed article, *Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease*<sup>78</sup>, by **Dr Timothy Cardozo**<sup>79</sup> (MD, PhD) and **Professor Ronald Veazey**<sup>80</sup> undertook a study was to determine if

<sup>78</sup>

[https://www.researchgate.net/publication/346464618\\_Informed\\_consent\\_disclosure\\_to\\_vaccine\\_trial\\_subjects\\_of\\_risk\\_of\\_COVID-19\\_vaccines\\_worsening\\_clinical\\_disease/fulltext/5fc3873e458515b79784d097/Informed-consent-disclosure-to-vaccine-trial-subjects-of-risk-of-COVID-19-vaccines-worsening-clinical-disease.pdf?origin=publication\\_detail](https://www.researchgate.net/publication/346464618_Informed_consent_disclosure_to_vaccine_trial_subjects_of_risk_of_COVID-19_vaccines_worsening_clinical_disease/fulltext/5fc3873e458515b79784d097/Informed-consent-disclosure-to-vaccine-trial-subjects-of-risk-of-COVID-19-vaccines-worsening-clinical-disease.pdf?origin=publication_detail)

<sup>79</sup> <https://med.nyu.edu/faculty/timothy-j-cardozo>

<sup>80</sup> <https://medicine.tulane.edu/departments/pathology-laboratory-medicine-division-comparative-pathology/faculty/ronald-s-veazey-dvm>

sufficient literature exists to require clinicians to disclose the specific risk that COVID-19 vaccines could worsen disease upon exposure to challenge or circulating virus. The study found:

*"COVID-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralizing antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials."*

*"Conclusions drawn from the study and clinical implications*

*The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent."*

### Heart

144. **Bloomberg**<sup>81</sup> recently reported that Israel health officials had found a probable link between the mRNA Injection and dozens of cases of heart inflammation in young men following the second dose of the vaccine.

145. A re-analysis of published data from the **Israeli Health Ministry** by **Dr Hervé Seligmann**, a member of the faculty of the **Medicine Emerging Infectious and Tropical Diseases at Aix-Marseille University**, and **engineer Haim Yativ** reveal, in short, that the mRNA experimental vaccine from **Pfizer** killed:

*"about 40 times more (elderly) people than the disease itself would have killed."*

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<sup>81</sup> <https://www.bloomberg.com/news/articles/2021-06-02/israel-finds-probable-link-between-pfizer-shot-and-myocarditis>

during a recent five-week vaccination period. Among the younger class, these numbers are compounded to death rates 260 times what the COVID virus would have claimed in the given time frame.

146. On June 4, seven boys between the ages of 14 and 19 in the U.S. reportedly developed chest pain and heart inflammation within four days of receiving a second dose of the Pfizer vaccine. According to a study published in **Pediatrics**,<sup>82</sup> heart imaging tests detected a rare type of heart muscle inflammation called myocarditis and pericarditis.
147. According to the mainstream media<sup>83</sup>, the **CDC**<sup>84</sup> called an urgent meeting to investigate 226 cases of heart inflammation in teen boys after having Pfizer or Moderna.
148. A search in **VAERS** revealed 628 cases of myocarditis and pericarditis among all age groups reported in the U.S following COVID vaccination between Dec.14, 2020, and May 28 2021.
149. On June 29, **Reuters**<sup>85</sup> reported that 23 previously healthy males with an average age of 25 complained of chest pain within four days of receiving a COVID-19 shot. The incident rate was said to be rare but higher than some previous estimates would have anticipated.
150. **Dr Byram Bridle**<sup>86</sup>, a viral immunologist, has stated:

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<sup>82</sup> [peds.2021-052478.full.pdf \(aapublications.org\)](https://pubs.aapublications.org/peds.2021-052478.full.pdf)

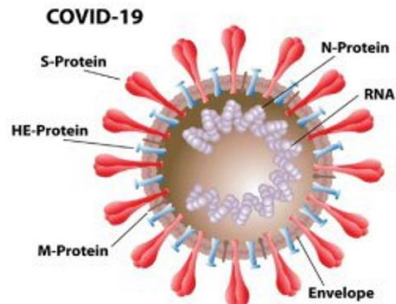
<sup>83</sup> <https://www.dailymail.co.uk/news/article-9677975/CDC-hold-meeting-heart-inflammation-young-men-vaccine.html>

<sup>84</sup> <https://www.cdc.gov/clinical/myocarditis.html> and <https://www.medsafe.govt.nz/comirnaty-myocarditis.asp>

<sup>85</sup> [Heart inflammation after COVID-19 shots higher than expected in study of U.S. military | Reuters](https://www.reuters.com/healthcare/heart-inflammation-after-covid-19-shots-higher-than-expected-in-study-of-u-s-military-2021-06-29/)

<sup>86</sup> <https://dailyexpose.co.uk/2021/06/08/vaccine-researcher-finds-spike-protein-in-covid-vaccines-unexpectedly-enters-bloodstream-causing-life-threatening-adverse-reactions/>

# "WE MADE A BIG MISTAKE!"



## VACCINE RESEARCHER FINDS SPIKE PROTEIN USED IN COVID-19 VACCINES UNEXPECTEDLY ENTERS BLOODSTREAM CAUSING LIFE-THREATENING ADVERSE REACTIONS

151. **MedSafe**<sup>87</sup> published a Monitoring Communication on 21 July 2021 in regard to a safety signal of myocarditis with mRNA injection, stating that it now myocarditis (inflammation of the heart muscle) is a rare side effect despite the safe and effective mantra and considering the FDA's list of possible adverse side effects which was known last year.

### Anaphylaxis

152. The **New Zealand Ministry of Health Committee**<sup>88</sup> stated:

*"The most important known risk with Comirnaty was considered to be reactogenicity. The rate of anaphylaxis may be higher than that of other vaccines. The Committee considered that being prepared for this risk and factoring this into messaging is important."*

153. The '**FACT SHEET FOR HEALTHCARE PROVIDERS ADMINISTERING VACCINE**' which is upload to the **FDA's** website<sup>89</sup>,

*"Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of Pfizer-BioNTech COVID vaccine."*

154. According to the CDC, "*Anaphylaxis after COVID-19 vaccination is rare and occurred in approximately 2 to 5 people per million vaccinated in the United States based on events reported to VAERS.*" <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>.

<sup>87</sup> <https://www.medsafe.govt.nz/safety/Alerts/comirnaty-myocarditis-alert.htm>

<sup>88</sup> [MARC Minutes Out of Session Meeting - 20 January 2021 \(medsafe.govt.nz\)](https://www.medsafe.govt.nz/minutes/minutes-out-of-session-meeting-20-january-2021.htm)

<sup>89</sup> <https://www.fda.gov/media/144413/download>

155. This is in stark contrast to a recent study at Mass General Brigham that assessed anaphylaxis in a clinical setting after the administration of COVID-19 vaccines and found "*severe reactions consistent with anaphylaxis occurred at a rate of 2.47 per 10,000 vaccinations*<sup>90</sup>." This is equivalent to 50 times to 120 times more cases than what VAERS and the CDC are reporting.

### Blood Clots

156. Even the mainstream media worldwide has reported that people are developing blood clots, with some dying, after taking the mRNA Injection due to the Spike Protein.

157. **Dr Yeadon** reports that when scientists gave spike proteins to animals for Sars in 2003, it caused blood clots.

158. **Dr J. Patrick Whelan**<sup>91</sup>, a paediatric rheumatologist, warned the FDA in December that mRNA vaccines could cause microvascular injury to the brain, heart, liver and kidneys in ways not assessed in safety trials.

159. **Dr Byram Bridle** discusses heart inflammation, blood clots and other adverse side effects in the interview below:

[https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge?fbclid=IwAR3\\_wi1US87CjKG1i7uD4ElrXJN1eC5dii-YIIKHRBA8P57EzIpoH9eFVN0](https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge?fbclid=IwAR3_wi1US87CjKG1i7uD4ElrXJN1eC5dii-YIIKHRBA8P57EzIpoH9eFVN0)

160. Researchers at the **Institute of Hematology at Shamir Medical Center**<sup>92</sup> have announced that there is a possible link between getting the mRNA Injection and developing a rare blood disorder called thrombotic thrombocytopenic purpura (TTP).

161. TTP is a blood disorder in which blood clots form in small blood vessels. This leads to a decrease in the number of platelets (thrombocytopenia).

162. There were four cases detected, but the main cause for concern is that these four cases occurred in a very short period of time, when usually two or three cases are detected in a year.

163. The researchers urged "*clinicians and patients to be vigilant for clinical symptoms:*

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<sup>90</sup> <https://jamanetwork.com/journals/jama/fullarticle/2777417>

<sup>91</sup> <https://childrenshealthdefense.org/defender/moderna-pfizer-vaccines-blood-clots-inflammation-brain-heart/>

<sup>92</sup> <https://www.shamir.org/en/>

*weakness, fatigue, neurological disorders, bleeding and chest pain."*

164. **Dr Charles Hoffe MD**, in his update of July 6, 2021, is reporting on the disturbing findings in his patients. He says the mRNA vaccines are plugging up thousands of tiny capillaries in the blood of those who took the 'vaccine.' Most will die in a few short years from heart failure. **Dr Charles Hoffe MD** stated<sup>93</sup>:

*"We now know that only 25 percent of the 'vaccine' injected into a person's arm actually stays in your arm. The other 75 percent is collected by your lymphatic system and literally fed into your circulation so these little packages of messenger RNA, and by the way in a single dose of Moderna 'vaccine' there are literally 40 trillion mRNA molecules. These packages are designed to be absorbed into your cells. But the only place they can be absorbed is around your blood vessels and the place where they are absorbed is the capillary networks – the tiniest blood vessels where the blood flow slows right down and where the genes are released. Your body then gets to work reading and then manufacturing trillions and trillions of these spike proteins. Each gene can produce many, many spike proteins. The body then recognises these are foreign bodies so it makes antibodies against it so your are then protected against COVID. That's the idea."*

### Guillain-Barré Syndrome

165. In February 2021, the **National Institute of Health**<sup>94</sup> reported on the first case of Guillain- Barré Syndrome following the mRNA Injection.
166. New Zealanders have been diagnosed with Guillain- Barré Syndrome as a result of the vaccine.

### Menstrual Cycle

167. Several reports from around the world that vaccinated women are developing immediate and dramatic changes in their menstrual cycle upon receipt of the vaccine<sup>95</sup>. These reports are currently the subject of ongoing academic research<sup>96</sup>.

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<sup>93</sup> <https://principia-scientific.com/doctor-heart-failure-from-mrna-jabs-will-kill-most-people/>

<sup>94</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7978140/>

<sup>95</sup> [Covid: Researchers explore links between abnormal periods and vaccine | Daily Mail Online](#)

<sup>96</sup> [Research Consent Form \(illinois.edu\)](#)

168. A paper has found the involvement of Syncytin-1 in menstruation; although the mechanism is not understood, it correlates with the cycle.

<https://www.liebertpub.com/doi/abs/10.1089/aid.2018.0059>

169. Social media groups of up to 120,000 members have been shut down.

## **Adverse Reporting Systems**

170. In 1976 the Government attempted a mass vaccination of the population with a newly created Swine Flu vaccine. However, the vaccination program was aborted after approximately 30 reported deaths and 400 cases of Guillain-Barre Syndrome.

171. A link to the **60 Minutes** Investigation produced by **Norman Gorin** and reported by **Mike Wallace** is set out below:

[The Last Plandemic \(a "60 Minutes" Investigation\) - THEY DONT WANT THIS GOING AROUND - FRAUD/DAMAGES \(bitchute.com\)](#)

172. The current mRNA Injection data has identified transverse myelitis cases, Bell's Palsy cases, and Guillain-Barre linked to vaccination.

173. The reporting of adverse events is essential to ensure the safety of drugs and vaccines.

174. **Dr Kessler**, one of the newly named co-chairs of President-Elect Biden's **Transition COVID Advisory Board**, a former **FDA** Commissioner, a professor with triple expertise in pediatrics, epidemiology, and biostatistics, has stated that that reported adverse reactions<sup>97</sup>:

*"represent only a fraction of the serious adverse events."*

175. In addition, a 2010 federal US study performed by **Harvard** consultants on behalf of the **Agency for Healthcare Research and Quality**<sup>98</sup> found that:

*"fewer than 1% of vaccine adverse events"*

176. While some may argue that deaths and serious adverse reactions are the prices that

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<sup>97</sup> <https://www.fda.gov/media/78526/download>

<sup>98</sup> <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>



must be paid, we shut the global economy down and stopped children socializing and attending school on the premise that "*every life matters*".

177. Why are lives distinguished in terms of the cause of death?
178. The **Australian Prime Minister**<sup>99</sup> said it is the deceased fault if they die of any covid injection. It is an individual's responsibility to get informed consent and that vaccine deaths are simply part of the pandemic prevention.
179. What is more concerning is that appears to be no threshold for adverse reactions? If there were a threshold, the trials would have been stopped (this assertion is based on previous vaccine trials, which were halted with far lower adverse reaction counts). However, regardless of the adverse reactions being reported and the medium- and long-term concern, the mRNA Injection rollout is full steam ahead.

## **America**

180. The **mRNA Injection Adverse Event Reporting System**<sup>100</sup> ("**VAERS**") is an American early warning system to detect possible safety problems in the U.S. licensed vaccines co-managed by the **CDC** and the **FDA**.
181. **VAERS** data released showed 294,801<sup>101</sup> reports of adverse events following COVID vaccines, including 5,165 deaths<sup>102</sup> and 25,359<sup>103</sup> serious injuries between Dec. 14, 2020, and May 28, 2021<sup>104</sup>. As of 11 June 2021, the VAERS data showed a total of 358,379 reports of adverse events from all age groups following COVID vaccines, including 5,993 deaths and 29,871 serious injuries between Dec. 14, 2020, and June 11, 2021.

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<sup>99</sup> [Teresa 2.0 on Twitter: "There you have it Australia. Our Prime Minister said that if you die from the vaccine, it's YOUR fault, because it's YOUR job to get Informed Consent from your GP, prior to getting vaccinated. He also went on to say that Vaccine deaths are simply a part of "Pandemic Prevention" https://t.co/k2QGsy0gCV" / Twitter](https://t.co/k2QGsy0gCV)

<sup>100</sup> [The Vaccine Adverse Event Reporting System \(VAERS\) Request \(cdc.gov\)](https://www.cdc.gov/vaccine-adverse-event-reporting-system/)

<sup>101</sup> <https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

<sup>102</sup> [Search Results from the VAERS Database \(medalerts.org\)](https://www.medalerts.org/vaersdb/search.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19)

<sup>103</sup> [Search Results from the VAERS Database \(medalerts.org\)](https://www.medalerts.org/vaersdb/search.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19)

<sup>104</sup> [Vaccine Adverse Event Reporting System \(VAERS\) \(hhs.gov\)](https://www.hhs.gov/vaccine-adverse-event-reporting-system/)



## Search Results

From the 6/11/2021 release of VAERS data:

### Found 358,379 cases where Vaccine is COVID19

Table

↓	↑ ↓	↑ ↓
Event Outcome	Count	Percent
Death	5,993	1.67%
Permanent Disability	4,874	1.36%
Office Visit	65,621	18.31%
Emergency Room	47	0.01%
Emergency Doctor/Room	47,791	13.34%
Hospitalized	20,692	5.77%
Hospitalized, Prolonged	45	0.01%
Recovered	133,462	37.24%
Birth Defect	183	0.05%
Life Threatening	6,156	1.72%
Not Serious	140,792	39.29%
<b>TOTAL</b>	<b>† 425,656</b>	<b>† 118.77%</b>

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 358379 (the number of cases found), and the Total Percentage is greater than 100.

182. According to **Robert.F. Kennedy**, JR site, Children’s Health Defense<sup>105</sup>, here are a few examples (you can visit the VAERS site and verify them yourself):

- VAERS ID 931417-1 patient began to complain of severe chest pain 3 hours after the vaccine was given... EKG was obtained and revealed ST segment elevation, and a “cardiac alert” was called.
- VAERS ID 919087-1 Patient was admitted from 12/27- 12/28/2020 at hospital by cardiology team who strongly felt the acute pericarditis was due to the Pfizer mRNA Injection (Dr. was senior cardiologist).
- VAERS ID 932145-1 Patient came into the emergency department on 1/8/21 with an acute ischemic stroke with complete occlusion of her left MCA... She received her 1st COVID vaccine dose that morning at 10:31am.
- VAERS ID 940955-1 Cardiac Arrest; Patient was found pulseless and breathless 20 minutes following the vaccine administration.
- VAERS ID 932346-1 Received second dose of pfizer Covid vaccine 1/8/21 – Fever, dizziness, headache 1/10/21 0250 was found not breathing. EMS performed CPR and patient was deceased.

<sup>105</sup> [COVID Vaccine Secrets Resources • Children's Health Defense \(childrenshealthdefense.org\)](#)

- VAERS ID 946097-1 Died 3 days after receiving the vaccine/Death cause: Pneumonia per doctor.

183. **Dr Peter McCullough**<sup>106</sup> has some interesting views on the **VAERS** number as set out in the video set out in the footnotes below.

<https://amgreatness.com/2021/06/15/dr-mccullough-covid-vaccines-have-already-killed-up-to-50000-americans-according-to-whistleblowers/>

<https://www.brighteon.com/b802c14f-e906-4664-9913-76079f1318ed>

### **United Kingdom**

184. As of 9 June 2021, the Medicines and Healthcare products Regulatory Agency<sup>107</sup> in the United Kingdom had received 202,036 suspected reactions to the vaccines.

**Table 3: Number of suspected ADR reports received in the UK up to and including 16 June 2021.**

Country	Number of reports			
	Pfizer/ BioNtech	Oxford University/ AstraZeneca	Moderna	Brand unspecified
England	58,001	171,901	4,464	458
Wales	4,075	8,997	212	45
Northern Ireland	4,608	2,403	1	8
Scotland	5,564	14,120	355	81

### **Europe**

185. EudraVigilance is a European database of suspected adverse drug reaction reports. As of 17 July, the following adverse reactions had been reported:

<sup>106</sup> <https://leohohmann.com/2021/04/30/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths/>

<sup>107</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/994726/20210616\\_Coronavirus\\_vaccine\\_-\\_summary\\_of\\_Yellow\\_Card\\_reporting\\_v2\\_-\\_clean.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994726/20210616_Coronavirus_vaccine_-_summary_of_Yellow_Card_reporting_v2_-_clean.pdf)



Previous reports

[Oracle BI Interactive Dashboards - DAP \(europa.eu\)](#)

[Oracle BI Interactive Dashboards - DAP \(europa.eu\)](#)

[Oracle BI Interactive Dashboards - DAP \(europa.eu\)](#)

[Oracle BI Interactive Dashboards - DAP \(europa.eu\)](#)

186. Of the total of injuries recorded, half of them (753,657) are serious injuries.

*"Seriousness provides information on the suspected undesirable effect; it can be classified as 'serious' if it corresponds to a medical occurrence that results in death, is life-threatening, requires inpatient hospitalisation, results in another medically important condition, or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect."*

187. Here is the summary data through June 19, 2021. Total reactions for the experimental mRNA vaccine Tozinameran (code BNT162b2, Comirnaty) from BioNTech/ Pfizer: 7,420 deaths and 560,256 injuries to 19/06/2021:

- 16,133 Blood and lymphatic system disorders **incl. 81 deaths**
- 12,637 Cardiac disorders **incl. 964 deaths**
- 101 Congenital, familial and genetic disorders **incl. 6 deaths**
- 7000 Ear and labyrinth disorders **incl. 4 deaths**
- 265 Endocrine disorders **incl. 1 death**

- 8,122 Eye disorders **incl. 17 deaths**
- 51,030 Gastrointestinal disorders **incl. 348 deaths**
- 155,486 General disorders and administration site conditions **incl. 2,290 deaths**
- 468 Hepatobiliary disorders **incl. 31 deaths**
- 6,110 Immune system disorders **incl. 32 deaths**
- 17,549 Infections and infestations **incl. 762 deaths**
- 6,275 Injury, poisoning and procedural complications **incl. 104 deaths**
- 13,249 Investigations **incl. 285 deaths**
- 4,162 Metabolism and nutrition disorders **incl. 139 deaths**
- 79,125 Musculoskeletal and connective tissue disorders **incl. 88 deaths**
- 325 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) **incl. 23 deaths**
- 100,895 Nervous system disorders **incl. 780 deaths**
- 384 Pregnancy, puerperium and perinatal conditions **incl. 10 deaths**
- 107 Product issues
- 9,928 Psychiatric disorders **incl. 105 deaths**
- 1,765 Renal and urinary disorders **incl. 115 deaths**
- 2,696 Reproductive system and breast disorders **incl. 3 deaths**
- 23,689 Respiratory, thoracic and mediastinal disorders **incl. 848 deaths**
- 26,641 Skin and subcutaneous tissue disorders **incl. 66 deaths**
- 846 Social circumstances **incl. 10 deaths**
- 281 Surgical and medical procedures **incl. 19 deaths**
- 14,987 Vascular disorders **incl. 289 deaths**

**Total reactions** for the experimental mRNA vaccine **mRNA-1273(CX-024414) from Moderna: 4,147 deaths** and **122,643 injuries** to 19/06/2021

- 2,239 Blood and lymphatic system disorders **incl. 29 deaths**
- 3,315 Cardiac disorders **incl. 446 deaths**
- 39 Congenital, familial and genetic disorders **incl. 3 deaths**
- 1,454 Ear and labyrinth disorders
- 82 Endocrine disorders **incl. 1 death**
- 1,883 Eye disorders **incl. 7 deaths**

- 10,655 Gastrointestinal disorders **incl. 142 deaths**
- 33,936 General disorders and administration site conditions **incl. 1,759 deaths**
- 209 Hepatobiliary disorders **incl. 11 deaths**
- 1,117 Immune system disorders **incl. 5 deaths**
- 3,835 Infections and infestations **incl. 234 deaths**
- 2,480 Injury, poisoning and procedural complications **incl. 77 deaths**
- 2,670 Investigations **incl. 89 deaths**
- 1,297 Metabolism and nutrition disorders **incl. 85 deaths**
- 15,131 Musculoskeletal and connective tissue disorders **incl. 77 deaths**
- 128 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) **incl. 15 deaths**
- 21,684 Nervous system disorders **incl. 424 deaths**
- 255 Pregnancy, puerperium and perinatal conditions **incl. 2 death**
- 20 Product issues
- 2,437 Psychiatric disorders **incl. 69 deaths**
- 807 Renal and urinary disorders **incl. 52 deaths**
- 459 Reproductive system and breast disorders **incl. 1 death**
- 5,640 Respiratory, thoracic and mediastinal disorders **incl. 399 deaths**
- 6,538 Skin and subcutaneous tissue disorders **incl. 28 deaths**
- 504 Social circumstances **incl. 13 deaths**
- 397 Surgical and medical procedures **incl. 38 deaths**
- 3,432 Vascular disorders **incl. 141 deaths**

**Total reactions** for the

experimental **vaccine AZD1222/VAXZEVRIA (CHADOX1 NCOV-**

**19) from Oxford/ AstraZeneca: 3,364 deaths** and **793,036 injuries** to  
19/06/2021

- 9,136 Blood and lymphatic system disorders **incl. 132 deaths**
- 12,135 Cardiac disorders **incl. 396 deaths**
- 95 Congenital, familial and genetic disorders **incl. 2 deaths**
- 8,797 Ear and labyrinth disorders
- 309 Endocrine disorders **incl. 2 deaths**

- 13,459 Eye disorders **incl. 12 deaths**
- 81,806 Gastrointestinal disorders **incl. 161 deaths**
- 212,663 General disorders and administration site conditions **incl. 891 deaths**
- 525 Hepatobiliary disorders **incl. 25 deaths**
- 3,085 Immune system disorders **incl. 11 deaths**
- 17,791 Infections and infestations **incl. 217 deaths**
- 7,854 Injury, poisoning and procedural complications **incl. 77 deaths**
- 16,731 Investigations **incl. 79 deaths**
- 9,765 Metabolism and nutrition disorders **incl. 50 deaths**
- 123,637 Musculoskeletal and connective tissue disorders **incl. 45 deaths**
- 332 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) **incl. 8 deaths**
- 169,286 Nervous system disorders **incl. 532 deaths**
- 223 Pregnancy, puerperium and perinatal conditions **incl. 4 deaths**
- 103 Product issues
- 14,931 Psychiatric disorders **incl. 27 deaths**
- 2,809 Renal and urinary disorders **incl. 29 deaths**
- 5,967 Reproductive system and breast disorders
- 26,631 Respiratory, thoracic and mediastinal disorders **incl. 387 deaths**
- 36,457 Skin and subcutaneous tissue disorders **incl. 22 deaths**
- 772 Social circumstances **incl. 4 deaths**
- 671 Surgical and medical procedures **incl. 16 deaths**
- 17,066 Vascular disorders **incl. 235 deaths**

**Total reactions for the experimental COVID-19 vaccine JANSSEN (AD26.COV2.S) from Johnson & Johnson: 541 deaths and 33, 331 injuries to 19/06/2021**

- 306 Blood and lymphatic system disorders **incl. 16 deaths**
- 496 Cardiac disorders **incl. 56 deaths**
- 14 Congenital, familial and genetic disorders
- 177 Ear and labyrinth disorders
- 8 Endocrine disorders **incl. 1 death**

- 383 Eye disorders **incl. 3 deaths**
- 3,086 Gastrointestinal disorders **incl. 23 deaths**
- 8,761 General disorders and administration site conditions **incl. 137 deaths**
- 52 Hepatobiliary disorders **incl. 4 deaths**
- 85 Immune system disorders
- 392 Infections and infestations **incl. 13 deaths**
- 320 Injury, poisoning and procedural complications **incl. 8 deaths**
- 2,003 Investigations **incl. 37 deaths**
- 184 Metabolism and nutrition disorders **incl. 10 deaths**
- 5,718 Musculoskeletal and connective tissue disorders **incl. 17 deaths**
- 16 Neoplasms benign, malignant and unspecified (incl. cysts and polyps)
- 7,093 Nervous system disorders **incl. 68 deaths**
- 9 Pregnancy, puerperium and perinatal conditions **incl. 1 death**
- 9 Product issues
- 355 Psychiatric disorders **incl. 5 deaths**
- 119 Renal and urinary disorders **incl. 8 deaths**
- 114 Reproductive system and breast disorders
- 1,130 Respiratory, thoracic and mediastinal disorders **incl. 43 deaths**
- 804 Skin and subcutaneous tissue disorders **incl. 2 deaths**
- 72 Social circumstances **incl. 3 deaths**
- 336 Surgical and medical procedures **incl. 26 deaths**
- 1,289 Vascular disorders **incl. 60 deaths**

## **Australia**

188. As of 4 July 2021, the **Therapeutic Goods Administration** (TGA) has received 355 reports of death and 36,387 adverse reactions following vaccination for COVID vaccines<sup>108</sup>. One person had died in Australia of Covid-19 as of that date.

189. Provisional deaths data for measuring changes in patterns of mortality during the

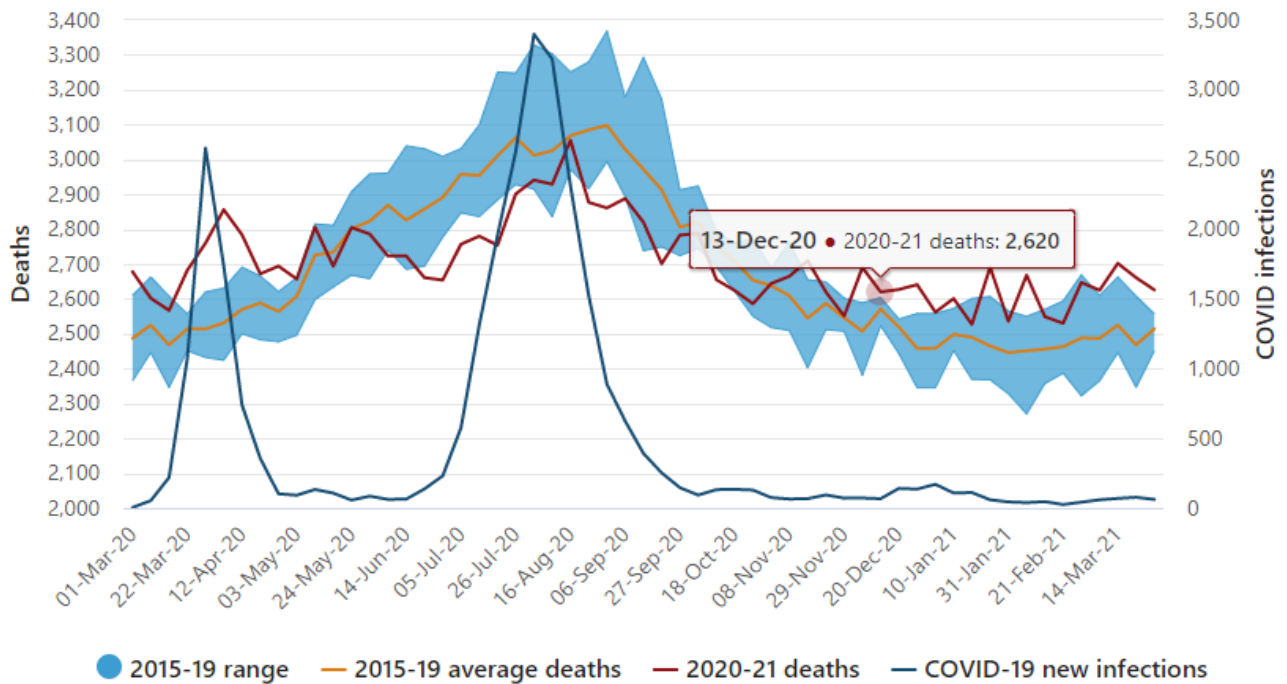
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<sup>108</sup> <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-08-07-2021>



COVID-19 pandemic and recovery period<sup>109</sup> as published on the Australian Bureau of Statistics.

**Doctor certified deaths, COVID-19 infections, Australia, 23 Feb 2020 - 28 Mar 2021 vs 2015-2019 benchmarks**



- a. This graph is compiled by the date the death occurred.
- b. This data is considered to be provisional and subject to change as additional data is received.
- c. In line with the ISO (International Organization for Standardisation) week date system, weeks are defined as seven-day periods which start on a Monday. Week 1 of any given year is the week which starts on the Monday closest to 1 January, and for which the majority of its days fall in January (i.e. four days or more). Week 1 therefore always contains the 4th of January and always contains the first Thursday of the year. Using the ISO structure, some years (e.g. 2015 and 2020) contain 53 weeks.
- d. Refer to explanatory notes on the Methodology page of this publication for more information regarding the data in this graph.
- e. Data for the number of COVID-19 infections has been sourced from the COVID-19 daily infections graph published on the Australian Government Department of Health website. Data extracted 10 June 2021.

190. Please drill down into the spreadsheets and tell us the number of the actual deaths assigned to Covid.

**New Zealand**

191. New Zealand reported data is set out below:

<sup>109</sup> [Provisional Mortality Statistics, Jan 2020 - Mar 2021 | Australian Bureau of Statistics \(abs.gov.au\)](https://abs.gov.au)

### (AEFI) reported

The information below includes:

- AEFI reports received and vaccine doses administered
- AEFI reports by prioritised ethnicity and vaccine dose
- AEFI reports by age band and vaccine dose
- the top 10 most frequently reported AEFIs by vaccine dose.

AEFI reports received and vaccine doses administered, up to and including 15 May 2021



There were 557 non-serious and 24 serious reports this week. Nine of the serious reports described as allergic reactions and 2 were for reactogenicity (flu-like symptoms). The remaining reports were for: thrombosis (3 cases), reduced vision (2 cases), kidney injury (1 case), blood in urine (1 case), seizure (2 cases), polyarthritis (1 case) and facial paralysis (2 cases).

AEFI reports received and vaccine doses administered, up to and including 5 June 2021



## AEFI reports received by age band and vaccine dose, up to and including 5 June 2021

Age	Dose 1	Dose 2	Dose unknown <sup>a</sup>	Total
10 - 19 years	59	31	0	90
20 - 29 years	463	429	0	892
30 - 39 years	479	487	0	966
40 - 49 years	426	450	0	876
50 - 59 years	436	398	0	834
60 - 69 years	319	210	0	529
70 - 79 years	155	44	0	199
80+ years	71	15	0	86
Unknown <sup>a</sup>	28	19	0	47
<b>Total</b>	<b>2,436</b>	<b>2,083</b>	<b>0</b>	<b>4,519<sup>b</sup></b>

### What is in the mRNA Injection

192. The mRNA Injection includes the following ingredients<sup>110</sup>:

#### **Active Ingredient**

- nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S) of SARS-CoV-2

#### **Lipids**

- (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis (ALC-3015)
- (2- hexyldecanoate),2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)
- 1,2-distearoyl-sn glycerol-3-phosphocholine (DPSC)
- cholesterol

<sup>110</sup> <https://faqs.in.gov/hc/en-us/articles/360054531351-What-are-the-ingredients-in-the-Pfizer-BioNTech-COVID-19-vaccine->

## **Salts**

- potassium chloride
- monobasic potassium phosphate
- sodium chloride
- basic sodium phosphate dihydrate

## **Other**

- sucrose

193. The experimental and industrial chemicals are as follow:

- 1) ALC-0315 – a positively charged molecule that helps the nanoparticles form;
- 2) DSPC & Potassium Chloride;
- 3) Monobasic Potassium Phosphate;
- 4) Sodium Chloride;
- 5) Dibasic Sodium;
- 6) Phosphate Dehydrate

194. Do you understand the long-term effects of the above chemicals? Do you understand how these chemicals react with different physiologies and different medicines, diets, lifestyles, age and other factors which make different people unique?

## **Pfizer is immune from any liability**

195. The New Zealand Government has granted **Pfizer** and **BioNTech** indemnity from any claims that may arise from the mRNA Injection use<sup>111</sup>.

196. It is unclear whether a private insurance company or ACC will cover a person who suffers a serious injury or death from the mRNA Injection.

197. There is no compensation program in New Zealand.

198. The **New Zealand Ministry of Health Covid Committee** discussed the issue of compensation in one of their webinars. The facilitator made the following comment<sup>112</sup>:

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<sup>111</sup> <https://www.rnz.co.nz/news/national/435107/government-grants-vaccine-suppliers-indemnity-against-claims>

<sup>112</sup> <https://youtu.be/hlyyJ6s0oRM>

*'There were a couple of questions at the last meeting that came through so I'm just going to run those off quickly.*

*The first was around funding to support primary care when people are presenting to them with side effects following their vaccination.*

*There is no specific funding available to cover that and no specific funding to cover the submission of an adverse event into CARM so there isn't any funding to cover that.*

*I'm going to touch base, I spoke to the post-event team leader today just to follow up with him and he's organising for me the contacts at ACC so we can understand what is the threshold at which we can make a claim through ACC that this is a treatment injury. I haven't seen those yet, but we will follow that up and see where it takes us.'*

199. Why is the Government granting **Pfizer** immunity from liability when there is no medium- or long-term safety data? Who is going to support the families of individuals that suffer from an adverse effect?
200. Why are we trusting a company that has a record of acting unlawfully? According to the **Violation Tracker Parent Company Summary**<sup>113</sup> , Pfizer has incurred \$4,660,896,333 in penalties since 2000. Would you travel on an aeroplane manufactured by a company with a similar record concerning false claims and safety violations? Why are we being asked to trust a company with the following record?

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<sup>113</sup> <https://violationtracker.goodjobsfirst.org/parent/pfizer>

Top 5 Offense Groups (Groups Defined)	Penalty Total	Number of Records
healthcare-related offenses	\$3,373,675,000	10
government-contracting-related offenses	\$1,109,688,435	19
safety-related offenses	\$104,014,255	11
competition-related offenses	\$63,466,568	6
environment-related offenses	\$4,571,885	19

Top 5 Primary Offense Types	Penalty Total	Number of Records
off-label or unapproved promotion of medical products	\$3,373,675,000	10
False Claims Act and related	\$1,109,688,435	19
drug or medical equipment safety violation	\$103,840,000	5
Foreign Corrupt Practices Act	\$60,216,568	3
environmental violation	\$4,571,885	19

201. **Wion** TV reports that companies like Pfizer are bullying governments. Pfizer is holding governments to ransom, interfering with their legislation, and even demanding military bases as a guarantee as per the link below:

<https://www.youtube.com/watch?v=2zoSSHx9QtA>

202. While Big Pharma may claim that they have no liability, Attorney Reiner Fuellmich has questioned whether companies such as Pfizer can hide behind this argument if there is intentional infliction of harm?

[Attorney Reiner Fuellmich on Liability, Intentional Infliction of Harm and Informed Consent \(odysee.com\)](https://www.odysee.com/attorney-reiner-fuellmich-on-liability-intentional-infliction-of-harm-and-informed-consent)

203. One way that **MedSafe** can act ethically and transparently is by ensuring the burden of proving that the mRNA Injection and any side effect are on MedSafe as the regulator rather than switching that burden to the consumer, who must then take expensive and drawn-out court action to prove a medication was unsafe, or that they were damaged by a vaccine that has very little safety data.

## **There are effective treatments with medicines that have been safely used for decades**

204. The **FDA** granted emergency use authorization for the vaccines as it was claimed that there were no effective treatments for COVID. However, when the "national emergency" COVID is called off or an alternate treatment is deemed effective, all the mRNA Injections instantly become unapproved for human use in the United States.
205. There are effective treatments for COVID which used existing medicines which have been used safely for decades. However, Governments around the world are not supporting the use of such drugs. The question is, why? Would these effective treatments make the mRNA Injection unnecessary?
206. **Dr Peter McCullough** is the most highly cited physician on the early treatment of COVID-19, with more than 600 citations in the **National Library of Medicine**. In an interview with **Dr Reiner Fuelmich** that 85 percent of the more than 600,000 U.S. deaths could have been prevented with a multi-drug treatment given in the early to mid-point of the disease <sup>114</sup>.
207. **Dr Peter McCullough's** <sup>115</sup> testimony (19 minutes) to the senate looked at the veracity of early treatment protocols can be viewed by copying and pasting the link in the footnotes below. On 19 November 2021, **Dr Peter McCullough** testified to the senate (2:20:27):

*"I'm in close communication for this worldwide disaster with many countries, and I can tell you I did a program with Eamonn Mathieson at the Covid Medical Network in Australia to show you how off-kilter the world is. [Webinars: <https://www.covidmedicalnetwork.com/webinars/prof-peter-mccullough.aspx> EARLY COVID TREATMENTS: Guest Speaker - Prof Peter McCullough MD, Presented by Dr Eamonn Mathieson, Anesthetist, Covid Medical Network, Convenor. 14 Nov 2020 (32:46)] In Queensland, Australia a doctor will be put in jail for prescribing hydroxychloroquine. If you go over to India they're going to give it to you right away. In Greece they're going to give it to you right—it's in their guidelines."*

208. We note since the testimony, India is no longer using hydroxychloroquine at the same levels for the reasons set out below.
209. One of his articles published in the **American Journal of Medical** can be accessed by

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<sup>114</sup> [Dr. Peter McCullough on with Reiner Fuelmich June 11, 2021 \(bitchute.com\)](#)

<sup>115</sup> <https://www.youtube.com/watch?v=QAHi3IX3oGM>

copy and pasting the link below into a browser:

[https://www.amjmed.com/article/S0002-9343\(20\)30673-2/fulltext](https://www.amjmed.com/article/S0002-9343(20)30673-2/fulltext)

210. **Dr Emanuel Farcia**<sup>116</sup> has stated:

*"Where is the emphasis on treating this? On finding a cure, on finding a mitigating agent [for covid]... There are some very effective treatments & preventative measures."*

*"I was astonished to find out what the Lancet did with Hydroxychloroquine. They published an article slamming it, talking about all the dangers & then they retracted it because it was complete propaganda. It could have saved a lot of lives."*

### **Ivermectin**

211. Ivermectin is safe, effective treatment that works well in preventing and treating patients with COVID. Ivermectin has been used safely for over 30 years.

212. However, the Government has not supported treatment with this drug.

213. In February 2021, the British Ivermectin Recommendation Development (BIRD), an international meeting of physicians, researchers, and patients, following a guideline development process consistent with WHO, reached a consensus that Ivermectin, which is a cheap and widely available drug, should be deployed immediately globally, as a treatment for Covid. The BIRD group's recommendation rested on various studies that reported using Ivermectin reduces the risk of COVID19 by over 90% and mortality by 68%-91%.

214. On 17 June 2021, the **American Journal of Therapeutics**<sup>117</sup> published a peer-reviewed meta-analysis of 15 trials that found that ivermectin reduced the risk of death compared with no ivermectin. The study found that ivermectin probably reduced deaths by 62% and possible transmission by 86%.

215. The GRADE approach was used, which provided a reproducible and transparent framework for grading certainty in the evidence. 100 organisations officially endorse Grade (including Cochrane in the United Kingdom).

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<sup>116</sup> [Dr Emanuel Garcia On The Abrogation Of Human Liberties & A Delusional Belief In Vaccines As Saviour \(odysee.com\)](https://www.odysee.com/Dr-Emanuel-Garcia-On-The-Abrogation-Of-Human-Liberties-&-A-Delusional-Belief-In-Vaccines-As-Saviour)

<sup>117</sup> [https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin\\_for\\_Prevention\\_and\\_Treatment\\_of.98040.aspx](https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx)



216. The majority of the trials were registered, self-funded, and undertaken by clinicians. There were no trials funded by large pharmaceutical companies (as the drug is an 'off licence' drug) nor governments that undoubtedly reduced bias.

217. The meta-analysis found that a 2018 application for ivermectin use for scabies gives a direct cost of 290 for 100 12 mg tablets. This is very useful for countries with limited resources.

218. **Dr Lawrie** (who was one of the authors of the meta-analysis) has also sent numerous letters with evidence to Matt Hancock and the UK Government regarding ivermectin and the treatment of COVID 19. She and others have started a non-for-profit organisation with the 1st International Ivermectin for Covid Conference.

[http://medisolve.org/yellowcard\\_urgentprelimreport.pdf](http://medisolve.org/yellowcard_urgentprelimreport.pdf)

[nardeli-et-al.pdf \(bird-group.org\)](#)

[Ivermectin For Covid Conference 21 - British Ivermectin Recommendation Development group \(bird-group.org\)](#)

<https://c19ivermectin.com/>

219. In addition, a recent peer-reviewed study by **Dr Pierre Kory** and colleagues on Ivermectin has been published in the **American Journal of Therapeutics** <sup>118</sup>. The study summarises the evidence base for the use of Ivermectin and concludes that:

*"Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID has been identified."*

220. The Study states that the efficacy of ivermectin in COVID as being supported by the following:

1. *Since 2012, multiple in vitro studies have demonstrated that Ivermectin inhibits the replication of many viruses, including influenza, Zika, Dengue, and others.9-17*
2. *Ivermectin inhibits SARS-CoV-2 replication and binding to host tissue through several observed and proposed mechanisms.18*

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<sup>118</sup> [https://journals.lww.com/americantherapeutics/Fulltext/2021/00000/Review\\_of\\_the\\_Emerging\\_Evidence\\_Demonstrating\\_the.4.aspx](https://journals.lww.com/americantherapeutics/Fulltext/2021/00000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx)

3. *Ivermectin has potent anti-inflammatory properties with in vitro data demonstrating profound inhibition of both cytokine production and transcription of nuclear factor-κB (NF-κB), the most potent mediator of inflammation.*37–39
4. *Ivermectin significantly diminishes viral load and protects against organ damage in multiple animal models when infected with SARS-CoV-2 or similar coronaviruses.*31,32
5. *Ivermectin prevents transmission and development of COVID disease in those exposed to infected patients.*40–45
6. *Ivermectin hastens recovery and prevents deterioration in patients with mild to moderate disease treated early after symptoms.*45,49–52,61,62
7. *Ivermectin hastens recovery and avoidance of ICU admission and death in hospitalized patients.*45,51,53,63–66
8. *Ivermectin reduces mortality in critically ill patients with COVID.*45,53,63
9. *Ivermectin leads to temporally associated reductions in case fatality rates in regions after ivermectin distribution campaigns.*48
10. *The safety, availability, and cost of ivermectin are nearly unparalleled given its low incidence of important drug interactions along with only mild and rare side effects observed in almost 40 years of use and billions of doses administered.*75
11. *The World Health Organization has long included ivermectin on its "List of Essential Medicines."*

## 221. The Study concludes

*"In summary, based on the totality of the trials and epidemiologic evidence presented in this review along with the preliminary findings of the Unitaid/WHO meta-analysis of treatment RCTs and the guideline recommendation from the international BIRD conference, ivermectin should be globally and systematically deployed in the prevention and treatment of COVID."*

222. The **Gauteng High Court** <sup>119</sup>, Pretoria, has recently issued an order allowing for medicine that contained ivermectin as an active ingredient to be used for the treatment of Covid-19 if prescribed by a doctor.

223. The **Indian Bar Association** is officially suing the **WHO's** chief scientist for spreading misinformation about Ivermectin.

[Legal-Notice-to-Dr.-Soumya-Swaminathan\\_Chief-Scientist-WHO-1.pdf](#)

[Sync.com - Legal-Notice-to-Dr.-Soumya-Swaminathan\\_Chief-Scientist-WHO-1.pdf](#)

[WHO Celebrates As Indian Health Regulator Removes Ivermectin From Its COVID Protocol | ZeroHedge](#)

[IVERMECTIN - The COVID Blog](#)

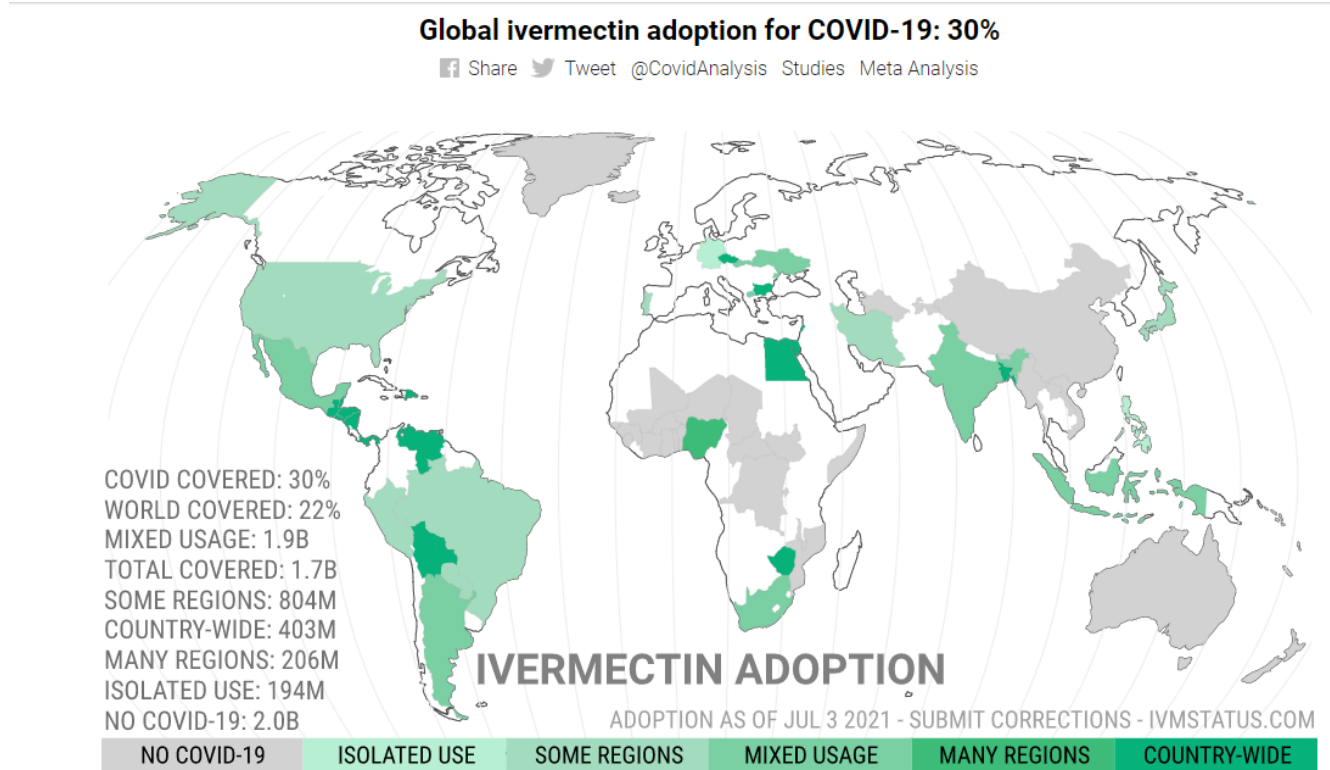
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<sup>119</sup> [Doctors can now prescribe ivermectin as treatment for Covid-19 \(iol.co.za\)](#)

[Legal Notice for 'Contempt of Court' and 'Crimes against Humanity' served to Dr Tedros of the WHO – Daily Expose](#)

<https://theprint.in/india/bar-association-serves-legal-notice-to-who-chief-scientist-over-ivermectin-guidelines/676672/>

224. The IVMStatus120 website shows the countries which are



<sup>120</sup> <https://ivmstatus.com/>

# IVERMECTIN FOR COVID-19

**58 TRIALS, 519 SCIENTISTS, 18,776 PATIENTS**

**29 RANDOMIZED CONTROLLED TRIALS**

**85% IMPROVEMENT IN 14 PROPHYLAXIS TRIALS RR 0.15 [0.09-0.25]**

**78% IMPROVEMENT IN 23 EARLY TREATMENT TRIALS RR 0.22 [0.12-0.39]**

**46% IMPROVEMENT IN 21 LATE TREATMENT TRIALS RR 0.54 [0.41-0.71]**

**70% IMPROVEMENT IN 22 MORTALITY RESULTS RR 0.30 [0.19-0.47]**

**65% IMPROVEMENT IN 29 RANDOMIZED CONTROLLED TRIALS RR 0.35 [0.25-0.51]**

SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 06/08/21. IVMMETA.COM

## Hydroxychloroquine

225. Hydroxychloroquine became a political controversy last year when former President Donald Trump touted it as a cure for COVID. However, experts are reporting that politics have cost and is costing lives.
226. As of May 2021, Dr Theresa Lawrie (MBBCh, PhD) and others have published in the **American Journal of Medicine** and published on the **NHI** website the following meta-analysis '***Ivermectin for prevention and treatment of COVID infection: a systematic review, meta-analysis and trial sequential analysis to inform clinical guidelines***' <sup>121 122</sup> in which they assessed the efficacy of ivermectin treatment in reducing mortality, in secondary outcomes, and in chemo-prophylaxis, among people with, or at high risk of, Covid infection.
227. The meta-analysis concluded that:
- "Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally."*
228. A study published by **Dr Peter McCullough** in January 2021 in the **American Journal of Medicine** found that early treatment of coronavirus patients with hydroxychloroquine lowered the mortality rate for the disease. Refer above for the link

<sup>121</sup> <https://www.researchgate.net/profile/Theresa-Lawrie>

<sup>122</sup> <https://pubmed.ncbi.nlm.nih.gov/34145166/>

to his paper.

## **Vitamin D**

229. The standard flu season occurs in winter when people cannot make enough vitamin D from the sun. Taking a vitamin is well known to reduce the flu and is used widely with people with a compromised immune system.
230. Many people died from Covid-19 because their bodies overreacted to the virus (this is known as a cytokine storm). However, studies show that taking vitamin D regularly (at least 4,000iu per day) helps reduce the cytokine storm.
231. [The Journal of Clinical Endocrinology & Metabolism](#) <sup>123</sup> reported on 17 June 2021 that vitamin D deficiency is associated with higher hospitalisation risk from COVID.
232. There is also data in regards to vitamin C and Zinc.

## **Informed Consent is required prior to the administration of the mRNA Injection**

233. Doctors have a fiduciary duty to ensure that informed consent is obtained, and this duty of care cannot be delegated. Patients must be fully informed about the risks and benefits of a treatment to gain informed consent.
234. The *Code of Health and Disability Services Consumers' Rights 1996* <sup>124</sup> ("**Code of Rights**") is the critical source of the law on consent in New Zealand, supplemented by other legislation and case law. The applicable informed consent rights in the Code of Rights are as follows:

**Right 5:** the patient's right to effective communication.

**Right 6:** the patient's right to be fully informed and the risks (not far-fetched or fanciful risks) must be disclosed. To comply with this requirement, the health professional will need to consider the patient's particular characteristics.

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<sup>123</sup> [Vitamin D deficiency is associated with higher hospitalisation risk from COVID-19: a retrospective case-control study | The Journal of Clinical Endocrinology & Metabolism | Oxford Academic \(oup.com\)](#)

<sup>124</sup> <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

**Right 7:** treatment can only be provided to a patient if that patient makes an informed choice and gives informed consent. When obtaining a patient's consent to treatment, health professionals must ensure that the patient:

- (a) is competent, or has the necessary capacity, to make the decision to undergo, or to refuse, treatment.
- (b) is provided with sufficient information to enable the patient to make an informed decision about the proposed treatment; and
- (c) consent is given voluntarily.

235. Where one of these three elements is absent, the individual cannot give legally valid consent to medical treatment.

236. The recipient, guardian(s) and family of the recipient (depending on the circumstances) must be allowed to refuse the vaccination disclosure of all risks of the vaccination before administering the mRNA Injection at their sole discretion after disclosing the risks and benefits.

237. No person may be forced or coerced to accept medical treatment or foreign substances inserted into their bodies without voluntary 'consent' under full disclosure. Any threat of consequence for refusal of the mRNA Injection such as loss of employment, removal from school, quarantine, child endangerment, criminal prosecution, civil penalty etc., is coercion and lacks informed consent.

238. The nature of informed consent concerning the COVID-19 vaccines has been considered in the **International Journal of Clinical Practice** in '*Informed consent disclosure to vaccine trial subjects of risk of COVID vaccines worsening clinical disease.*'<sup>125</sup>. The authors concluded that:

*"The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent."*

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<sup>125</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/ijcp.13795>

## Civil Liberties and Mandatory mRNA Injections

239. There are many unanswered questions. It should not be thought of as illegal (the Hate Speech Act), conspiratorial or scandalous to seek answers to legitimate questions.
240. In the aftermath of the Second World War, the scale of the involvement of medical professionals in the horrors committed by Nazi Germany was horrifying. It served as a catalyst for changes. Modern international human rights law was spearheaded, cementing universal human rights for everyone, everywhere.
241. Accordingly, the following were agreed upon between many nations: the **International Covenant of Civil and Political Rights**, the **Convention on the Rights of the Child**, and the **Convention on the Rights of Persons with Disabilities**. The international community has also recognized the right of everyone to enjoy the highest attainable standard of physical and mental health through the **Universal Declaration of Human Rights**, the **International Covenant on Economic, Social and Cultural Rights**, and other international treaties.
242. The right to health contains both freedoms and entitlements. Freedoms include such rights as the right to control one's health and body and to be free from discrimination and non-consensual medical treatment and experimentation  
Freedoms
243. People should be free to choose or refuse health interventions as they see fit. As with all public health measures, this decision must be voluntary and based on the informed consent of the individual.
244. Vaccinations must be a private decision, given in a private medical setting.
245. Important data is needed to be gathered before the injection. The person's GP is better positioned to ascertain whether the individual has any contraindications to the medical procedure. It is hard to fathom that a short

consultation with a (possibly) recently trained administrator<sup>126</sup> in a pop-up type administration venue would be adequate.

246. The **British Medical Journal**<sup>127</sup> has reported that Turkmenistan becomes the first country to make vaccination mandatory for all adults. Turkmenistan's vaccine laws will be the strictest in the world, surpassing those of Saudi Arabia, which since March has operated a broad "no job, no job" policy in both public and private sectors.
247. Fiji's government<sup>128</sup> said on 9 July that it would enforce vaccination for all employees.
248. Latvia's government is currently advancing legislation that would make vaccination mandatory for public service employees, health workers, social workers, and teachers, among others. It will also authorise private employers to dismiss staff who have not obtained vaccination certificates by 15 September
249. According to **The Times**<sup>129</sup> , vaccination against the coronavirus could soon become compulsory for all adults in France — with some suggesting children as young as 12 should be given the jab.

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<sup>126</sup> [https://www.immune.org.nz/health-professionals/education-training/training-faq?fbclid=IwAR1Z0nNFgjAQB2O0iRBL5gEp2I6tCRyDMdg64P7USSksHM4Lz2szd\\_jgexpw](https://www.immune.org.nz/health-professionals/education-training/training-faq?fbclid=IwAR1Z0nNFgjAQB2O0iRBL5gEp2I6tCRyDMdg64P7USSksHM4Lz2szd_jgexpw)

<sup>127</sup>

<sup>128</sup> [No jabs, no job: Fiji threatens unvaccinated workers with sack | Fiji | The Guardian](#)

<sup>129</sup> <https://www.bmj.com/content/374/bmj.n1766ance-looks-at-enforcing-Covid-vaccines-to-defeat-virus> | News | The Times



## **What is the Infection Fatality Rate for Covid?**

250. For most people, the risk of death from COVID-19 is very low. The survival rate of COVID-19 depends on your age group. However, it would appear that the survival rate for all age groups is between 99.99% and 98.2%.
251. COVID-19 can be deadly to some people, but it is generally mild and treatable without vaccines. There are alternative treatments and preventative medications available.
252. COVID-19 mortality has a steep age gradient. Before you ask us to think about the elderly, please answer why you wish to expose our children to an unknown risk. We are not asking the elderly to take additional risks. If they wish to take the mRNA Injection and feel fully informed, we will support them as we did through the lockdowns. They are grandma and granddad, and we love them.
253. In June 2020, **John Ioannidis**, a professor of epidemiology and population health at **Stanford University**, published a paper stating that the "*seroprevalence studies*", which measure infection rates using the presence of antibodies in blood samples, "*typically show a much lower fatality than initially speculated in the earlier days of the pandemic.*" The paper may be found on the **WHO** <sup>130</sup> website.
254. **John Ioannidis** stated:
- "61 studies and eight preliminary national estimates. Seroprevalence estimates ranged from 0.02% to 53.40%. Infection fatality rates ranged from 0.00% to 1.63%, corrected values from 0.00% to 1.54%. Across 51 locations, the median COVID infection fatality rate was 0.27% (corrected 0.23%): the rate was 0.09% in locations with COVID population mortality rates less than the global average (<118 deaths/million), 0.20% in locations with 118–500 COVID deaths/million people and 0.57% in locations with >500 COVID deaths/million people. In people younger than 70 years, infection fatality rates ranged from 0.00% to 0.31% with crude and corrected medians of 0.05%."*
255. The median fatality rate found was significantly lower than some earlier estimates that suggested rates as high as over 3%. The fatality rate is only slightly higher than a typical influenza season (which reportedly kills 1 in 1000 people).
256. According to projections by UK's top modelling agency, **Statement from the**

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<sup>130</sup> <https://www.who.int/bulletin/volumes/99/1/20-265892.pdf>

**Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O)** (referenced above) believes that the infection rate is as follows:

## **SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2**

**Date: 31<sup>st</sup> March 2021**

### **Summary**

1. R in England is estimated to be between 0.8 and 1.0, higher than that estimated before schools reopened (between 0.6 to 0.8). As yet, the full effect of schools has not been fully reflected in these estimates nor has the impact of easing restrictions from 29<sup>th</sup> March.

257. 94% of COVID deaths in the United States of America had an average of 2.9 comorbidities contributing to their death.

258. The Imperial College's model at the start of the pandemic was far from accurate.

259. The **British Medical Journal** has published an analysis, '*Predicted COVID-19 fatality rates based on age, sex, comorbidities and health system capacity*<sup>131</sup>' by **Selene Ghisolfi, Ingvild Almås, Justin C Sandefur, Tillman von Carnap, Jesse Heitner, and Tessa Bold** predicted using variation in demographics, comorbidities and health system capacity, COVID-19 that the Infection Fatality Rate for 187 countries, ranging from 0.43% in Western Sub-Saharan Africa to 1.45% in Eastern Europe. This is significantly lower than some earlier estimates that suggested rates as high as over 3%.

260. We invite you to read the analysis in full.

261. Swine flu kept the world in suspense for almost a year. A massive vaccination campaign was mounted to put a stop to the anticipated pandemic. But, as it turned out, it was a relatively harmless strain of the flu virus.

262. The Telegraph has reported as of 26 July 2021 that leaked data shows that the vast majority of hospital COVID19 cases being diagnosed after admission, in some cases weeks later – suggest it includes large numbers likely to have been admitted for other

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<sup>131</sup> [Predicted COVID-19 fatality rates based on age, sex, comorbidities and health system capacity \(bmj.com\)](https://www.bmj.com)

reasons<sup>132</sup>.

263. Studies from around the world are now showing that natural immunity is as effective as vaccine immunity. The studies are set out below:

**National Institutes of Health** [Lasting immunity found after recovery from COVID-19 | National Institutes of Health \(NIH\)](#)

**National Library of Medicine** – [Pub Med - https://pubmed.ncbi.nlm.nih.gov/33844963/](https://pubmed.ncbi.nlm.nih.gov/33844963/)

[SARS-CoV-2 re-infection risk in Austria - PubMed \(nih.gov\)](#)

**EClinical Medicine** - [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00141-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00141-3/fulltext)

**MedRxiv** - <https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1>

**The Lancet** - [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00575-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00575-4/fulltext)

## **What about the “deadly” Delta Variant?**

264. We do not understand why the media portrays the Delta variant (previously referred to as the Indian variant) as a deadly variant. The data would seem to show that it is more transmissible but less deadly too.

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<sup>132</sup> [Exclusive: Over half of Covid hospitalisations tested positive after admission \(telegraph.co.uk\)](#)



**7NEWS Brisbane**

@7NewsBrisbane

With the deadly delta strain of the coronavirus circulating around Sydney, will the two-week lockdown be long enough to stop the spread?

[youtu.be/UuorR4aGTpM](https://youtu.be/UuorR4aGTpM)

#TheLatest #7NEWS



265. **Public Health England's**<sup>133</sup> Technical Briefing dated 18 June 2021 shows the case fatality rate among those with 28 days follow up as set out in the table below (for the period 1 February 2021 up to 21 June 2021). According to the Government's data, the Delta variant represented more than 75% of all cases in the U.K. since mid-May.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/997414/Variants\\_of\\_Coconcern\\_VOC\\_Technical\\_Briefing\\_16.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997414/Variants_of_Coconcern_VOC_Technical_Briefing_16.pdf)

Variant	Confirmed (sequencing) case number	Probable (genotyping) case number*	Total case number	Case Proportion*	Deaths	Case Fatality	Cases with 28 day follow up	Deaths among those with 28 day follow up	Case Fatality among those with 28 day follow up
Alpha	218,332	5,689	224,021	77.9%	4,259	1.9% (1.8 to 2.0%)	217,228	4,252	2.0% (1.9 to 2.0%)
Beta	871	55	926	0.3%	13	1.4% (0.7 to 2.4%)	858	13	1.5% (0.8 to 2.6%)
Delta	31,132	29,523	60,655	21.1%	73	0.1% (0.1 to 0.2%)	5,762	17	0.3% (0.2 to 0.5%)
Eta	441	0	441	0.2%	12	2.7% (1.4 to 4.7%)	428	12	2.8% (1.5 to 4.8%)
Gamma	170	42	212	0.1%	0	0.0% (0.0 to 1.7%)	155	0	0.0% (0.0 to 2.4%)
Kappa	422	0	422	0.1%	1	0.2% (0.0 to 1.3%)	404	1	0.2% (0.0 to 1.4%)
Theta	7	0	7	0.0%	0	0.0% (0.0 to 41.0%)	5	0	0.0% (0.0 to 52.2%)

266. As you can see, the Delta variant has a 0.1% case fatality rate (CFR) out of 31,132 Delta sequence infections confirmed by investigators. That is the same rate as the flu and is much lower than the CFR for the ancestral strain or any other variants. And as we know, the CFR is always higher than the infection fatality rate (IFR) because many of the mildest and asymptomatic infections go undocumented. At the same time, the confirmed cases tend to have a bias toward those who are more evidently symptomatic.

267. **This is typical of what respiratory pandemics have done throughout history: morphed into a more transmissible and less virulent form that forces the other mutations out since you get that one.**

268. The information published in Public Health England's report does distinguish the numbers for "dying from COVID" versus "dying with COVID".

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) including all confirmed Delta cases in England, 1 February 2021 to 21 June 2021

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
with the same specimen and attendance dates)								
Deaths within 28 days of positive specimen date	Total	117	N/A	3	1	19	50	44
	<50	8	N/A	-	-	2	-	6
	>50	109	N/A	3	1	17	50	38

269. According to the Government's data, the number of unvaccinated people to have allegedly died of the Delta variant accounted for just 37% of all alleged Covid deaths.

270. If the Delta variant was as deadly as the media portrays it to be, why are we not

seeing the same images in the UK that allegedly came out of India? In fact, why have we not seen any of the images that came out of China back in early 2020 in other parts of the world?

271. A study in the [MedRxiv](#)<sup>134</sup> suggested that Pfizer's vaccine was about 88% effective in preventing symptomatic COVID-19 with Delta (please refer to the **‘What about the Relative Risk Reduction vs Absolution Risk Reduction’** heading below).

### Variants

272. **Professor Luc Montagnier**, a French virologist and recipient of the 2008 **Nobel Prize in Medicine** for his discovery of the human immunodeficiency virus (HIV). He contends that *“it is the vaccination that is creating the variants.”*<sup>135</sup>

273. This idea is not new, as this paper was published in **PLOS BIOLOGY** in 2015.

[Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens \(nih.gov\)](#)

## **The PCR Test**

### **Important Update**

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives<sup>136</sup>.

**DC encourages laboratories to consider the adoption of a multiplexed method that can facilitate the detection and differentiation of SARS-CoV-2 and influenza viruses.**

274. The primary test used to determine an individual COVID status involves the

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<sup>134</sup> [Effectiveness of COVID-19 vaccines against the B.1.617.2 variant | medRxiv](#)

<sup>135</sup> <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/> and <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/>

<sup>136</sup> [Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing](#)

polymerase chain reaction (**PCR**) method. This incredibly sensitive technique was developed by **Berkeley** scientist **Dr Kary Mullis**, for which he was awarded the Nobel Prize in 1993. Unfortunately, **Dr Kary Mullis** died shortly before the pandemic.

275. The PCR method amplifies a small segment of DNA hundreds of times to make it easier to analyse. For example, PCR amplifies a virus's genetic material, and then each sample goes through several cycles until a virus is recovered. This is known as the "cycle threshold" and has become a key component in the debate around the efficacy of the PCR test.
276. Until recently, the cycle threshold was 35 to 40 cycles in most American and European labs. However, experts have claimed that even 35 cycles are far too many and that a proper protocol would call for 25–30 cycles. The reasoning is that each cycle exponentially increases the amount of viral DNA in the sample and the less meaning the test has.
277. **Dr Anthony Fauci**, director of the U.S. National Institute of Allergy and Infectious Diseases, has stated on camera <sup>137</sup> that a cycle threshold of 35 or more that the chances of it being replication confident (aka. Accurate) are meniscal. You can watch **Dr Anthony Fauci** state this, and that any test with a threshold between 36 to 38 is "... it is just dead nucleotides.Period." is in the video below:

<https://www.youtube.com/watch?v=A867t1JbIrs>

278. What cycle threshold does New Zealand use for their PCR tests? An official information record <sup>138</sup> from December 2020 from the MOH confirms:

*"Once this is done chemicals are used to amplify the DNA so it can be read by the PCR instrument. This is done by reading the fluorescent signal that is emitted from amplified DNA within the sample. This signal is measured in the cycle number at which the target is first detected. The PCR reaction will continue to run for its full 40 cycles to allow for exponential amplification of the RNA targets using repeated thermal cycling to allow for enough amplified DNA product to be detected by the instrument."*

279. It is well established that PCR tests are not effective in diagnosing infectious diseases. **Dr Kary Mullis**, the inventor of the PCR test, who died in 2019, stated:

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<sup>138</sup> [H202008356.pdf \(fyi.org.nz\)](#)

*"With a PCR Test you can find almost anything in anybody<sup>139</sup>"*

280. When it comes to using the PCR test to determine the cause of death, **CDC** guidance states:

*"The detection of viral RNA (i.e. PCR test) cannot demonstrate the presence of an infectious virus, or that 2019-nCoV is the causative agent of clinical symptoms."*

(Source: <https://www.fda.gov/media/134922/download>)

281. In other words: we simply cannot use a PCR test to determine that COVID caused a death, and yet this is what has been done routinely over the last 18 months.

282. **Dr Sam Bailey** from New Zealand explains a covid case for the 'average person' in the video below:

<https://www.youtube.com/watch?v=q2aR2UInnug>

283. An article in **The Lancet**<sup>140</sup> in September 2020 also discussed the '*False-positive COVID-19 results: hidden problems and costs, looked at various issues with the PCR*'.

284. In a new study published in the **Journal of Infection**<sup>141</sup> on 31 May 2021, researchers determined that the results of PCR tests alone are insufficiently meaningful to justify pandemic control measures *"such as quarantine, isolation or lockdown."*

285. In November 2020, the **Portuguese Court of Appeal**<sup>142</sup> upheld a decision from a lower court that found the forced quarantine of four holidaymakers unlawful due to the unreliability of the PCR test.

286. The Portuguese judges cited a study conducted by *"some of the leading European and world specialists,"* which was published by Oxford Academic at the end of September. It showed that if someone tested positive for Covid at a cycle threshold of 35 or higher, the chances of that person being infected is less than three percent, and that *"the probability of... receiving a false positive is 97% or higher."*

287. **Lisbon**<sup>143</sup> court rules only 0.9% of 'verified cases' died of COVID, numbering 152, not

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<sup>139</sup> <https://www.bitchute.com/video/wOSeTz57xrCF/> and <https://www.bitchute.com/video/iqPoUQXHwD6K/>

<sup>140</sup> [False-positive COVID-19 results: hidden problems and costs - The Lancet Respiratory Medicine](#)

<sup>141</sup> [The performance of the SARS-CoV-2 RT-PCR test as a tool for detecting SARS-CoV-2 infection in the population - Journal of Infection](#)

<sup>142</sup> <https://off-guardian.org/2020/11/20/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful/>

<sup>143</sup> [Lisbon court rules only 0.9% of 'verified cases' died of COVID, numbering 152, not 17,000 claimed - America's Frontline Doctors \(americasfrontlinedoctors.org\)](#)



17,000 claimed.

288. Top molecular biology expert **Kevin McKernan** stated that:

*"The Corman-Drosten PCR 'protocol' for testing for 'SarsCov2' is a 'fools gold standard' – the 'test' is useless in other words but it is being used to justify global fascism.<sup>144</sup>"*

289. The **WHO** <sup>145</sup> has confirmed that the PCR has false positives.

### **Useful Videos:**

Italy: Scientists Test a Kiwi Fruit For Covid

<https://www.bitchute.com/video/OrzzUWH0s02c/>

New York Times:

<https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>

Covid-19 test kits in Tanzania have raised suspicion after samples taken from a goat and a pawpaw fruit came back with positive results:

<https://www.independent.co.uk/news/world/africa/coronavirus-tanzania-test-kits-suspicion-goat-pawpaw-positive-a9501291.html>

Miscellaneous

[PCR: THE 'CREATE-A-PANDEMIC' MACHINE \(bitchute.com\)](#)

<https://ipfs.io/ipns/k2k4r8pkk8wevtty3rpqw8mh2njz0snop5xpha1ybafquvb7dcgayh4j/index.html@p=9127.html>

<https://2020news.de/en/drosten-pcr-test-study-withdrawal-requested-due-to-scientific-error-and-massive-conflict-of-interest/>

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<sup>144</sup> [https://scholar.google.com/citations?user=WKED1\\_sAAAAJ&hl=en](https://scholar.google.com/citations?user=WKED1_sAAAAJ&hl=en)

<sup>145</sup> <https://web.archive.org/web/20210120083427/https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users>

## The Case Numbers – 2020 Pandemic vs Post Vaccination

290. Up until recently, a deceased person was counted as a COVID death if they died for any reason within 28 days of a positive test. The deceased did not have to have died from COVID to be counted as a COVID death.
291. We should be wary of the distinction between “DYING OF” COVID-19, and “DYING WITH” COVID. This refers to the fact that one should never equate correlation with causality.
292. You may have noticed that we are being reminded of this fact every day now, as the vaccines get rolled out and the many adverse reactions. We are told that we absolutely should not assume that these “vaccines” actually caused the injury or death. This is true. And for each of the deaths, an autopsy should be performed to identify the actual cause.
293. Yet, for some strange reason, this very same basic premise was and is ignored when it comes to COVID-19. From Day 1 of the pandemic, every death associated with COVID-19 in some way was counted and reported as a death CAUSED BY COVID-19.
294. Governments around the world adopted this ‘*Inclusive Covid Death Count*’ and **Dr Bloomfield**, Director-General of Health and Chief Executive, in New Zealand, stated:
- “Right from the start of the pandemic we’ve been very inclusive in our approach to categorizing deaths as Covid related deaths.”*
- “The latest case we had was someone who had a confirmed C19 infection. Whilst they had a significant serious existing pre-existing condition, we have categorized the deaths as Covid related. You’ll see most countries doing this.”*
295. The classification may be valid. However, one should question why governments worldwide are now changing the classification of a COVID death in the vaccination era.
296. The **UK’s National Health Service**<sup>146</sup> has received new guidelines from the Government on how to record Covid cases, separating people who are symptomatic from those who test positive for Covid but are not symptomatic (i.e. sick).

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<sup>146</sup> <https://www.independent.co.uk/news/health/coronavirus-hospitals-nhs-england-data-b1862804.html>

297. Recently, the **CDC's** Director<sup>147</sup><sup>148</sup> drew criticism for her method of identifying COVID deaths in the U.S., making a sudden distinction between those who died "*from*" the virus and those who died "*with*" it regarding the deaths from those that caught Covid despite being fully vaccinated. During an interview on CNN, the Director stated, "*they may have had mild disease but died, for example, of a heart attack.*"
298. Why was this distinction not made before the roll-out of the mRNA Injection? Before the vaccine roll-out, the net was cast wide to capture people who died "*with*" and not necessary "*from*" COVID, which increased death numbers. Now that people are questioning the vaccines, the numbers are being minimised by only counting the deaths of those who died "*from*" COVID (excluding those that who died "*with*" COVID).
299. The data needs to be consistent – we cannot appear apples with oranges. So either we treat all the deaths with the same classification, or we count none of them. If we applied the new criteria to COVID cases during the 2020 pandemic, reducing cases and death would paint a different picture.
300. In the United States, the **CDC** guidelines for reporting morbidity specifically instructs, '*it is important to emphasize that COVID-19 should be reported on the death certificate for all decedents where the disease caused, or is ASSUMED to have caused OR CONTRIBUTED TO death.*' [source: COVID-19 Guidance for Coroners (Indiana State Dept of Health)].
301. The Telegraph <sup>149</sup> reported that Flu and pneumonia deaths are now 10 times higher than in Covid. However, the new ONS data reveal that coronavirus deaths now make up just 0.8 per cent of all fatalities, down from 1.3 per cent.

## **Obesity and Covid**

302. An analysis of Covid mortality data by the **World Obesity Federation**<sup>150</sup> released in March 021 found a dramatic correlation between countries' death and obesity rates, shedding new light on the role obesity has played in driving a global death toll of over 2.5 million.

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<sup>147</sup> <https://twitter.com/i/status/1393919639449649154>

<sup>148</sup> <https://www.foxnews.com/politics/cdc-director-walensky-criticism-updated-guidance-coronavirus-deaths>

<sup>149</sup> <https://www.telegraph.co.uk/news/2021/06/22/flu-pneumonia-deaths-now-ten-times-higher-covid/>

<sup>150</sup> [COVID-19-and-Obesity-The-2021-Atlas.pdf \(worldobesityday.org\)](https://www.worldobesityday.org/COVID-19-and-Obesity-The-2021-Atlas.pdf)

303. **Forbes**<sup>151</sup> reported the key facts from the report as follows:

- An analysis of Johns Hopkins University virus mortality data and the World Health Organization's (WHO) data on obesity, the World Obesity Federation—a non-profit associated with the WHO—calculated that 2.2 million of the pandemic's 2.5 million global deaths were in countries with high levels of obesity.
- Death rates were 10x higher in countries where more than 50% of the population is overweight, pointing to the U.K. and the U.S. as examples.
- The U.K. has the third-highest death rate globally (184 deaths per 100,000 population) and the fourth-highest obesity rate with 63.7% of adults classifying as overweight, closely followed by the U.S., which has 152.49 deaths per 100,000 and 67.9% of the population living with obesity.
- Vietnam, on the other hand, has the lowest Covid death rate in the world (0.04 deaths per 100,000) and reports the second-lowest rate of obesity (18.3% of adults).
- The report highlights that there is "not a single example internationally" of a country with low levels of obesity—classified as less than 40% of the population overweight—and high death rates.
- While "age has been the predominant focus of analysis of risks of hospitalization and death to date", the summary points out "this report shows for the first time that overweight populations come a close second."

304. This correlation between obesity and the risks of hospitalization and needing treatment in intensive care units has been further supported in the following studies (to name a few):

<https://onlinelibrary.wiley.com/doi/full/10.1111/obr.13128>

<https://care.diabetesjournals.org/content/43/7/1392.abstract>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7385759/>

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<sup>151</sup> <https://www.forbes.com/sites/jemimamcevoy/2021/03/04/obesity-and-covid-death-rate-closely-linked-in-new-study/?sh=40333a1a643e>

<https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.26677>

<https://www.acpjournals.org/doi/full/10.7326/M20-3742>

<https://www.nature.com/articles/s41366-020-0648-x>

<https://www.sciencedirect.com/science/article/abs/pii/S1871402120301399>

305. The **CDC**, in their Morbidity and Mortality Weekly Report, dated 12 March 2021,<sup>152</sup> titled confirmed that obesity increases the risk for severe COVID-associated illness. The study was conducted from a sample of 71,491 adults found that 27.8% of hospitalized COVID patients were overweight while 50.2% of patients were obese. Furthermore, the CDC has warned that having obesity may triple the risk of hospitalization due to Covid infection, noting: "*As [body mass index] increases, the risk of death from Covid increases*<sup>153</sup>."
306. Why is the Government not highlighting the link between obesity and the risks of Covid 19? Would it not be better for individuals to take responsibility and take care of their health than vaccinate an entire population with an experimental vaccine with no medium or long-term safety data?

## **Breakthrough Case Numbers – and Change to Changes to the Cycle Threshold**

307. The mainstream media is reporting breakthrough cases in the vaccinated population around the globe.
308. **TrialSite News** reported the following on 16 July 2021:
- "Data out of Israel reveals some troubling trends involving this heavily vaccinated population. The daily number of SARS-CoV-2 cases in Israel is increasing, having recorded the highest number on Thursday since March. TrialSite delved into a recent data trove made available by the Israeli government and has found that a majority of those now vaccinated actually, according to the numbers, face as much risk testing positive for the Delta-driven SARS-CoV-2 infection as unvaccinated individuals. Meaning, at this point, the vaccine appears to have a negligible effect on an individual as to whether he/she catches the current strain. Moreover, the data indicates that the current vaccines used (Moderna, Pfizer-BioNTech, AstraZeneca) may have a decreasing effect on reduced hospitalizations and death if one does get infected with the Delta variant. With a majority of vaccinations using the mRNA-based BTN162b2,*

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<sup>152</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm>

<sup>153</sup> [Obesity, Race/Ethnicity, and COVID-19 | Overweight & Obesity | CDC](#)

*what are the implications for this trend? What does it mean for the transmission of SARS-CoV-2? Is this a significant trend or can it be explained away? As TrialSite reported recently, Pfizer has moved aggressively to introduce a third booster vaccine for at least the immunocompromised population. The primary regimen actually involved two doses, with one essentially serving as a booster dose. While the Delta variant seems to introduce a considerable challenge, TrialSite asks the question: Is it wise, practical, and scalable to introduce booster doses so soon after a considerably powerful two-dose regimen? Is it wise to consider boosters for a vaccine that is still considered experimental? Will the need for a booster occur each and every time new variants emerge? If so, how can such an approach be scaled around the world—especially in low-and middle-income countries (LMIC)? Already, the World Health Organization (WHO) issued strong statements about their opposition to a third booster dose given vaccine equity issues—much of the LMIC world isn't vaccinated. That represents a great majority of people on earth. TrialSite, a media and social network hub dedicated to transparent and accessible research, asks the question: Who among academia, government and industry is monitoring this initiative objectively and candidly with an eye for transparency directed to what should be the correct public health policy and action decisions? Pharmaceutical companies are critically important, but they are also driven by economic considerations—not by choice, but by the very logic of the market system."*

309. As noted in the Trial News article, a recent study published in the **Journal of Clinical Microbiology and Infection**, Israel-based scientists and researchers link a growing number of bad SARS-CoV-2 cases, including death, to a minority of fully vaccinated individuals in this eastern Mediterranean nation. A copy of the study can be found at:

[BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel - Clinical Microbiology and Infection](#)

310. **Dr Fauci**, who heads the **Infectious Disease Division of the National Institute of Health**, said he was surprised by the steep fall-off in the Pfizer vaccine effectiveness that the Israeli data seemed to suggest. The **New York Times**<sup>154</sup> reported that there is a growing consensus that at least some American's may need boosters after the research found that the Pfizer vaccine is less effective after about six months.

311. **The Lancet**<sup>155</sup> reports that people that have had 2 doses of the mRNA Injection have 5-6-fold lower amounts of neutralizing antibodies, which suggests that further boosters

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<sup>154</sup> <https://www.nytimes.com/2021/07/23/us/covid-vaccine-boosters.html>

<sup>155</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01290-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01290-3/fulltext)

will be necessary.

312. On 25 June 2021, **Reuters reported** that there were 16,703 new COVID cases, the highest since February 2021. There were also 21 deaths reported within 28 days of a positive test on that date.
313. For example, according to the **Massachusetts Department of Public Health**, as of June 12, there were 3,791 infections among the 3.7 million fully vaccinated people in the state or about one out of every 1,000 individuals.
314. **Reuters** <sup>156</sup> reported on 18 June 2021 that:
- "350 doctors and medical workers have caught COVID-19 in Indonesia despite being vaccinated with Sinovac, and dozens have been hospitalised, officials said, as concerns grow about the efficacy of some vaccines against more infectious variants."*
315. A **UK report**<sup>157</sup> finds that numerous patients were admitted to the hospital within seven days of the vaccines.
316. The **BBC**<sup>158</sup> in mid-July 2021 that an outbreak of Covid-19 has been confirmed on the Royal Navy's flagship, HMS Queen Elizabeth, with "around" 100 cases.
317. The **CDC** is currently investigating breakthrough cases of those that have been fully vaccinated (i.e. received both doses). For a case to be defined as a breakthrough case, the CDC has said that less than 28 cycles are to be used as per the directive below <sup>159</sup> (compared to the much higher cycle rate for diagnosing COVID as discussed above).
318. The number of Covid breakthrough cases can easily be manipulated depending on the cycle threshold. The question is, why are the numbers being manipulated?

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<sup>156</sup> [Hundreds of vaccinated Indonesian health workers get COVID-19, dozens in hospital | Reuters](#)

<sup>157</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/982499/S1208\\_CO-CIN\\_report\\_on\\_impact\\_of\\_vaccination\\_Apr\\_21.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/982499/S1208_CO-CIN_report_on_impact_of_vaccination_Apr_21.pdf)

<sup>158</sup> [HMS Queen Elizabeth: Covid outbreak on Navy flagship - BBC News](#)

<sup>159</sup> <https://www.cdc.gov/vaccines/covid-19/downloads/Information-for-laboratories-COVID-vaccine-breakthrough-case-investigation.pdf>

## What about the Relative Risk Reduction vs Absolute Risk Reduction?

319. As published in *Medicina*, Dr Ronald Brown, School of Public Health and Health Systems, University of Waterloo, Canada, consider the relative risk reduction (**RRR**) and absolute risk reduction (**ARR**) measures in the evaluation of clinical trial data in his article *Outcome Reporting Bias in COVID Vaccine Clinical Trials*<sup>160</sup>
320. **Dr Ronald Brown** found that **Pfizer** reported RRR of the mRNA Injection but did not report a corresponding ARR, which *"appears to be less than 1%"*. ARR and RRR are measures of treatment efficacy reported in randomized clinical trials.
321. Because the ARR and RRR can be dramatically different in the same trial, the Author reports it is necessary to include both measures when reporting efficacy outcomes to avoid outcome reporting bias.
322. The article states that publicly available clinical trial data verifies that absolute risk reduction percentages for **Pfizer** is 0.7%; 95% CI, 0.59% to 0.83%; p = 0.000.
323. **Dr Ronald Brown** states:

*"The same publicly available data, without absolute risk reduction measures, were reviewed and approved by the roster of members serving on the U.S. Food and Drug Administration's (FDA's) vaccines and Related Biological Products Advisory Committee (VRBPAC) for emergency use authorization (EUA) of the mRNA vaccines [10]. Ironically, the omission of absolute risk reduction measures in data reviewed by the VRBPAC overlooks FDA guidelines for communicating evidence-based risks and benefits to the public [11]. The FDA's advice for information providers includes: "Provide absolute risks, not just relative risks. Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used."*

324. **Dr Ronald Brown** concluded that:

*A critical appraisal of phase III clinical trial data for the Pfizer/BioNTech vaccine BNT162b2 and Moderna vaccine mRNA-1273 shows that absolute risk reduction measures are very much lower than the reported relative risk reduction measures. Yet, the manufacturers failed to report absolute risk reduction measures in publicly released documents. As well, the U.S FDA Advisory*

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<sup>160</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996517/pdf/medicina-57-00199.pdf>



*Committee (VRBPAC) did not follow FDA published guidelines for communicating risks and benefits to the public, and the committee failed to report absolute risk reduction measures in authorizing the BNT162b2 and mRNA-1273 vaccines for emergency use. Such examples of outcome reporting bias mislead and distort the public's interpretation of COVID-19 mRNA vaccine efficacy and violate the ethical and legal obligations of informed consent.*

325. The RRR issue was also pointed out in **Dr Helen Westwood's** GP to her MP Graham Brady<sup>161</sup> (which has since been cited in the letter to the House of Commons):

*"The clinical trials are due to continue until 2023. I find it alarming that much attention is paid to the headline figures of relative risk reduction (RRR) with no mention of the absolute risk reduction (ARR). The RRR of the Pfizer BioNTech vaccine is 95.1% (CI 90.0%-97.6%, p=0.016). Dig a little deeper into the data and you learn that the ARR is only 0.7% (CI 0.59%-0.83%, p<0.001) and the number needed to vaccinate in order to prevent one infection is 142 (CI 122-170).*

*The WHO published a bulletin written by John Ioannidis, Professor of Medicine at Stanford University, in October 2020. He quotes an infection fatality rate (IFR) for Covid of 0.00-0.57% and in those under the age of 70 it stands at 0.05%."*

326. **The Lancet** published comment on the '**COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room**<sup>162</sup>'. The authors stated that *although* attention has focused on vaccine efficacy and comparing the reduction of the number of symptomatic cases, fully understanding the efficacy and effectiveness of vaccines is less straightforward than it might seem, depending on how the effect size is expressed. The authors commented:

*"Vaccine efficacy is generally reported as a relative risk reduction (RRR). It uses the relative risk (RR)—ie, the ratio of attack rates with and without a vaccine—which is expressed as 1-RR. Ranking by reported efficacy gives relative risk reductions of 95% for the Pfizer-BioNTech, 94% for the Moderna-NIH, 91% for the Gamaleya, 67% for the J&J, and 67% for the AstraZeneca-Oxford vaccines. However, RRR should be seen against the background risk of being infected and becoming ill with COVID-19, which varies between populations and over time. Although the RRR considers only participants who could benefit from the vaccine, the absolute risk reduction (ARR), which is the difference between attack rates with and without a vaccine, considers the whole population. ARR tends to be ignored because they give a much less impressive effect size than RRRs: 1.3% for the AstraZeneca-Oxford, 1.2% for the*

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<sup>161</sup> <https://lockdownsceptics.org/2021/04/27/the-uk-currently-operates-a-system-of-informed-consent-for-vaccinations-currently-minister/>

<sup>162</sup> [COVID-19 vaccine efficacy and effectiveness—the elephant \(not\) in the room - The Lancet Microbe](#)

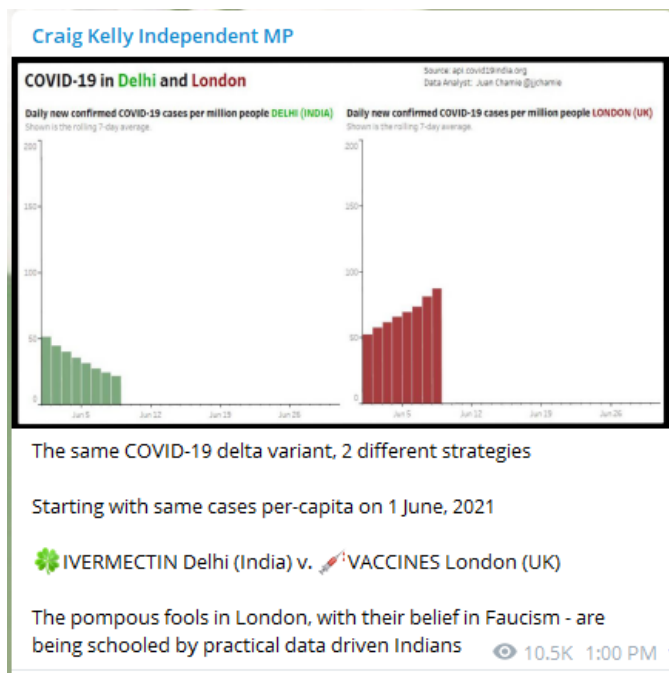
*Moderna–NIH, 1.2% for the J&J, 0.93% for the Gamaleya, and 0.84% for the Pfizer–BioNTech vaccines.”*

## **Politicians are speaking up**

327. **MP Derek Sloan** held a news conference in Canada to raise concerns about the perceived censorship of doctors and scientists and medical information related to vaccines. He was joined by Byram Bridle (associate professor of viral immunology, University of Guelph), **Dr Patrick Phillips** (family and emergency medicine physician in Ontario), and Don Welsh (professor of physiology and pharmacology, Western University).

[MP Derek Sloan raises concerns about censorship of doctors and scientists – June 17, 2021 - YouTube](#)

328. **MP Craig Kelly**<sup>163</sup> was elected to the House of Representatives for Hughes, New South Wales, in 2010. Re-elected 2013, 2016 and 2019. Craig Kelly is presenting a Bill for an Act to protect the right of Australians to make their own health decisions in relation to COVID vaccination and for related purposes.



329. **Dr Rand Paul** is an American physician and politician serving as the junior United States Senator from Kentucky since 2011. He is the son of former three-time presidential candidate and twelve-term U.S. Representative of Texas, Ron Paul.  
<https://duckduckgo.com/?q=Dr+rand+paul+vaccine&t=brave&page=1&sexp=%7B%22biaexp%22%3A%22b%22%2C%22msvrtexp%22%3A%22b%22%2C%22mliexp%22%3A%22b%22%7D&iax=videos&a=videos>

330. Finnish Politician and former powerlifter, **Ano Turtiaine**, puts colleagues on notice of

<sup>163</sup> [https://www.aph.gov.au/Senators\\_and\\_Members/Parliamentarian?MPID=99931](https://www.aph.gov.au/Senators_and_Members/Parliamentarian?MPID=99931)

possible genocide on their watch.

<https://tokentube.net/embed?v=3273793332>

<https://twitter.com/veritasnewsfeed/status/1405558541990125573>

331. **Wisconsin Sen. Ron Johnson** holds a news conference with families from across the country who share their experiences regarding adverse reactions to COVID-19 vaccines.

<https://www.youtube.com/watch?v=6mxqC9SiRh8>

<https://bit.ly/3qxerxs>

332. **Gideon F.C. van Meijeren** is a Dutch civil servant and politician who has been representing the conservative populist party Forum for Democracy (FVD) in the House of Representatives since the 2021 general election. He also holds a seat in the States of South Holland. He previously worked as a legislative attorney for the government.

[Dutch politician Gideon Van Meijeren dropping covid truth bombs from Telegram \(ugetube.com\)](#)

### **Lawyers speaking out**

333. A list of a few of the lawyers speaking out are set out below:

#### **Europe**

334. **Dr Reiner Fuellmich** is an international trial lawyer who has successfully sued large fraudulent corporations like Volkswagen and Deutsche Bank. In addition, his team of **1000 lawyers and 10,000 doctors** have initiated legal proceedings against the CDC, WHO and the Davos Group for crimes against humanity. The team assert:

- The incorrect PCR test and the order for doctors to describe any comorbidity death as a Covid death – as fraud.
- The “experimental” mRNA Injection itself violates Article 32 of the Geneva Convention.
- Under Article 32 of the 1949 Geneva Convention, “mutilation and medical or scientific experiments not required for the medical treatment of a protected person” are prohibited.
- According to Article 147, conducting biological experiments on protected

persons is a serious breach of the Convention.

335. The team further alleges that the “experimental” mRNA Injection violates all 10 Nuremberg codes, which carry the death penalty for those trying to break these international laws.

[Reiner-Fuellmich-.pdf](#)

336. Special Session: International Legal Offensive - Part 1 Lawyers and Activists worldwide present their main legal corona-related strategies and projects at the moment. Featuring:

- Renate Holzeisen (Lawyer, Italy)
- Francis E. Hoar (Lawyer, Great Britain)
- Dominic Desjarlais (Lawyer, Canada)
- Ana Garner (Lawyer, USA)
- Leslie Manookian (President of the Health Freedom Defense Fund, USA)
- George Wentz (Lawyer, USA)
- Andrea Steindl (Lawyer, Austria)
- Gerold Beneder (Lawyer, Austria)
- Dr Michael Brunner (Lawyer, Austria)
- Miguel Luis Marcelo Iannolfi (Lawyer and medical doctor, Argentina)
- Dr Gustavo Salle Lorier (Law- and social scientist, Uruguay)
- Natalia Ravanales (Lawyer, Chile)
- Michael Swinwood (Lawyer, Canada)

[https://www.youtube.com/watch?v=i\\_5Y3QMyEI8](https://www.youtube.com/watch?v=i_5Y3QMyEI8)

Other videos:

[DR REINER FUELLMICH - DEATHS & SEVERE SIDE EFFECTS AFTER CORONA VACCINATIONS IN BERLIN! Footage ... \(bitchute.com\)](#)

[Dr. Reiner Fuellmich: scientific evidence that covid is crime against humanity \(stopworldcontrol.com\)](#)

[Attorney Reiner Fuellmich on Liability, Intentional Infliction of Harm and Informed Consent \(odysee.com\)](#)

[Genocide By Corruption - Reiner Fuellmich with Drs Zelenko & Wodarg \(bitchute.com\)](#)

337. The Corona Committee: was established by four lawyers in Germany, including **Dr**

**Reiner Fuellmich, Dr Viviane Fischer**, Justus Hoffmann and Antonia Fischer

[Special Session: International Legal Offensive - Part 1 - YouTube](#)

<https://corona-ausschuss.de/>

### **New Zealand**

338. **Sue Grey** LLB (Hons), BSc (Biochemistry and Microbiology), RSHDipPHI Nelson, NZ has released an open letter to the Government regarding illegalities and misleading claims about Pfizer Comirnaty experimental mRNA /spike protein vaccine approval and roll-out. Sue Grey

Website: <http://suegrey.co.nz/>

Open Letter to the Prime Minister dated 3 June 2021: <http://suegrey.co.nz/index.php/2021/06/05/open-letter-to-prime-minister-no2-3-june-2021/>

<https://rumble.com/vk4rt2-counterspin-ep-17-covid-19-vaccine-warning.html>

### **United Kingdom**

339. **Tracey O' Mahony** Barrister at Law - Digital Green Certificate Regulation

<https://youtu.be/L1a8zIsOzCg>

### **Australia**

340. **Tony Nikolic**, Director of Ashley, Francina, Leonard & Associates.

[2021.07.07-Letter-to-NSW-Minister-for-Health.pdf](#)

### **United States**

341. **Siri Glimstad LLP (USA)**<sup>164</sup>: Siri Glimstad LLP (USA) letter to Food and Drug Administration Commissioner dated 23 March submitting a petition for reconsideration of the decision of the Commissioner of Food and Drugs in Docket No. FDA-2020-P-2096 regarding Johnson & Johnson/Janssen's COVID vaccine to amend the Phase III clinical trial protocol to document adverse events and reactions for at least 24

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<sup>164</sup> <https://www.abajournal.com/news/article/this-law-firm-is-fighting-mandatory-covid-19-vaccines-with-legal-filings-and-warnings/>

months; using an adequate sample size to detect increases in rare adverse events and determine that the rate of adverse events from the vaccine will not exceed the rate of adverse events known to occur from SARS-CoV-2 in the group under review; participants are tested for T-cell reactivity to SARS-CoV-2 prevaccination and post-vaccination; germline transmission tests are conducted for male participant, and HIV incidence will be "monitored at the end of the study.

[Letter-to-Dr.-Walensky-re-anaphylaxis.pdf \(icandecide.org\)](#)

342. **Robert F. Kennedy, Jr.**, Children's Health Defense (CHD) chairman and chief legal counsel, "Protecting Individual Rights in the Era of COVID," [protecting-individual-rights-in-the-era-of-Covid-ebook.pdf \(childrenshealthdefense.org\)](#)

### **International**

343. **Lawyers of the Light**

[The-Light-9e-FINAL-1.pdf \(thelightpaper.co.uk\)](#)

### **Celebrities speaking out**

344. **Eric Clapton** has also spoken out about his experience with the vaccine.  
<https://www.bitchute.com/video/ZYtqwH2EIyUc/>
345. **Novak Djokovic**, the number 1 tennis player in the World, has said that he is opposed to the vaccines and threatened to quit if he is made to have the vaccine (source: ESPN).
346. **Rick Dennison, the Vikings Coach**, is out as Minnesota Vikings offensive line coach after refusing to get a COVID-19 vaccine (ESPN)

### **Mainstream Media speaking up**

347. Daily Mail Reporter Sally Beck **Goes Rouge, Blows Whistle On MSM Cover-Up Of Vax Injury** in the video set out below:  
<https://www.bitchute.com/video/TLTzye3bM5kb/>

### **Police Speaking Out**

348. Mark Sexton, a retired police constable from Birmingham in the United Kingdom, has

visited the local police station to report crimes against humanity in regard to the vaccines:

<https://www.bitchute.com/video/i4HOvNFZIfIe/>

## **Censorship**

349. We understand that people are fearful, which is fuelled by the constant fear on mainstream media. It is concerning that very little information about adverse events (serious and mild) are being reported.
350. There are many reports that the mainstream media is censoring information as per **Dr Chris Martenson** reports in the video below:  
[https://www.youtube.com/watch?v=sNM7BhysCq0\\_](https://www.youtube.com/watch?v=sNM7BhysCq0_)
351. **Dr Chris Martenson's** <sup>165</sup> bio reads as follows:
- "Chris Martenson, PhD (Duke), MBA (Cornell) is an economic researcher and futurist specializing in energy and resource depletion, and co-founder of PeakProsperity.com (along with Adam Taggart). As one of the early econobloggers who forecasted the housing market collapse and stock market correction years in advance, Chris rose to prominence with the launch of his seminal video seminar: The Crash Course which has also been published in book form (Wiley, March 2011). It's a popular and extremely well-regarded distillation of the interconnected forces in the Economy, Energy and the Environment (the "Three Es" as Chris calls them) that are shaping the future, one that will be defined by increasing challenges to growth as we have known it. In addition to the analysis and commentary he writes for his site PeakProsperity.com, Chris' insights are in high demand by the media as well as academic, civic and private organizations around the world, including institutions such as the UN, the UK House of Commons and US State Legislatures."*
352. **YouTube** <sup>166</sup> suspended **U.S. Senator Ron Johnson** from posting videos for one week over his touting of Ivermectin and HCQ as COVID treatments. One day before removal, the video had approximately 26,000 likes and only 315 dislikes.
353. **Dr Robert Malone**, the inventor of mRNA vaccines, said that LinkedIn recently deleted his account after commenting about mRNA COVID-19 vaccines.
354. **The American Frontline Doctors**, like many other doctors and scientists, report

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<sup>165</sup> <https://www.peakprosperity.com/about/>

<sup>166</sup> [YouTube suspends Ron Johnson for 7 days | TheHill](#)

censorship.

## **ALERT: We've been censored by Big Tech!**



Andrea,

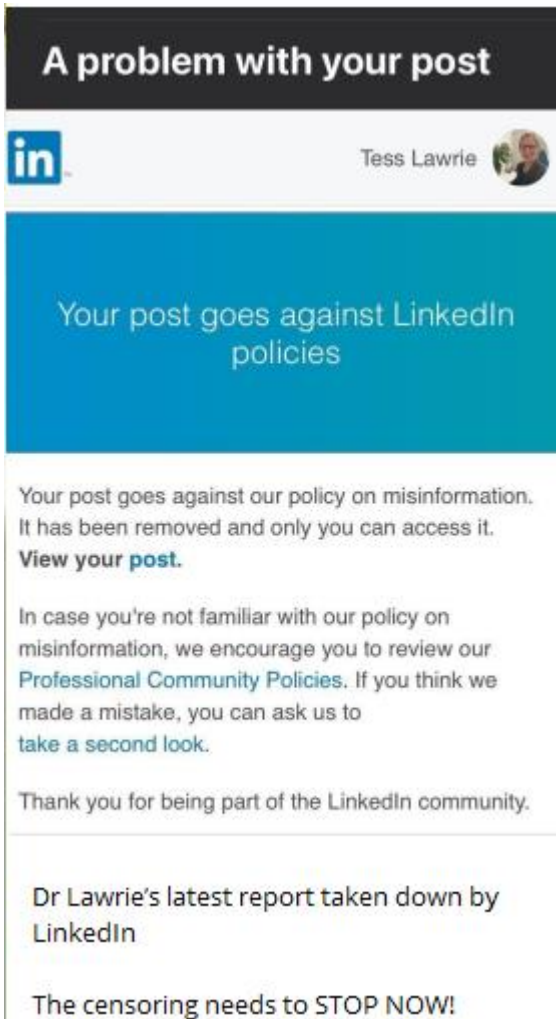
America's Frontline Doctors website was deleted from the Internet by Amazon.

If you didn't know, many top websites and services, such as Netflix, Facebook, LinkedIn, and Twitter, and thousands of others, are hosted on Amazon's Internet servers.

So it came as a surprise when AFLDS received notice from Amazon that they were deleting our website--and that they were giving us less than 4 days to get it off of their server before deleting it from

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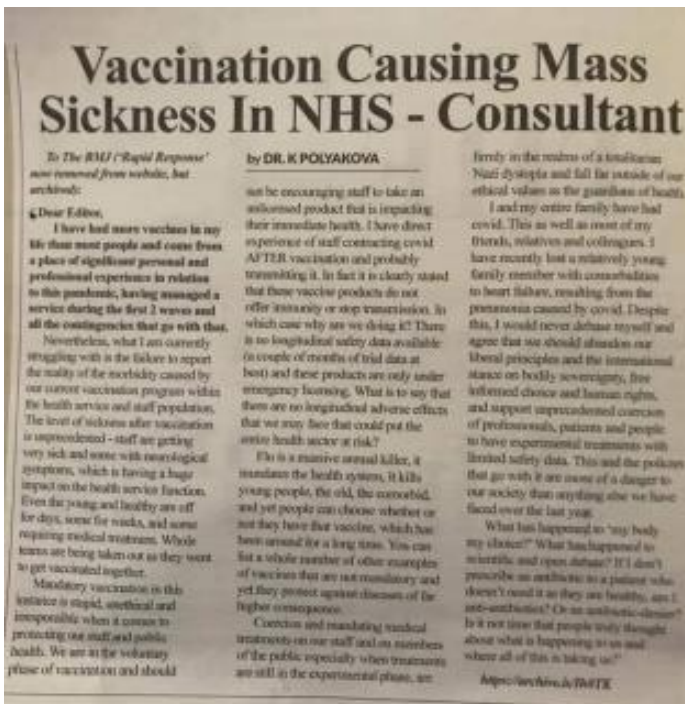
Sen. Johnson and Dr Pierre Kory on the impact of censorship in the fight against COVID-19

<https://video.foxnews.com/v/6259740044001#sp=show-clips>

355. **Dr K Polyakova** post (refer below) in the **British Medical Journal**<sup>167</sup> was removed for the following reason:

*Important editorial notice for readers: This rapid response has been removed as it was being used to spread misinformation and was attributed in a misleading way on certain websites and social media. The Editor, 12/04/2021.*

<sup>167</sup> <https://www.bmj.com/content/372/bmj.n810/rr-14>



356. We note that we have been told by staff in New Zealand hospitals that the sick leave was up following the mRNA Injection.

### **Educate Yourself**

357. Don't accept what we have to say. Instead, watch and read the information in the links in this document. Educate yourself instead of blindly accepting the narrative. If you conclude that the narrative is correct, then you have done so in an informed manner.

358. For more information, you can join the following groups in Telegram:

#### **World Doctors Alliance**

<https://t.me/worlddoctorsalliance>

#### **Dr Tenpenny**

<https://t.me/DrTenpenny>

#### **Dr Reiner Fuellmich**

<https://t.me/ReinerFuellmich>

#### **Voices for Freedom**

<https://t.me/voicesforfreedom>

#### **Covid mRNA Injection Information, Injuries and Deaths**

[https://t.me/NomRNA InjectionCoercion](https://t.me/NomRNAInjectionCoercion)

[Mass Vaccination Triggers Spike in Cases, Deaths \(mercola.com\)](#)

[if-people-get-jabbed-after-watching-this-they-are-beyond-saving-3-mp4 \(videopress.com\)](#)

[Exclusive: Athlete Who Recovered From COVID Facing 'Very Different Future' After Second Dose of Pfizer mRNA Injection Triggers Myocarditis • Children's Health Defense \(childrenshealthdefense.org\)](#)

[Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID mRNA Injections • Children's Health Defense \(childrenshealthdefense.org\)](#)

## **Other**

<https://www.bitchute.com/video/2ksR83HI5kga/>

[Hal Turner Radio Show - "Global Time Bomb" First case of postmortem study of patient vaccinated against SARS-CoV-2; "viral RNA found in every organ of the body"](#)

<https://www.bitchute.com/video/ByVXGpbtmoOX/>