From NZ Doctors, at email nzdoctors@protonmail.com

Dr Curtis Walker (chairperson) and all the members of the Medical Council of New Zealand
PO Box 11-649
Manners Street
Wellington 6142

23 May 2021

Email mcnz@mcnz.org.nz

MCNZ position on COVID-19 Vaccinations

Dear Members,

We write to follow-up our email of 14/4/2021 attaching our letter of concern, and now in response to Dr Curtis Walker's suggestion that doctors providing "anti-vaccination" information may be considered incompetent.

We understand that our Medical Council would like to see the success of our vaccination programme which is aimed to prevent sickness and death from SARS-CoV-2.
We would like to assure Dr Walker that we too share this aim.

We also share the Council's concerns about proper informed consent.

We respectfully request some clarification about the Dental and Medical Council's "Guidance statement COVID-19 vaccine and your professional responsibility" published on the Council's website on 28 April 2021 (https://www.mcnz.org.nz/about-us/news-and-updates/expectations-for-covid-19-vaccination-released-for-doctors-and-dentists/).
Specifically, we seek clarification of what you consider "anti-vaccination". Clearly, an evaluation of both risks and benefits are part of the doctor-patient discussion.

Please provide an urgent response to the following concerns:

1. Is Council requiring vaccination of practitioners on its register?

2. Is Council intending to impose any restrictions or conditions on practitioners (or practitioners whose staff) decline vaccination?

3. Does "anti-vaccination" advice include practitioners who do not intend to receive the Pfizer injection and disclose this to others? Does it include practitioners who do not intend to recommend it to others?

4. What process was undertaken by Council to ensure it was supported by a sound evidence base in reaching the decision to publish the Guidance Statement on the Council's website 28 April 2021? (https://www.mcnz.org.nz/about-us/news-and-updates/expectations-for-covid-19-vaccination-released-for-doctors-and-dentists/).

5. Is the Council aware that these vaccines are still being tested in clinical trials that are not scheduled to be completed until mid-2023, and that data was provided for only 2 months' follow-up of human trials? (https://clinicaltrials.gov/ct2/show/NCT04848584). Further, no phase 0 or 1 clinical trials were carried out, on the grounds of urgency. Further still, the much vaunted "95% efficacy" announced by Pfizer may be more accurately only a *relative risk reduction* of 19-29%, according to a BMJ associate editor when considering the difference in 'suspected' rather than 'confirmed' cases. https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/ Would it not be appropriate, therefore, to inform patients and the public that no medium and long-term safety data is currently available for this novel agent?

6. Is the Council aware that the estimated Infection Fatality Ratio (IFR) of COVID-19 was substantially reduced in a WHO Bulletin on 14 October 2020? It states: "Most locations probably have an infection fatality rate less than 0.20% and with appropriate, precise **non-pharmacological measures** that selectively try to protect high-risk vulnerable populations and settings, the infection fatality rate may be brought even lower." (https://www.who.int/bulletin/volumes/99/1/20-265892/en/) Indeed, esteemed international epidemiologist Professor John Ioannidis has more recently published an even lower average global Infection Fatality Ratio of 0.15%, from serology studies. **[1]** This is comparable to seasonal influenza, at 0.1%. Is this considered dis-information? Or does it not rather undermine the notion of an unparalleled deadly infection, necessitating the early release of a novel gene therapy before testing is complete? No amount of government obfuscation should be allowed to disguise this key fact in a discussion with potential vaccinees.

7. Is the Council aware that hospital mortality from the virus has dropped considerably since the start of the crisis? **[2]**

8. Is it "anti-vaccination" to advise patients that Pfizer does not claim their injection prevents either infection or spread of SARS-Cov-2, and that further, they are advising that booster shots may be required indefinitely, and soon available, for the new viral variants that are already showing vaccine escape?

9. Should we not inform our patients of the numbers of deaths and serious adverse effects reported in the world immediately after the mRNA vaccines in the time that they have been in use? Both VAERS in the US (https://www.openvaers.com/covid-data/) and EudraVigilance in the EU (http://www.adrreports.eu/en/index.html) contain important and concerning data, for example the EU is reporting 10 570 deaths and 405 259 injuries through to May 8 2021, more than half the deaths coming after the Pfizer vaccine. Between 14 Dec 2020 and 10 May 2021 there were 259 million doses of covid-19 vaccine administered in the USA, and VAERS received 4,434 reports of covid-19 vaccine death, giving a COVID 19 vaccine death rate of 0.0017% (CDC website, accessed 16/05/2021). By way of comparison there are approximately 195 million influenza vaccinations per year in the USA with 20- 30 deaths reported annually, giving an influenza vaccine death rate of between 0.00001% and 0.000015%. The difference between the two is a 113 -165 x higher death rate for the covid 19 vaccines. This ratio is an important and likely accurate apples-to-apples comparison, given that it is long demonstrated that official reports of post-vaccination injury under-represent the true situation to a considerable degree.

10. As medical practitioners there is an expectation that we discuss treatment options with our patients, and the scientific literature now supports safe, cheap, and effective options for

prevention and treatment of SARS-CoV-2. The emerging evidence for remedying vitamin D deficiency in vulnerable patients, and for treatment with Ivermectin is especially strong. [3] [4] [5]

We hope the Council will appreciate our concerns and the position we find ourselves in with respect to our obligations for giving informed consent, as detailed in helpful documents already provided by the Council and the HDC.

In summary, we seek greater clarity about the Council's intentions with respect to any restrictions on the practice of medicine from counselling our patients about their options around covid-19 mRNA vaccination. We ask if the Council is aware of the information contained in this letter, especially of vaccine deaths reported overseas, and the emerging clinical and laboratory work linking the vaccine to various serious adverse outcomes. We have many of these references available if you would like them, as well as submissions by large groups of concerned doctors and scientists to governments and public health authorities around the world, which are extensively referenced.

We believe it is overly simplistic and trite for our concerns around the Pfizer covid-19 vaccine to be labelled as "anti-vax" by some in government and the media. The signatories alone have many hundreds of years of collective medical experience, and there are many other doctors who share our concerns but are, not unreasonably, afraid to speak out at this stage. Some have been drawn to us precisely because of the attempt to denigrate their anxiety around this unprecedentedly rushed vaccine rollout, and the inaccuracies in MOH attempts to paint this as "just another vaccine". The vaccines on the recommended NZ schedule all have had between 4-10 years of clinical trials, and then years of subsequent use "in the field", as we know IMAC will confirm. Are we expected to not tell the truth to our patients about the unique status of the Pfizer Comirnaty vaccine?

This is the second time we have written to the Council and wonder if the Council have received our first letter, which we sent by email 14 April. Would you please advise us about this? We plan to deliver this letter by courier and request timely acknowledgement of its receipt.

We are sending a copy of this letter to RNZCGP, NZMA, HDC and Medsafe, in good faith, to promote open communication and discussion of these issues. We wish to further the common goal of retaining the integrity of our medical profession, ideally above political and industry influence.

Yours sincerely, alphabetically

Kate Armstrong 22941 Mark Bailey 23736 Samantha Bailey 40705 Elena Bishop 43989

Paul Butler 10712 Tracy Chandler 29070 Cindy De Villiers 20053 Rene de Monchy 08986

Tihomir Djordjic 23070 Ulrich Doering 16398 Graham H. Evans 36808 Pavel Gajdusek 23491

Emanuel E Garcia 40834 Mike Godfrey 07144 (retired) Anna Goodwin 48183 Clare Halford 26703

Anna Harvey 15766 Aida Hasbun 70825 Jacques Imbeau D7763 Tessa Jones 08775

Robin Kelly 10370 Adeline Lee 22765 Rob Maunsell 08554 Anne O'Reilly 23539

[redacted] Helen Proctor 41379 William J Reeder 07018 Rupert Scott 22252

Matt Shelton 17031 Joy Sutton 39442 Katherine Thompson D2908 Simon Thornley 23706

Caroline Wheeler 17374 Damian Wojcik 10754

REFERENCES

[1] Ioannidis, John PA. "Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations." *European Journal of Clinical Investigation* 51, no. 5 (2021): e13554.

[2] Brady, Patrick W., Amanda C. Schondelmeyer, Christopher P. Landrigan, Rui Xiao, Canita Brent, Christopher P. Bonafide, Tina Sosa et al. "Trends in COVID-19 Risk-Adjusted Mortality Rates." *Journal of Hospital Medicine* 2021 February;16(2):90-92

[3] Brenner, H., 2021. Vitamin D supplementation to prevent COVID-19 infections and deaths—accumulating evidence from epidemiological and intervention studies calls for immediate action. *Nutrients*, *13*(2), p.411.

[4] Kory, Pierre MD1,*; Meduri, Gianfranco Umberto MD2; Varon, Joseph MD3; Iglesias, Jose DO4; Marik, Paul E. MD5Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19 *American Journal of Therapeutics:* May/June 2021 - Volume 28 - Issue 3 - p e299-e318

[5] Padhy, B.M., Mohanty, R.R., Das, S. and Meher, B.R., 2020. Therapeutic potential of ivermectin as add on treatment in COVID 19: A systematic review and meta-analysis: Ivermectin in COVID-19: A meta-analysis. *Journal of Pharmacy & Pharmaceutical Sciences*, *23*, pp.462-469.

Cc Dr Kate Baddock, NZMA
Dr Samantha Merton, RNZCGP
Chris james, Medsafe