

*Sent by email on 13 August 2021*

Dear Prime Minister, Ministers Hipkins and Little, Mr Chris James and Dr Michael Tatley

Please find attached a database of post Pfizer vaccine deaths that has been collated by concerned New Zealanders.

It contains the names and dates of death of the increasing number of New Zealanders (now over 70) who received a Pfizer Covid-19 vaccine prior to their death. In addition there are over 100 more suspected post vaccine deaths which require active follow up. Many of these deaths were sudden and unexplained, Many cases were reported as sudden medical events caused by blood clots or hemorrhaging that are known to be possible adverse outcomes from the Comirnaty injection. Other cases were slower with families reporting a rapid and obvious downturn in health and wellbeing within days, and sometimes just hours, of the injection. The ages are distributed widely, including some young people.

There is also a large and growing database of injured people who are being helped to make reports, and are recording and videoing their testimonies.

The deceased and injured lists both include a number of medical, dental and other health practitioners.

The large number of post vaccination deaths collated in this register is in marked contrast with the CARM reports published on the Medsafe website. This is very concerning as it supports our suspicion that the CARM website is grossly under-receiving or, mis-classifying, harm. You will note there cases where a clinician has denied even the *possibility* of a vaccine injury. They are professing superpowers they do not have, perhaps themselves too being victims of the relentless 'safe and effective' narrative, and the threats to their licenses if they deviate.

Our concern is reinforced by the total of deaths reported post vaccination to VAERS and Eudra Vigilance now exceeding **THIRTY THOUSAND**, and injury reports exceeding 2 million people. It therefore seems improbable that New Zealand continues to have no officially recognised Pfizer injection deaths. It is important that there be far more transparency to start to restore public trust and confidence. All New Zealanders who are offered an injection (especially the young and pregnant) deserve to fully understand the risks, benefits, uncertainties and alternatives to ensure informed consent.

There will be some overlap between deaths and post injection injuries that have been reported to CARM. It is impossible to assess the extent of this because of the lack of transparency of CARM. We do expect that some deaths will not be on CARM, for various reasons. These include lack of access to and familiarity with CARM, technology challenges and lack of public trust in CARM due to the lack of transparency about how information that is reported to CARM is processed and who makes decisions on how to classify reports, and what criteria are applied.

In some cases some of the deceased persons' close families live overseas or for other reasons may not know that their loved one's death may have been caused or contributed to by this injection. In all cases a proper investigation is surely important to provide closure for the families.

As a result Medsafe now has the curious responsibility of receiving and assessing CARM reports for a medication that it has given provisional consent for. The lack of independent checks and

balances surely create an ethical *obligation* to assess any "signals" that may arise. Clearly this would require substantial time and commitment.

It is unfortunate that our government has until now chosen to rely solely on ad hoc and passive self-reporting of post injection deaths and injuries, for an experiment of this scale involving the ongoing clinical trial of a novel product that has only provisional consent. A more comprehensive coordinated surveillance of all vaccinated citizens is surely justified and necessary. Deploying any new vaccine based on data from expedited clinical trials into a population without a functioning safety monitoring system in place is reckless and irresponsible given the tools that are available.

It is accepted that as a result of careful investigation, the relationship between the injection and the death may be found to be coincidental. However it is already clear that there are some striking similarities between some of the cases, particularly those involving post injection lung clots, and those resulting in hemorrhaging which need proper investigation in order to identify any common features and risk factors which may help raise awareness and save other lives.

It is already a feature of the Covid response that critical information has frequently been missed. For example the CDC knew of blood clots as a likely side effect from the Spike Protein in October 2020 (as noted in the now infamous "slide 16") yet other public health agencies (including Medsafe) were apparently not alerted. It is important that we all learn from all such mistakes, and remember that in human drug trials, through an abundance of caution and concern for the volunteers, the experimental medicine is guilty until proven innocent.

#### **Requested Information and Response**

Please could you urgently confirm receipt of this important "people's database" and advise what resources will be allocated to investigating the listed deaths and who will be responsible for this.

Please also provide:

- a) information to explain the process adopted to date in processing and assessing reports to CARM,
- b) the people responsible and processes used for investigating each suspected injection related death, including their qualifications and experience c) how this process, analysis undertaken and/or criteria differ for medicines which have s23 provisional consent and those with full s20 approval. This should include those of Dr Petoussis-Harris who has been given a spokesperson role, at the very least, but would appear to have a significant conflict of interest given the funding IMAC receives from vaccine companies. We were unaware of any skills in toxicology, forensics and histo-pathology that she would need to be a lead in assessing vaccine injuries.

We anticipate you will wish to dismiss many of the cases due to "lack of information" and that the person's body is now cremated etc. etc., but be advised that privacy legislation does not apply to the dead and there are URGENT public safety issues to be quantified, given the Prime Minister's intent for 100% vaccine coverage - thereby eliminating any control group which could inform complications in the vaccinated down the track. This is doubly alarming given both Pfizer and Moderna have ended the placebo arms in their trials and encouraged them to be vaccinated. We will be playing Russian roulette with all Kiwis, not just children and the pregnant - again, for a flu-level infection fatality rate. How is this not breathtakingly stupid?

Your urgent and constructive response would be appreciated. In the meantime we will continue to gather evidence, and support the heroic Kiwis who are bearing witness to this experimental

vaccine. We will forward this to CARM, in particular to forewarn Dr Tatley that several hundred more possible vaccine-related deaths and many injuries are being assessed for reporting.

Yours Sincerely

NZDSOS.