

OfficeoftheChiefCoroner@justice.govt.nz

Open Letter to Chief Coroner of New Zealand

6 July 2022

Dear Chief Coroner,

New Zealand Doctors Speaking Out with Science (NZDSOS) is a group of experienced doctors and other health professionals who have concerns and questions about the Government's response to Covid-19, in particular mandatory vaccination, and especially what we contend are very significant harms thereof. As a result of asking questions, we have faced intense pushback (though no-one will debate us), been labelled antivaxxers though some have vaccinated our whole careers, had our researched concerns largely ignored, and some of us have been heavily disciplined and/or incurred major financial penalties.

If you have been following the Government narrative and mainstream media, you will expect the Covid-19 vaccines to be safe and effective with minor side effects that last at most a few days. You would not expect them to cause large numbers of unusual sudden deaths in people of all ages, and many life-changing injuries.

However, it is our view that the Pfizer Comirnaty vaccine being given to New Zealanders is unfit for purpose, is not safe and is actually harming and killing New Zealanders in unprecedented numbers. We have brought our concerns to the attention of our health officials, government ministers and police on numerous occasions. We have asked for answers to our questions, submitted research, evidence and expert opinions, and have received no useful responses.

We are writing to you with the hope that you will be able to reassure us that proper and thorough assessment of all deaths in vaccinated New Zealanders (particularly unexpected ones amongst demographics not expected to die suddenly) is being undertaken, whether their vaccination is recent or a year ago. From the information we have gathered, there are a significant number of deaths occurring within a few days of vaccination and many more within a two-week period, but there are also a number occurring following a longer illness that started within a few days of vaccination.

We were somewhat disturbed to read in an Official Information Act [\(OIA\) document](#) that as late as August 2021 (6 months after the vaccine rollout started) the Coronial Service was not clear what should be assessed regarding the death of a vaccinated person in New Zealand and that the service did not have access to vaccination records of the deceased. This was despite a Memorandum of Understanding (MOU) on information sharing, between the Chief Coroner and the Director General of Health, apparently having been signed in 2020 and updated in 2021.

We also have reservations about the length of time coronial reports are taking. According to [this newspaper article](#) the average time to close a coronial case in 2021 was 455 days, while those needing an inquest took nearly 4 years. This is woefully inadequate if we are

expecting the coronial service to alert us to significant signals of vaccine harm in time to prevent other people from suffering similar harms. This work should be prioritised as a vaccine is not like other medication that a person can stop taking to remove the risk. Once a vaccine has been given, it can't be 'ungiven' and damage is potentially permanent. Furthermore, vaccines are being given to healthy people which significantly changes the risk/benefit ratio. If, as NZDSOS believes, this vaccine is causing significant harm, New Zealanders deserve to know this now, not in one or more years' time.

Notwithstanding funding and personnel constraints, in the absence of any apparent active surveillance system (having merely the passive, voluntary and lagging CARM system which has received 160 reports of death following vaccination) our pathologists and Coroners become the people's guardians of last resort in picking up problems from the vaccine. Several families complain their post-mortem requests have been turned down, or that their loved one is whipped off for cremation with unseemly haste. These observations are of course anecdotal, but in the context of a mass rollout, often coerced, of an experimental novel technology injection, there are concerns.

The Pfizer vaccine being used in New Zealand is a new type of 'vaccine'. It is debatable whether it should even be called a vaccine as it is using genetic material to instruct the human body to make viral proteins. A 'gene therapy' is a more accurate label. This, along with the lipid nanoparticles encasing the genetic material, has not been used in healthy populations to provoke immunity before. It is new technology with little to no safety testing of many of the components.

Due to its designation as a vaccine, it is our understanding that less stringent testing is required than for other drugs. This means that pharmacokinetics (distribution, metabolism and excretion of the substance) have not been assessed, nor have toxicology, effects on fertility, mutagenesis (the ability to cause DNA damage), or carcinogenicity (the ability to cause cancer).

There is no prior clinical experience with the use of this type of technology on such a wide scale and so the adverse effect profile is a work in progress. The provisional consent given to Comirnaty in New Zealand was based on an average of only two months of data per person in the [clinical trial](#). It still only has provisional consent rather than full consent as there is missing information, questions still to be answered and conditions still to be fulfilled. The Pfizer clinical trial is ongoing [until 2024](#) which means data from phase 3 and phase 4 (post marketing surveillance) is being collected at the same time.

For these reasons, your role as coroners is highly important.

It is our view that every death and every adverse effect following vaccination should be treated with suspicion, and the possibility (or even probability) that it is linked with vaccination should be considered until it has conclusively been proven otherwise. Historically this would be the case with medications still in clinical trials.

The following are several documents/resources that emphasise our concerns:

1. [A slide](#) from the pre-approval process for Covid-19 vaccines. Numerous potentially fatal conditions (Slide 17) were considered to be possible following vaccination. Any New Zealander dying from any of these conditions should have vaccination firmly on the list of possible underlying causes and, if they are otherwise healthy, vaccination should be at the top of the list.
2. The original [provisional consent](#) document which details all the conditions and questions Medsafe had. Condition 5 discusses the possibility of auto-immune conditions, some of which can be fatal.
3. The [Pfizer RMP](#) (Risk Management Plan) which details missing information about a variety of conditions. VAED (Vaccine-Associated Enhanced Disease) is mentioned and is described as an immune situation where vaccinated people are no longer able to clear this virus and possibly other viruses and get sicker or stay sick for longer. Is this what we are seeing with our hospitals overflowing?
4. The Pfizer [3 month safety](#) data report. There were 1223 deaths reported to Pfizer in the first 3 months post rollout of the vaccine. This report also details a long list of potential adverse events in the final 9 pages. Our government would have had this information in May 2021 but it has only been made public after court action in the US.
5. The latest [Medsafe Safety Report](#) – in this there are 62,086 adverse events reported and 160 reported deaths with numerous (48) deaths in the too-hard basket. This does not reassure us that robust monitoring is taking place. Is it not the job of the coroner to make sure this ‘insufficient information’ is obtained?
6. An [OIA document](#) from Feb 2021 in which the Government appears to be expecting up to 1.1% of vaccinees (points 57 and 60 on page 12) to experience a serious or severe adverse event necessitating time off work. Some of these may be fatal.

We would like to alert you to a few of the possible causes of death which, from our reading, may be related to vaccination:

1. Blood clots

This seems to be a common condition associated with all the main Covid-19 vaccines. The spike protein itself appears to be thrombogenic and vaccine-induced spike protein is likely to be present in the body in larger amounts and for a longer period of time than following infection.

Some embalmers overseas are reporting unusual clots post mortem, and there is at least one person here (who is also an Officer of the Court) in New Zealand prepared to make a statement to that effect, and that 70 out of 75 consecutive deaths through his funeral home have been within 2 weeks of the vaccine.

2. Cancer

Dr Tim Hanlon has written to you stating that death from a progression of cancer will not be due to the vaccine. We would like to express our concerns about having some diagnoses off

the table before you, as Coroner, even get started assessing a person's cause of death. Scientists and doctors overseas are specifically warning about increased rates of cancer at younger ages than they have seen previously. They are also describing recurrences of previously stable cancers shortly post vaccination.

There are potential mechanisms by which this could be occurring. For example, the vaccine mRNA is not natural and has been modified in several ways to allow it to evade the immune system and cause the sustained production of large amounts of SARS-Cov2 spike protein. It also is capable of down regulating some of the protective tumour suppressor genes (BRCA, p53) and toll-like receptors. Suppression of both monocytes and lymphocytes (specifically CD4 and CD8 subtypes) bears a startling similarity to HIV infection, which also produces vulnerability to cancer and infections. With less immune surveillance and reduced activity against cell mutations, it would seem quite possible that cancer could be an adverse effect from the vaccine contributing to death. There is plenty of published research to show these worrying changes. We record younger people developing rare and rapidly progressive cancers.

3. Myocarditis

We agree with Dr Hanlon's statement that a sudden death in a young person should be assessed for myocarditis. We note that the three deaths on the [Medsafe Safety Reports](#) that are presumed due to the vaccine (still awaiting Coroner's determination though) are likely due to myocarditis. We are also hearing numerous anecdotes of people with symptoms consistent with myocarditis being advised they are anxious and not being investigated. We can quote experienced DHB staff confirming a powerful censoring culture of "see no evil, hear no evil" regarding obvious vaccine injuries. This is of course appalling but an obvious consequence of threats from medical bodies. It is our opinion that there may be many people with inflamed hearts who are not aware of this. It is highly probable that myocarditis is causing Sudden Adult Death Syndrome (SADS) due to fatal arrhythmia from a damaged electrical conduction system. Are pathologists testing for spike protein or lipid nanoparticles in the myocardial cells of dead vaccinated New Zealanders? Some have said it might take too many slides to be able to prove a lesion. In the citizen's database we note how many post mortems in young unexpected deaths have failed to find a cause.

4. Pregnancy

The vaccine was not tested in pregnant women and the Medsafe [datasheet](#) warns doctors that it should only be given to pregnant women after a personal assessment and when the benefits clearly outweigh the risks. In contrast to this caution, health experts have been advising women that the vaccine is very safe at any stage of pregnancy. We have a number of reliable anecdotal reports of increased numbers of stillbirths and miscarriages following vaccination. This is consistent internationally. It is our hope that the coronial service is investigating any foetal or neonatal death in babies delivered by vaccinated women.

5. Autoimmune conditions

One of the conditions of the provisional consent is related to auto-immunity. It is our contention that auto-immunity is likely to account for many of the unusual symptoms people are experiencing post vaccination. This is quite possibly a cause of death post

vaccination that could occur months after vaccination and could affect almost any organ in the body. Some examples of potentially fatal autoimmune conditions are Guillain Barré syndrome (progressive paralysis), transverse myelitis, systemic lupus erythematosus (SLE), immune thrombocytopenia (loss of platelets/clotting cells).

There are likely to be other as-yet-unknown mechanisms by which this vaccine can cause death.

Please would you answer the following questions. **We have included the actual names of two deceased New Zealanders within these questions. We ask that these remain confidential.**

1. What process is undertaken to determine cause of death in vaccinated New Zealanders and what steps are taken to determine the possible role of the vaccine in a person's death?
2. Do the pathologists have a protocol to go through for post-vaccine deaths?
3. Are stillbirths and neonatal deaths to vaccinated mothers being assessed by the Coroner?
4. Does the coronial service gather information from members of the family and the GP of the deceased person?
5. Are the pathologists staining for the presence of vaccine-induced spike protein in body tissues?
6. How does the Coronial Service protect itself from political interference, as in the case of Auckland teenager Isabelle Alexander, where our Prime Minister told the nation 3 days following her dreadfully tragic death that the vaccine wasn't to blame? We understand the Coroner has still not released the findings.
7. What are we to make of a Coronial verdict completely at odds with the clinical picture, for instance in the case of 41 year-old Sarah Barnes of Omapere who was immediately unwell then died of extensive blood clots 3 days after her first vaccine, and a year later her Coroner states it was a coincidence? What specialised and dedicated testing was used to rule out the vaccine as a cause? Also there are several cases where family state that a Coroner or pathologist say verbally the vaccine was causative but refuse to write this down.
8. Please advise what policies exist to obviate 'flattering' the vaccine, given the government's relentless narrative and imperative that all Crown agencies get in behind, and please reassure us that no directives have been passed to coroners, similar to the "guidance documents" from the medical, dental and nursing councils to get vaccinated and avoid "anti-vax sentiment".

The concerns we have are based on our two and a half years of intensive research on Covid 19 and vaccination, listening to many and varied international experts in wide ranging fields of medicine as well as to our patients, members of the public and our colleagues. They are also due to our observation that medical ethics appear to have been disregarded in the past 2.5 years and informed consent and our Hippocratic Oath to First Do No Harm seem no longer to apply.

As a large group of hundreds of health science professionals within NZDSOS, we are all agreed that the current totality of scientific evidence utterly destroys the "safe and effective" political narrative, and that there may be an unfolding health disaster of biblical proportions that will impact humanity for generations to come. Our basis for this seemingly dramatic statement is extensively documented in our posts on our website, www.nzdsos.com, most recently on deaths post vaccine, SADS, letter to Medsafe, and vaccine harms. You may not be able to access them from your workplace.

If you are vaccinated yourself you may have an entirely understandable resistance to our arguments, as we indirectly attempt to undermine a very significant personal health choice you have made. However, as past and current doctors we will not stand aside in silence as we witness avoidable harm to our fellow humans.

Whether you agree with us or not, and political imperatives aside, you would say surely that the precautionary principle applies at least, and we hope the Coronial Service is still working to protect the lives and health of all New Zealanders. We look forward to your reply and would be very willing to meet you or offer other assistance.

Yours sincerely,

New Zealand Doctors Speaking Out with Science.

1. https://nzdsos.com/wp-content/uploads/2022/06/Myocarditis_Redacted.pdf OIA re coroner
2. <https://www.nzherald.co.nz/northern-advocate/news/kaitaia-family-desperately-seeking-answers-about-crash-face-coronial-delays/JKEWGLKCZEJV7YS7RFWSMQJJPY/> length of time for Coroner's reports
3. <https://www.nejm.org/doi/full/10.1056/nejmoa2034577> original study
4. <https://clinicaltrials.gov/ct2/show/NCT04368728> clinical trial finishing 2024
5. <https://www.medsafe.govt.nz/COVID-19/safety-report-43.asp> 3 deaths in safety report
6. <https://medsafe.govt.nz/Profs/datasheet/c/comirnatyinj.pdf> Medsafe data sheet

Documents Emphasising Our Concerns

1. <https://www.fda.gov/media/143557/download> Slide 17 List of Anticipated Adverse Effects
2. <https://www.medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf>
3. <https://medsafe.govt.nz/COVID-19/Comirnaty-RMP.pdf>
4. <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
5. <https://www.medsafe.govt.nz/COVID-19/safety-report-43.asp>
6. <https://nzdsos.com/wp-content/uploads/2022/04/OIA-re-Maximising-Vax-Uptake-in-Tier-1-Border-Workers-2021-2.pdf>