

NZDSOS

NEW ZEALAND DOCTORS SPEAKING OUT WITH SCIENCE

10 January 2024

The Executive Officers of the National Heart Foundation of New Zealand

Clive Nelson

Ian Simpson

Gerard Devlin

Dear Sirs/Doctor

New Zealand Doctors Speaking Out with Science is a group of several hundred health professionals and scientists, mostly doctors, who have been raising concerns about the manifest harms of the C-19 vaccines since before their rollout, based on initial safety reporting from other countries and ongoing revelations to the current day.

We write to endorse the concern by cardiologist Dr Gerry Devlin regarding the decrease in favourable outcomes of those suffering cardiac arrests as reported in [The Herald](#) this weekend - and in many similar media stories for several years of course. Furthermore, we commend and agree with Dr Devlin for suggesting that prevention of cardiovascular deaths would be beneficial.

The drop in survival of community cardiac arrests from 30% in 2018 to 10% is deeply concerning, in the same realm as the befuddling rise in all-cause mortality which heavily vaccinated countries have all shared since their respective rollouts. It speaks to a changed mechanism in cardiac arrest, and we posit that ischaemic or hypertensive heart disease is no longer the usual culprit. Now, novel causes include inflammatory myocarditis, for which multiple pathways to cardiac damage have been shown to exist from the gene transfer devices.

At [NZDSOS](#) we have written and lobbied about all the various pathologies so far shown following covid-19 "vaccination", in particular the various studies demonstrating near universal signs of heart damage. Here is our most recent [open letter](#). Dr Devlin, as a practising cardiologist you must be aware of some of these publications, as well as what you must see in your clinical practice.

If needed as a primer, and for the lay industry members of your board, we recommend the following downloadable publications by experts that cover the broad territory well.

[Australian Medical Professionals Society's "Too Many Dead"](#) and ["mRNA Vaccine Toxicity"](#) by Doctors For Covid Ethics. We recommend the work of the UKs [Hart Group](#) also.

Eminent cardiologists around the world are sounding the alarm about the number of vaccine damaged patients they are seeing, and we receive multiple accounts from patients whose cardiologists admit the damage they see but who feel unable to speak out due to fear of losing their status and employment. We note the very long wait times for cardiac MRI - currently 84 weeks in South Island, but an absolute requirement by ACC to accept a formal diagnosis of post-vaccine carditis.

We have been notified of an apparent increase in cardiac sarcoidosis as well as rapidly progressive valvular disease in the vaccinated.

However, we note that the National Heart Foundation of New Zealand (the Foundation) is still suggesting in 2024 that the incidence of Myocarditis and Pericarditis after covid-19 vaccines is "rare" and that the benefits "greatly outweigh" the risks. We disagree strongly with this statement and are pleased that the new government has agreed to investigate the voluminous data informing it's risk-benefit analysis, which we say has been deeply flawed, and seriously damaging.

There is a considerable body of evidence that the covid vaccines cause significant cardiovascular harm. This includes that PLUS testing demonstrated a 30% worsening in the rate of coronary artery inflammation; that those vaccinated exhibited near universal higher myocardial inflammation on PET imaging, even if asymptomatic; the prospective studies of Thai teen boys and Swiss healthcare workers which showed clinical carditis rates of 3.5% and 2.8% respectively; and that the adverse risk/benefit signal was already showing in the original mRNA jab trials used to approve them, and published since the end of 2021; the increase of sudden deaths, especially in children and younger people, and excess mortality seen 'coinciding' with the rollouts in 2021 through to date. We could go on and on, and as advocates for conscientious and ethical scientific medicine, we surely will.

Not only is there now a strong association between the covid injections and myocarditis and pericarditis, which would in the past have led to the immediate withdrawal and recall of the pharmaceutical, but there is a causal link with accelerated Ischaemic Heart Disease and a plausible mechanism of action. Interestingly but un-surprisingly we note that the Ministry of Health has not yet reported on its own study of Myocarditis.

We have written about a few of the many highly suspicious deaths following injection, which satisfy all the Bradford Hill criteria for causation, for example Divya Simon, Isabella Alexander, Rory Nairn, Garrett Utting, Amanda Smees, and numerous children. We have communicated with coroners and pathologists on some of these cases, with unsatisfactory or no responses, and all documented on our website.

Dr Devlin as a doctor, we presume that you went into medicine to help people. Now is your chance to make the biggest difference of your life. If you decline, not only is it unlikely another such opportunity will come along but that you may be held culpable for the false information that is currently propagated by the Foundation.

It is not enough to train youngsters in CPR, have a defib in every school (because children have heart attacks too, apparently) and on every corner, or a nurse on the end of a Helpline. This is

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merely end-of-life care, quite literally, and will not fix the increase in cardiovascular deaths, the causes of which need to be acknowledged and treated. The very obvious 'new elephant on the block' are the cardiotoxic, inflammatory, autoimmune-inducing, vasculopathic and prothrombotic injections. Regarding risk-benefit, and bypassing the marketer's deliberate obfuscation between absolute and relative risk reduction, the number needed to vaccinate (NNV) to prevent a covid infection (diagnosed by positive test not necessarily clinical illness) is one in 119, and to keep a child out of ICU is 2 million! But hundreds of these 2 million children will get myocarditis (and other serious Adverse Events of Special Interest) with its 5 year mortality as high as 70%? (Certainly, we are unaware of covid-19 deaths in healthy children in NZ but have submitted literally dozens of suddenly dead kids post-jab to the government with no response). These figures make the equivalent NNT for Statins look almost respectable. Pfizer's own data lists multiple cardiovascular events in its adverse event reporting (which it tried and failed to hide for 75 years). Multiple revealing analyses are available at www.dailyclout.io, for instance [this one on myocarditis in children](#).

The Foundation has charitable status in New Zealand. It was unclear initially which industries provide the majority of its funding, but the director bios give some clue. We assume that funding comes from Pfizer and other pharmaceutical companies, and from the food industry that profits from processed food, high in sugar but low enough (we say still too high) in hydrogenated and trans fats to get the heart tick. We are sad to see these organisations have any influence at all on the Foundation, which by any public health metric is failing.

We call on the NHFNZ and you especially, Dr Devlin, to call for an immediate halt to the covid vaccines until unbiased investigation can be undertaken.

Pfizer's contract with government cannot trump criminal law forever so that those defending it and hiding behind it will be, in the words of Warren Buffet the ones found to have been swimming naked when the tide goes out.

We await your timely reply. We reserve the right to publish and distribute this letter.

Kind regards,

The New Zealand Doctors Speaking Out with Science