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Outline of Oral Presentation to the Royal Commission of Inquiry into Covid-19

Overriding Conclusion:

The worst medical disaster in history.
They knew and they carried on.

So the Terms of Reference are about doing it better next time.
We say NEVER do it again.

I have been a medical doctor for 40 years, but not able to work for the last three. I worked as an integrative GP, and taught Nutrition and Environmental Medicine for 10 years. I vaccinated throughout my career in general practice, obtaining informed consent like for any medical procedure. Labels like 'antivaxxer' are used to diminish and silence debate, but instead diminish the user.

We refer extensively and quote from our written Statement of Evidence and hope you have read it and ask you to if not.

We've said who we are in our statement, but to reiterate:

Initial members of NZDSOS were largely integrative medical doctors, who shared an EVOLUTIONARY path ie gradual and considered change in thinking about medicine, to broaden out our approach to health and healing. It recognises the limitations of the drug paradigm, but also its power for selected good and great harm. All medications are

defined as "unavoidably unsafe", as are vaccines. They are designed to change something in the body which may alleviate or hide symptoms, but can cause adverse effects, which have exactly the same mechanism as 'desired' effects. Rarely are the causes of ill health considered from the basic medical sciences, let alone emotional and spiritual levels.

'Do no harm' is not just a nice to have. It recognises that all medical (and surgical) interventions carry risks, and the risk-benefit equation is for the treating doctor and individual patient to understand and decide on.

We are grateful to speak to you on behalf of all New Zealanders and our profession of course, but sympathise with how you may be feeling…we expect that evidence you have heard may have unsettled you:

-if your personal health decisions are undermined
-if it has caused a loss of trust and faith in their own institutions, the members of which have experienced their own biases, and instincts to deny and hide from unpleasant information vs duty to their fellow humans, cognitive dissonance requiring one or other reality ie safe and effective vs dangerous and worsening covid-19.

How can two such polarised versions of what went on be rationalized? They can't.

I think we have to be present with our feelings, and honest about where they might take us, and how we might try naturally to avoid them in considering the possibility of major harm and mistakes.

There is much detail in our written statement, so in the limited time we have available we will be discussing jab harms and the mechanisms that failed, and are still failing today and the need to re-establish medical ethics and BORA.

We know they have been presented with the TRUTH of major harms, but officials will say there is nothing to see. But we are seeing harms from every level, on the ground as doctors, accounts from the community, government health data and international evidence. All triangulating on unprecedented and unacceptable harms.

Our open letters represent proof that every step of the way, with every new evolving safety concern, Wellington was told. We have nearly 70 letters that form a timeline, a chronology of the harms and our attempts to get them noticed and stopped by officials. They contain multiple lines of evidence, all posted at www.nzdsos.com

The ones within the RCI terms of reference time period are summarised in our presentation, but many subsequently described problems arose or were anticipated within the time frame. There has been almost constant silence in response. Clearly the attempt is to diminish the messenger and so to ignore the message. But people are dying.

There are important questions you have been forced to consider - Is everyone who is professing they've been harmed, lying to you? Of course not. Doctors learn that most patients tell the truth most of the time, and especially about serious conditions that disable them.

If a vaccine can seriously injure someone, LET ALONE KILL THEM, how do we reconcile that with official messaging of safe and effective, of zero harm according to the Medical Council of New Zealand, and at what point do we call a halt? NZ officially admits 4 coroner determined deaths, and ACC

has paid out on another. We say this is out by 2 or more likely 3 orders of magnitude. Many data sets agree; some are listed in our written evidence.

There is the precedent of the swine flu jabs in 1976, less than 50 deaths worldwide then withdrawal, 2009-10 26 deaths. The vax withdrawals were based on reports to monitoring systems like VAERS, CARM etc, NOT after years of investigations and coroners inquests etc, but more immediately.

So 5 deaths in our country alone should have called a halt.

How is it possible that... there are TWO diametrically opposed takes on, especially the vaccine, but also whether there was ever a pandemic in the first place? The PCR testing dramatically over diagnosed.

How is it possible that everyone in Wellington failed?

How did our systems fail so drastically?

Crowd psychology can explain everything. Echo chamber, the tyranny of consensus, fear of shame, losing status, fear of doing nothing and appearing weak or indecisive. These vulnerabilities inform some of our recommendations to prevent this ever happening again in the future – that officials are trained to maintain independent thought and guard against abuses of power.

How is it possible that the government acknowledges 4 deaths only (ACC have paid out 5 claims)? And we are triangulating in on thousands of deaths, by multiple mechanisms.

The weight of evidence they have heard so far on harms is more than enough, before our own submission to you here, even.

However the final report pans out, this evidence is only getting stronger.

If we agree on the harms then the first imperative is to stop the jabs, get official acknowledgement then research to find solutions.

Alarm Bells:

Pre-existing pandemic science was suspended.

Generations old medical ethics were removed.

If these had been left intact, as with the 2009 swine flu, c-19 could have passed through in 6 to 8 weeks.

Engineered and disabling fear and imprisonment via lockdowns but the Infection Fatality Rate was known by March 2020 to be akin to moderate influenza only. You have the references.

The injection was a genetic therapy, by all current definitions which we lay out. It contained artificial genetic code, designed to persist for far longer than a few days, it produced a non-human protein, and it is now known to enter the cell nucleus and suppress some genes and activate others.

It was NEVER going to stay in the arm. Approximately one in a hundred intramuscular injections are intravascular. The blood goes everywhere, to all systems so many and varied harm presentations can result. Intramuscular injections are used for over a hundred years to get medications rapidly to the brain and rest of the body. Can be intravenous, so back to the right side of the heart in seconds, or arterial causing severe pain and possible nerve damage down the arm.

For three years the jab has been known to contain the SV40 virus code, a

known cancer promoter, as Dr McKernan testified. And the levels of so-called contaminant DNA are very high, and universal in every batch tested so far.

As a "vaccine" it avoided testing for cancer and pregnancy effects. Immunity for the makers was available under US law, and ACC here.

There IS now an explosion of cancers, especially obvious in the young. The Ministry of Health is refusing our OIAs on up-to-date data but it is very clear to us, if only from all the reports in the MSM.

There are unknown ingredients in the vaccine, some of which have not been used in animals. This is allowed by the contract. So it is impossible to claim it is safe.

There is a dangerous track record for some of the known ingredients.

No safety testing, initial trial placebo groups were suspended on WHO advice in 2020.

There were more deaths in the active treatment groups, and twice as many sudden cardiac deaths.

Immediate rise in adverse event and death reporting all around the world. Shown the VAERS chart. The response from the authorities is *we aren't seeing anything we don't expect to see, and we continue to monitor.*

Regulators remain silent despite a growing body of evidence outlining harms and their mechanisms.

So since this refusal to act was common to many countries around the world, there must have been a systemic lockstep playbook, but we here can only focus on the NZ chapter, our own officials, our own political agenda.

The Medical Council of New Zealand had the jab as *zero risk*, described in open court – preposterous, reckless, and conflicted, if not corrupt. Several senior members of the Medical Council have gross conflicts of interest, including employment by a private non governmental group called the Federation of State Medical Boards (FSMB), which seems to control the world's major medical regulators.

Do conflicts not matter anymore?

The jabs did not work to stop covid, protect others, and were not safe, in absolute contradiction to government messaging. But NZDSOS doctors who told the truth, or at least urged their patients to look more widely for information, were variously persecuted, struck off, in several cases hounded out of the country.

The blanket recommendation in pregnancy – ethical protection of the unborn, but pragmatic basis is survival of the species – no further greater alarm bell needed than this, yet it has been left to a few doctors to defend this ethical absolute and they have paid dearly for it.

Government messaging at odds with even Pfizer, Medsafe etc. At the same time pregnant women were told it was safe to have the jab anytime. But the UK Government agreed that pregnancy risks were unknown, and individual R-B consults were needed.

The imperative to mass vaccinate was clear early on – why, and on what science advice?

Basic concepts in toxicology and pharmacology tell us there is a SPECTRUM of harms, some obvious or invisible. It is not binary, (ie dead or 100% fine!). Shortly I will mention research showing virtually everyone may have been harmed.

If the 'virus' is dangerous, and research suggested the surface spike protein as being the mechanism of harm in covid infection, because of the spike protein, then the 'vaccine' HAS to be considered many times worse, because it induces spike protein production that can be widespread and, in many, indefinite. In natural infection in most people, the spike protein is limited to surface cells in the upper airway. After injection, however, there are thousands of kilometers of blood vessels to turn to spike protein production.

The virus has still never been identified, just in silico (computer derived) code was used to design the jab. Still not. But many lies have been outed about its origin. There was a deliberate campaign to cover for the Wuhan Institute of Virology and promote the so-called "proximal origin" idea, that the virus was from nature.

On the White House website is a page titled "Lab Leak, The True Origins of Covid-19". It summarises a 520 page bipartisan Congressional Subcommittee Report into the pandemic. Its conclusions are scathing of public health officials and their make-believe claims on masks, lockdowns, and social distancing. Some criminal probes are now underway.

However it praises Operation Warp Speed for exactly that, its speed. And unfortunately quotes the disproven Watson et al mathematical study sold to all officials and government employees as the final word that the injections saved millions of lives.

Evidence of manipulation:

Predictive programming by repeating mantras... "unprecedented pandemic, high mortality, Spanish flu over again, covid infection is far worse than vaccine harms, safe and effective etc etc."

Was there a pandemic? Looking at all-cause mortality around the world in 2020? NO. Why were there only a few high profile hotspots of death? Physicist Denis Rancourt and other researchers proves this in multiple papers, the latest is a powerful refutation of the idea of a spreading respiratory pathogen. Hotspots related specifically to the hospital protocols and public health measures used locally.

The pandemic numbers were based on tests with a very high false positive rate.

Sudden deaths, strokes, widespread chest pains are evident. In our social circle, from hospital doctors, GPs, patients themselves. I refer you to the Truth Project, on our website, for accounts from health and other professionals.

Just looking at myocarditis and pericarditis in the young, and more common in boys. This issue has garnered much attention. Cardiac cells can't be regenerated. Instead, scar tissue forms, which is non contractile nor capable of conducting electrical impulses. Multiple lines of evidence prove causation.

Cardiologists may have seen only a handful if any in their careers. Now waiting rooms are full. In the South Island it is a two year wait for a cardiac MRI required by ACC.

Nakahara et al suggested widespread evidence of heart muscle stress (ie

damage and cell death). They found a 46% reduction overall in the heart's ability to burn fat. Symptoms range from - none initially (but inevitable later heart failure) to chest pain, shortness of breath and palpitations to sudden death due to electrical disturbance.

Symptoms were commonest in young men after the second dose. Who has explained why? I will.

In the 2022 Thai Study, 3.5 % of 201 boys developed myocarditis/pericarditis after the second Pfizer dose and 30 % had cardiac related symptoms.

In a Swiss Study of 777 healthcare workers, (average age 35, majority female) 2.7% showed myocarditis/pericarditis.

These numbers are unprecedented and intolerable. 3.5% rate equates to 35,000 cases per million, which is a stark contrast to the *handful per million* that some New Zealand experts claim, describing it as vanishingly rare. Clearly a nonsense claim.

Confirmation from media, government and healthcare staff and patients points to overwhelming sickness, and over-run hospitals.

Insiders and patients tell us of wards and clinics full of jab injuries, including young people with stroke and heart issues. They describe a lack of reporting, bullying to keep quiet, and belittling of concerns.

Confirmation of vaccine injuries and deaths has also come from HHL and HFNZ as you have heard.

REPORTS AND PERSONAL EXPERIENCE OF DIED SUDDENLY and SERIOUSLY ILL

KIWIS. Maybe we all have people in our social circles now.

We are living through desperately dangerous times. The biggest medical disaster of our lifetime, possibly in history.

We have created a brand new amyloid-like disease of the blood, rubbery white clots, as well as possible prion disease which causes dementia, and an evolving cancer epidemic from multiple pathways, especially DNA contamination. Governments have been asked over and over to pause and investigate, not just here but around the world. All have remained silent. Although the clots and proof of plasmid DNA fall outside your Terms of Reference dates, it is fully documented on our website.

These health disasters must be addressed urgently and the jabs must be stopped. Having been presented with evidence of harm and plausible mechanisms, we ask you to urge decision-makers to pause and conduct a thorough examination and find accordingly in your report.

Conclusion

People were manipulated by covid messaging and restrictions to clamour for relief. This was taken by government as a mandate to suspend laws, seize power, and usher in elements of technocratic tyranny via the covid response.

- The worst medical disaster in history, killing and maiming.
- Decision makers knew it was dangerous and they carried on.
- Lays bare human psychology, its quest for power and status, and its malleability.
- Should there be ever an actual pandemic - BORA, ethical principles, and the original pandemic plan will see us through.

- We are open to discussion / questions on the pointlessness of measures dreamed up, and the harm that they caused
- Transparency regarding who is making the decisions and where the buck stops/who is responsible
- Establishing optimal health of the individual = public health
- Safeguarding against panic, power trips and grabs, overreach etc by public health officials
- Addressing group think, bullying and fear of standing out
- Remove political influences and conflicts from MCNZ and Government health committees, especially mitigating corporate control.

Thank you.
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