

Anna Tutton  
The Chief Coroner  
Coronial Services of New Zealand

30 April 2023

Dear Ms Tutton

We have written to the office of Chief Coroner on a prior occasion to voice our concerns about the health impacts of New Zealand's Covid-19 vaccination program and what we believe may be a failing pharmacovigilance and monitoring system. Sadly, prior efforts to communicate our concerns to you and others were not met with the reception we had hoped for. Your reply then as Deputy-Chief Coroner - now the Chief Coroner - skirted important issues and avoided our specific questions.

We are writing again, out of our deep concern and a sense of fiduciary duty to the people of New Zealand, in the hope that you will receive this communication in a spirit of sincerity and give its contents due consideration.

We acknowledge that the events of the last three years represent an extraordinary chapter in both global and New Zealand history, but as the world opens-up in the wake of the pandemic, the inevitable process of critical review with its open dialogue is commencing. Questions about the necessity of the pandemic measures are making headlines in much of the western world, yet New Zealand seems to be lagging, mired in the cataleptic state of a lingering inertia.

Many public health messages that shaped the pandemic response have not endured and are now recognised (at least by the public) as unsubstantiated rhetorical devices which have faded into history with the passage of time. Large swathes of the general public are now well aware that the pandemic response lacked a solid scientific foundation and was driven by the fleeting non-corporeal substance of sentiment.

Despite growing awareness in the public square, our media and political representatives seem unable to read the room and are disconcertingly oblivious to the changing mood of the population, some of whom are suddenly, unexpectedly and tragically dead. This strange ivory tower mentality is difficult to comprehend but seems to be pathognomonic of a governance structure which has become alarmingly uncoupled from the moderating influence of public opinion and its critical feed-back mechanisms.

Members of the New Zealand public have been deeply traumatised by the events of the last three years and are becoming increasingly concerned by the deepening contrast between their lived experiences and the reports being proffered by media and official sources. As a group

of trained health professionals and scientists with a willingness to listen to and support freedom of expression, we have built a strong rapport with the public and we are keenly attuned to their elevated level of concern and changing sentiment.

The frequency of reports that we receive are distressing, as a considerable number of people of all ages have experienced terminal medical events in close temporal relationship to the administration of the Pfizer Comirnaty Covid-19 vaccine. The reported rates of injury are also deeply troubling and have characteristic patterns that seem to be going unrecognised by a medical fraternity operating under the assumption (directive) that this vaccine is inherently safe.

Medicine's history is far from unblemished and is littered with interventions that have ended up being harmful, despite the predictive proclamations presented by its contemporary experts. It is sad that orthodox medicine has once again adopted a "this time is different" approach and has failed to learn the lessons replete within its own chequered history.

Evidence in medicine is weighted hierarchically in accordance with its strength and applicability. The overwhelming fixation of the scientifically illiterate mainstream media, on the opinions of what it terms "credible experts", only draws support from the lowest tier of evidence and although this may seem credible to an unaware public, it is an inversion of our time-honoured standards. The role of the expert is to interpret, contextualize and explain the available data, not to conjecture and confabulate in the absence of data. Over the course of the Covid-19 pandemic this has taken on an irresponsible, even cynical hue, as it has been used to systematically undermine the precautionary principle.

The absolute assurances of Covid-19 vaccine safety, issued routinely throughout the vaccine roll-out, should never have been made in the absence of medium and long-term safety data. For those who are taking the time to scrutinize the peer-reviewed published scientific literature, there is a horrifying divergence between the contents of the literature and the messaging advanced through the mainstream media.

A recent publication, re-evaluating Pfizer and Moderna's own data, undertook a deeper analysis of the frequency of adverse events of special interest. The analysis - by authors of towering repute - found that the excess risk of serious adverse events far surpassed the reported benefit of COVID-19 vaccines in reducing hospitalization in both the Pfizer and Moderna vaccine trials<sup>i</sup>.

It has long been understood that the SARS-CoV-2 spike protein, selected as the antigenic basis for the Covid-19 vaccines, harbours an undisclosed toxicity. In fact, an early animal study on the vascular effects of the SARS-CoV-2 spike protein in the hamster model showed that far from being non-toxic, the spike protein is a primary pathophysiological effector of the disease process in Covid-19. Researchers created a "pseudovirus" which was absent all viral antigens except for the spike protein. Experimental animals exposed to the "pseudovirus" experienced lung and arterial injury, with cellular injury in the vascular endothelium extending to the mitochondrial level. Researchers concluded that spike protein alone was sufficient to cause disease<sup>ii,iii</sup>.

It has been claimed that in the context of the vaccine this toxicity is inconsequential, as it was stated that the vaccine acts locally, remaining confined to the arms and regional lymph nodes of its recipients. However, this claim - crashingly wrong - was based on the speculations of its author and lacked any evidentiary support.

Contrary to this opinion, a forcibly disclosed biodistribution study conducted by Pfizer in Japan using a rat model, revealed a markedly different picture. It reported a broad distribution of lipid nanoparticles with focal bio-accumulation observed at a number of specific organ sites. Enhanced accumulation observed in the ovaries and ability of the lipid nanoparticle to cross the blood brain barrier are two of the most concerning revelations<sup>iv</sup>.

Two years on, we are seeing the clinical consequences in human beings, many now dead or seriously harmed. There are emerging trends of infertility, miscarriage, "turbo cancers", heart attacks, strokes, chronic recurrent covid and many other infections, and elevated total deaths - all affecting vaccinated populations around the world.

The scientific method is chronological and sequential, advancing through painstaking processes of accumulation and consilience. Information streams from converging lines of evidence are methodically assembled to produce congruent bodies of data. The emphasis on expedience in the roll-out of the Covid-19 vaccines has resulted in sacrificial elimination of critical steps in the sequential progression of science. Appropriately sequenced animal studies are absent and this oversight has left us to answer a number of the remaining critical questions, through the study of outcomes in vaccinated human subjects.

It seems that some of the more unsettling questions pertaining to deaths occurring proximate to vaccination, will be best answered through carefully conducted autopsies with appropriate organ-specific spike protein and nucleocapsid immuno-histochemical staining. A small number of case reports surfacing in the scientific literature have served to provide a limited confirmation of our worst suspicions.

An early report by German pathologist Dr Arne Burkhardt, who assembled an interdisciplinary team including nine international pathologists, set out with the intention of quenching fears about the safety of Covid-19 vaccines. They analysed and presented autopsy findings from a cohort of 15 subjects. Findings for fourteen of the fifteen subjects implicated the vaccine as being significant to their passing. The cohort included subjects of various ages, all of whom had passed unexpectedly outside of the hospital setting within 7 days to 6 months of receiving one of the Covid-19 vaccines available in Germany.

Analysis of tissue specimens confirmed the presence of widespread vascular and para-vascular inflammation (vasculitis and para-vasculitis). Inflammation was present in the aortic specimens of 10 subjects with 6 specimens showing evidence of aortic dissection. Inflammatory lesions were associated with the presence of spike protein, detected through specific immuno-histochemical staining.

The role of direct Covid-19 infection was excluded through the use of a specific SARS-CoV-2 nucleocapsid immuno-histochemical staining. All specimens in the series had negative nucleocapsid immuno-histochemistry, indicating that the observed changes were associated with the vaccine and not Covid-19. The observed vascular injuries are lamentably reminiscent of those documented in early animal studies<sup>v</sup>.

These findings were corroborated in a separate case study which reported on the autopsy findings for a 76-year-old man with known Parkinson's disease, who passed within 3 weeks of receiving a third dose of a Covid-19 vaccine. The man had been vaccinated with a mixed

vaccination protocol using two different Covid-19 vaccines. His third and final dose was a second Pfizer BNT162b mRNA vaccine.

The man was referred for autopsy by his family after he had exhibited remarkable behavioural and psychological changes and a rapid deterioration in his motor capabilities, leading to wheelchair confinement. Autopsy specimens confirmed the presence of both multi-focal encephalitis and myocarditis, with inflammation particularly apparent in the small blood vessels. Immuno-histochemical staining confirmed that spike protein could be detected in association within the inflammatory lesions in the brain and heart, while immuno-histochemistry for the SARS-CoV-2 nucleocapsid protein was absent.

These findings once again support the attribution of changes to the vaccine and not to direct Covid-19 infection<sup>vii</sup>. While it is true that these studies represent a small volume of data, the importance of these findings indicate that autopsies conducted in this manner may provide definitive answers to some of the most important remaining questions.

The challenges of the pandemic were met with a combination of unprecedented measures including social distancing, masking, lock-downs and a new class of vaccines based on a novel gene-transfer technology. The governments of the western world promised their citizens the most sophisticated and comprehensive pharmacovigilance program in history to support and monitor the rollout of this new class of vaccines.

Despite the obvious risks, Covid-19 vaccines and their manufacturers have been shielded from accountability, criticism and regulatory burden, and even the normal dialectical exchanges of science. The inclusion of these products under the auspicious umbrella designation “vaccine” inspired an almost unconditional presumption of safety and efficacy in the minds of the public and almost the entire medical profession.

We write in the wake of the passing of another young man, who happens to be the close relative of a colleague. His death appears to be attributable to a secondary complication of post vaccine myocarditis (confirmed clinically and treated). Sadly, such events are all too frequent and never have they been represented in the personal experiences of so many New Zealanders, all in association with a single medical intervention.

Information accessed through official information act requests directed to Medsafe New Zealand have confirmed that the data required to support a correlative analysis examining vaccine status (including total number of doses) and morbidity and mortality of all causes, is not being collected. Medsafe’s rather circular and self-defeating rationale was that there is no evidence of causal link between the Covid-19 vaccines and increased all-cause mortality. Based on the autopsy studies cited above, we question the emphatic assuredness of this presumption and raise the additional concern that if we don’t collect the data, we will be unable to determine the presence or absence of a statistical association or causal link.

As mentioned already, all-cause mortality has risen inexplicably in much of the western world and New Zealand is no exception. The media has casually intervened attributing this directly to Covid-19 infection, despite a dearth of evidence to support this position<sup>viii</sup>, as well as an array of other, frankly desperate, 'shot in the dark' excuses. As we have indicated in this communication, there is little need for speculation as carefully conducted autopsies with appropriately directed

immuno-histochemical analysis provide a method of discernment, allowing for differentiation between deaths which can be attributed to the Covid-19 or other causes and those which can be attributed directly to the Covid-19 vaccines.

We write to bring this information to your attention in the hope that you will take action to uphold the promises made by this government to the people of this country. The people of New Zealand were vaccinated with the expectation that a sophisticated safety monitoring system was in place.

Coroners hold an essential place in the safety of the community. They are the sentinel of last resort and their time is now, given that our pharmacovigilance systems appear to be inadequate, and all doctors, including pathologists, have been forced by the Medical Council into breaking the Medicines Act in order to support a political narrative that prevents discussion of adverse effects of a prescription medicine.

We ask that your attention be directed to ordering carefully conducted autopsies with appropriate immuno-histochemical analysis, for those passing unexpectedly in close temporal relationship to vaccination with a Covid-19 vaccine. We believe that this request is essential to restoring the faltering confidence of New Zealanders in the systems that are supposed to protect them. Perhaps even more significantly, we write in the hope of averting what is becoming another human catastrophe, an iatrogenic crisis brought into being through our collective superficial understanding of the collateral hazards of genetic medicine.

We offer a meeting in person to discuss these issues, as well as some of the many cases that fit all the Bradford-Hill criteria for causation by the injections, even in the absence of any post-mortem confirmation. Other topics could include the aforementioned chilling effect on pathologist independence from the Medical Council's instructions to *all doctors* to only promote the vaccines' benefits; police crime scene protocols in cases of possible medical misadventure; and further risks to the public good that recent amendments to the Coroners Act will have on disclosure and discovery.

We reserve the right to post this communication as an open letter.

Regards,

The Steering Committee

NZDSOS

i Fraiman, Joseph and Erviti, Juan and Jones, Mark and Greenland, Sander and Whelan, Patrick and Kaplan, Robert M. and Doshi, Peter, Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials. Available at SSRN: <https://ssrn.com/abstract=4125239>

ii <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/>

iii Lei, Y., Zhang, J., Schiavon, C. R., He, M., Chen, L., Shen, H., Zhang, Y., Yin, Q., Cho, Y., Andrade, L., Shadel, G. S., Hepokoski, M., Lei, T., Wang, H., Zhang, J., Yuan, J. X., Malhotra, A., Manor, U., Wang, S., Yuan, Z. Y., ... Shyy, J. Y. (2021). SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2. *Circulation research*, 128(9), 1323–1326. <https://doi.org/10.1161/CIRCRESAHA.121.318902>

iv <https://www.docdroid.net/xq0Z8B0/pfizer-report-japanese-government-pdf#page=23>

v <https://pathologie-konferenz.de/en/>

vi Mörz M. A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19. *Vaccines*. 2022; 10(10):1651. <https://doi.org/10.3390/vaccines10101651>

vii <https://www.nzherald.co.nz/nz/covid-19-omicron-outbreak-infection-deaths-behind-new-zealands-record-2022-mortality-rate/K6QTCH3T2JEPJIZ2LRENVQMXBU/>