NZDSOS NEW ZEALAND DOCTORS SPEAKING OUT WITH SCIENCE

28 March 2024

Dear Dr Roberts, Chief Coroner Tutton and Royal College of Pathologists of Australasia (RCPA)

Letter of Concern About Apparently New Disease Process Following COVID-19 mRNA injections.

New Zealand Doctors Speaking Out with Science (NZDSOS) is a group of over 200 mostly (anonymous) doctors, including pathologists, who have been concerned about many aspects of the pandemic management, and specifically the dangers of the COVID-19 injections.

Your members will be already at the sharp end of the current health system crisis, increased all-cause mortality, sudden deaths and the rise in cancer in New Zealand. Our multiple letters of concern about many aspects of the modified RNA gene transfer technology may be read on our website, including those to coroners and regarding certain specific cases where important questions remain.

However, we are writing urgently to draw your attention to a dramatic and brand new phenomenon occurring in the wake of the Covid-19 vaccinations.

Please read our post here on the bizarre but extensively reported white rubbery 'clots' that are being discovered by embalmers in the bodies of some deceased, since the beginning of the mRNA vaccination program in 2021. These 'clots', which do not contain the cells or chemical elements typical of normal clotted blood, **are being reported now in some living patients, too, as discussed here by a specialist physician and a cath lab technician, with photographic evidence**. We have seen such living cases ourselves here in New Zealand. This is clearly an unprecedented disease process, most likely a result of a novel vaccine platform, but its appearance in the living rules out certain more 'benign' explanations and dictates urgent attention, and immediate cessation of the jab campaign.

contact@nzdsos.com
PO Box 10016, The Wood, Nelson 7047, New Zealand

We suspect your members will not have seen these long, rubbery, sticky, vascular casts before 2021 and thus there is a responsibility to investigate and report urgently to Medsafe, Ministry of Health etc. We have asked the Medical Council itself to investigate, since the cause and implications run to the absolute heart of medical practice.

Based on initial investigations the 'clogs' contain large amounts of fibronectin, integrin, collagen, heparin, elastin and other cross-linked protein fragments being identified in the weeks to come. These may be the result of frameshifting and microRNA fragments producing amyloid-like proteins. International efforts are uncovering the exact chemistry and will be reported in the near future.

We request you survey your members and encourage them to look for and report unusual findings to the government, Medsafe etc. We do not believe that this particular aspect of the many mRNA vaccine harms will stay out of the public awareness for much longer, and pathology has a crucial part to play in proving the urgency to cease the jab campaign. This recent review paper, the most read on the Cures platform, was retracted by the editors - not authors - after pressure from Springer Nature.

Several of the conditions of the original provisional consent - responses to which were later made confidential - related to the potential for aberrant proteins to be formed. https://www.medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf, e.g condition 5:

"*5. Provide data to further characterise the truncated and modified mRNA species present in the finished product. Data are expected to cover batches used in clinical trials (for which the characterisation data could be available earlier) and the PPQ batches. These data should address results from ion pairing RP-HPLC addressing 5'cap levels and presence of the poly(A) tail. These data should also address the* ***potential for translation into truncated S1S2 proteins/peptides or other proteins/peptides****. Relevant protein/peptide characterisation data for predominant species should be provided. Any homology between translated proteins (other than the intended spike protein) and human proteins that may, due to molecular mimicry, potentially cause an autoimmune process should be evaluated. Due date: July 2021. Interim report: March 2021*."

We are aware of various post mortem studies appearing to show the vaccinations as an explanation for the many sudden unexpected deaths that are so common now. Also

there is a dramatic upsurge in all-cause mortality generally, myocarditis, and of previously rare and late presenting cancers, especially in the young.

The MCNZ no longer requires doctors to keep silent about vaccine dangers and unknowns.

The Medical Council of New Zealand's April 2021 Guidance was **revoked** on 13 September 2023, stating that "*Medical Council of New Zealand no longer provide the Guidance Statement on COVID-19 Vaccine and Your Professional Responsibility as a current expectation for doctors.*"

Scientists and physicians must start speaking out against the harms our population is experiencing and call for an end to these dangerous injections. Pathologists are a last line of protection for the community, especially from new diseases, but, as medical practitioners, they have been only too aware of the professional risks from undermining our country's confidence in the vaccine program. There was already a shortage of PM pathologists (and coroners) before COVID-19 and, with the restrictions on autopsying covid-19 victims and post-vaccine deaths, and lack of ability to stain sections for the vaccinal spike protein it seems a perfect storm has been created, to the detriment of public awareness and the ability to consent fully and freely.

We have read many PM reports where the pathologist is clearly unaware of recent covid vaccination (or has chosen to avoid mentioning it). We are also aware that some pathologists are reporting deaths to CARM*, as is all doctors' obligation, even if they can't be sure vaccination is related. It is not enough to diagnose the immediate cause of death from familiar diagnoses, nor accept that no cause can be found, without considering the wider context of mass vaccination with a novel vasculopathic agent, the patient demographics, pre-existing health etc. There are clearly some differences in the pathology of myocarditis between cases, eg here, and some authorities find high causation for deaths following COVID-19 vaccination, as here for example. The reference list contains other similar autopsy series.

However, as the evidence and references in our posts and many open letters to officials affirm, the wider mechanisms of pathology post-vaccine are well documented and ongoing revelations confirm further causes of harm. Some of these include:

1. Toxicity and extensive biodistribution of the lipid nanoparticles.
2. Blood clotting and many other issues caused by the spike protein.
3. Inflammation of tissue - including myocarditis and pericarditis - caused by both spike protein and lipid nanoparticles, which is a particular risk to younger injection recipients.
4. DNA contamination - detailed in October 2023 Urgent Expert Hearing on Reports of DNA Contamination in mRNA Vaccines.
5. As mentioned, the intended spike protein and ribosomal frameshifting causing aberrant protein synthesis are likely the cause of amyloidogenic clots causing increased risk of neurodegenerative disease and rubbery clots being found in vasculature of the injected.
6. Multiple mechanisms leading to increased risk for cancer, including IgG class shifting..
7. microRNA fragments as per provisional consent conditions, and per EMA's acknowledgement and change in the standard required for mRNA homogeneity.

Australia's Therapeutic Goods Administration (TGA) Nonclinical Evaluation Report on Pfizer BNT162b2 (Comirnaty), dated January 2021, raised serious concerns including but not limited to the following. Despite knowledge of these concerns, Medsafe authorised use of the product which was subsequently mandated to a large portion of the New Zealand population.

- Limited pharmacokinetic studies were conducted with the LNP formulation and two novel lipid excipients.
- No distribution and degradation data on the S antigen-encoding mRNA.
- mRNA codon optimisation resulting in improved antigen expression with higher content of cytosine ribonucleosides.
- Long term immunity concerns were raised by the rapid decline in antibodies and T cells after the second dose.
- With no long term immunity data, the sponsor indicated this would be addressed by human data.
- Immunotoxicity studies involved a total of three rats and concluded that autoimmune diseases are a potential risk of the vaccine.

- Vaccine induced autoimmune diseases were not studied and the sponsor recommended they be addressed by clinical data post provisional registration.
- Genotoxicity and carcinogenicity studies were not conducted.
- Very high LNP concentration in the ovaries at 48 hours post-injection.
- Pre-implantation loss in rats in the BNT162b2 group was more than double that of the control group.

The Role of CARM and Pharmacovigilance

It is our understanding that the role of clinical doctors is to **report any and every** new medical event and/or death in a person who has received a new medical product, let alone when seeing an an unprecedented, brand new pathological process. It is the role of the Pharmacovigilance staff to **determine causality** or otherwise. The experiences being reported to us and that we have witnessed suggest that doctors are making decisions on causality without referring to the pharmacovigilance system. It is especially difficult to trust the conclusions coming out of such a system if the correct data has not been entered.

In Conclusion

We hope you will agree that this new condition does seem, outwardly at least, more associated with vaccination program than any other cause. In any event, your cognitive distress aside, it must be explained, and all doctors must act urgently to raise an alarm, in the best interests of the patients they serve. In our view this new pathological phenomenon is irrefutable, and the medical science literature suggests it was predictable if not inevitable. A paper is forthcoming internationally, but people die excessively in the meantime. It is hard to imagine it being glossed over for much longer.

We welcome any discussion.

Your sincerely,

Drs Matthew Shelton, Alison Goodwin and Cindy de Villiers, on behalf of NZDSOS members and supporters

contact@nzdsos.com
PO Box 10016, The Wood, Nelson 7047, New Zealand