New Zealand Doctors Speaking Out with Science
Email: contact@nzdsos.com

Australian Medical Professionals' Society
Email: hotline@amps.asn.au

29 April 2024

Dear Speciality Colleges, Prime Minister Luxon, Chief Coroner Tutton, Dr Shane Reti, Dr Ian Town, Dr Diana Sarfati, Dr Rachelle Love and Mr Chris James

Urgent Call to Action Over New Clinical Phenomenon of Rubbery "Clots" in Living and Deceased Covid-19 Vaccinated Patients.

We are a group of many hundreds of doctors from New Zealand and Australia calling joint attention to the risks and manifest harms of the covid-19 injections.

We are writing urgently about a distinct and new clinical phenomenon occurring in the wake of the covid-19 vaccinations. We have written already to the Medical Council of New Zealand and Royal Australian College of Pathologists asking them to investigate, but this new situation is now too urgent not to call again on all doctors. We are not optimistic of the outcome but have an important duty to alert our colleagues. Our concerns about elevated all cause mortality, and cancers particularly (an illustrative though technical thread here), have gone unheeded. Our NZDSOS open letters are listed here.

For several years we have been aware of unusual post mortem clots being extracted from vaccinated people around the world, typically by embalmers whilst preparing the body. Please read this NZDSOS post here on these bizarre but extensively confirmed white rubbery 'clots'. Having the appearance of calamari, or fibroelastic polymers, they do not contain the cells typical of normal clotted blood, and are being reported now in some living patients, too, as discussed here by a specialist physician Dr Philip McMillan and a cath lab technician, with photographic evidence. **We have seen such living cases ourselves here in New Zealand** and urge you to watch the interview. This is clearly a new disease process, most likely a result of the novel mRNA platform, but its presence in the living rules out certain more 'benign' explanations and dictates urgent attention, **and immediate cessation of the jab campaign.**

We assume 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 responsible medical practice.

Based on initial but fast-moving investigations the clots are an amyloid-like protein condensate. These might be the result of ribosomal frameshifting and microRNA fragments producing amyloid-like proteins, or spike protein alone from permanent reverse integration into human DNA, first shown in the lab here then in living subjects by Dhuli et al.

It is likely that some clinicians are seeing these fibro-elastic vascular casts. We request you survey your practitioners and encourage them to look for and report unusual findings to their professional bodies, Medsafe and TGA etc. We do not believe that this particular aspect of the mRNA platform's many harms will stay out of the public awareness for much longer, and now we have yet another particular obligation to cease the jab campaign.

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Was this all predictable?

Even before the novel embalmer's clots, there was already cause for deep concern around "normal" clotting exacerbations.

Covid-19's spike proteins were known to attach to the body via the ACE-2 receptor on vascular endothelial cells - upregulated in the obese, diabetics, hypertensives, and people on ACE inhibitors and especially ARBs. With these populations known to be at disproportionate risk of covid-19 mortality, it seems risky that this strategy was put forth to protect them via modified RNA injections (which, largely, it did not). These patients would be expected to become a "covid-19 mop", and indeed they suffered disproportionate mortality in the covid era.

The ribosomal production of spike proteins and their expression (perpetual in some) and attachment with resultant injury to vascular endothelial cells would activate clotting, in common with the lower body burden of 'natural' spike, though with some unusual characteristics thereafter. Blood components not containing ACE-2 receptors also are triggered to clump together, via sialylated glycoproteins and antibodies to platelet factor 4. This would worsen with each sequential inoculation and this indeed seems to have happened. The first and second boosters have had a particular morbidity and mortality burden.

When spike proteins are efficiently made by the individual from sequential dosing, we could expect acellular fibrin clots to form in many blood vessels, sufficient to cause a spectrum of endothelial injury ranging from immeasurable microclots to DIC and lethal thromboembolic disease.

Many sudden deaths have been seen across all demographics that could hitherto only be explained by circulatory collapse or rupture, or stroke from clot propagation, or myocarditis and arrythmias. These adverse events were known (from Pfizer documents) before this technology was marketed to billions of people and have

been acknowledged, conservatively, by Rancourt et al as a proximal cause of 16 million deaths worldwide.

These findings have biological plausibility related to the mRNA inoculations and fulfil all of Hill's criteria for causation and we do not raise this issue lightly.

Clearly also there are multiple immunology concerns that should have been on the radar of most doctors, not to mention the many ethical violations that involve us all.

However, a new disease process clearly is at play, involving slow-motion formation of abnormal protein condensation aggregates.

Several of the conditions of the original provisional consent - responses to which were later allowed to be 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 a common explanation for the many sudden unexpected deaths that are so frequent now, e.g. here. Also, there is a dramatic upsurge in all-cause mortality

generally, myocarditis and other heart diseases, strokes, and of previously rare and late presenting cancers, especially in the young. So, there is a multitude of pathologies, some recognised and some brand new, that result from the total effect of modified RNA encapsulated in inflammatory lipid nanoparticles made from clearly damaging synthetic fats, plus as yet unquantified hydrogels.

What to do, and why so little interest so far?

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

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. Doctors in the field are an important line of protection for the community, especially from new diseases, but they have been only too aware of the professional risks from undermining our country's confidence in the vaccine program. However, NZDSOS is challenging the legality of the New Zealand Medical Council's 'guidance' in court; some patients – and/or their health practitioners - are suffering overt vaccine damage or are with us no more; and even the mainstream media and a few politicians who cheer-led the pandemic policies are starting to change their tune in anticipation of what a full inquiry might bring forth.

We are gratified that some doctors at least are reporting serious adverse effects to CARM, as is all doctors' obligation, even if they can't be sure vaccination is causal. However, passive reporting systems like CARM are plagued with significant under-

reporting and lag, and thus are deeply untrustworthy as a sole arbiter of vaccine safety. Reports that do make it through are far too many for the poorly resourced, conflicted, and seemingly biased "independent" safety monitoring board at the New Zealand Ministry of Health (but which was disbanded in June 2023). Safety signals have been triggered and only far too late have some spokespeople admitted that they could have acted more quickly, for instance in the case of myocarditis in younger males. Unexpected symptom complexes and clinical syndromes are not being recognised due to their novelty; patients are dismissed and some suffer abandonment by medicine and government insurers; but 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 other haematolgic and many other issues caused by the spike protein.
3. Inflammation of tissue - including potentially widespread 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.
8. Important review articles refused, or retracted by journal owners, not the authors, like Mead et al here.

Australia's Therapeutic Goods Administration's (TGA) Nonclinical Evaluation Report, dated January 2021 raised multiple concerns. Despite knowing of them, 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.

In Conclusion

We hope you will agree that this new condition of proteinaceous amyloid-like clots does seem more associated with the vaccination program than any other cause at this stage. 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 medical science must explain it. It is hard to imagine this being glossed over for much longer, and we will not be thanked for or own dereliction or malfeasance in office.

We welcome any discussion but request a response and a plan of action as soon as possible. We can provide clot samples.

Yours sincerely,

Drs Matthew Shelton, Alison Goodwin, and Cindy de Villiers, on behalf of NZDSOS members and supporters and the Australian Medical Professionals' Society

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