

29 June 2022

Medsafe manager Chris James

Ministry of Health

Wellington

cc Police Commissioner, all MPs, Ombudsman, Children's Commissioner,
NZLSOS

OPEN LETTER TO Mr CHRIS JAMES OF MEDSAFE REGARDING CONTINUING DEATHS PROXIMATE TO VACCINATIONS FOR COVID-19, DEFECTIVE PAEDIATRIC TRIALS AND MARKEDLY HIGH INCIDENCE OF ADVERSE EFFECTS OF SPECIAL INTEREST COMPARED TO RISKS OF COVID-19 ILLNESS.

Dear Mr James,

EXECUTIVE SUMMARY:

1. Younger people are dying suddenly following their covid-19 vaccinations, both in the immediate month and as part of a burgeoning demographic of increasing deaths from all causes in heavily vaccinated countries.
2. We present further names of New Zealanders, generally younger and not expected to die, whose deaths are not attracting proper scrutiny in the context of "operation warp speed", vaccine failure and skewed risk-benefit ratios especially in the youngest targets for vaccination; and of proper pharmaco-vigilance, as would be expected for a novel intervention.
3. We summarise the most recent evidence that, along with suspicious deaths, should call a halt and proper investigation, in particular an astonishingly dubious Pfizer trial used to green-light the first approval for mRNA products to babies and pre-school children. Medsafe should never have allowed approval for 5 to 11 year olds based on similarly poor evidence provided by Pfizer.

Attached is the latest list of deaths temporally related to the Covid-19 vaccinations, requiring investigation. We will be sending this letter elsewhere, minus the names. The list is taken from a community database of over 480 such

deaths. The list with redacted names is part of the post here, which we suggest you read for context.

<https://nzdsos.com/2022/05/24/deaths-following-c-19-vaccination/>

The list is not exhaustive or exclusive, but merely to illustrate how many more real cases that Medsafe seems to be missing from its pharmacovigilance.

We refer also to our [article on SADS](#), as it contains important references proving that **deliberate misclassification of vaccination status is being used to produce apparent protective benefits for the vaccinated that flip completely when looking simply at injected** (i.e. immediately after 1st jab) vs uninjected. [Here is just one example](#) although the original report is expunged from the internet, and the expert author's national authorities refused scandalously to examine it.

In contrast, the [latest Medsafe data list](#) contains a total of only 160 deaths which have made it through the **delayed and voluntary** CARM reporting system. Note that 48 cases are dismissed as “not enough information”, and most others are classified as “unlikely to be caused by the vaccine”. Only 3, all young people from myocarditis, are acknowledged as likely deaths from the injections, but even these are still awaiting a Coroner's determination. The Police have stated you have abundant data to refute what we are saying. But you don't, do you? Only 160 out of at least 470 deaths proximate to 'vaccination' have made the cut to your committees, and you have dismissed 48. Go and get the information please, so we can be more fully informed. As the clinical trials are not completed it is our opinion that these deaths should be considered as caused by the vaccine until proven conclusively otherwise. This is standard operating procedure in drug trials of course.

We note the latest figures cover to end of April and there does not appear to be a May report pending but will be rolled into the June report presumably, due sometime in July. Thus there will be a 2 month delay between reports for the period when the booster campaign is in full swing and some are even taking their 4th shot. Obviously, this is completely unacceptable, the lagging and voluntary MOH-CARM system is already showing major red flags of injury and uninvestigated deaths that, together with yet more alarming overseas evidence, should have forced you already as regulator to intervene and halt the program.

The unavoidable context is that of an experimental gene therapy still with only preliminary consent for emergency use due to Medsafe's (correct) declaration of the lack of safety data. **We say there is more than enough proof of harm.**

The gathered data of many deaths within 28 days of the vaccine, many of them young people and even some children, is a very abnormal signal that 'screams blue murder' and is highly suspicious for a medical product of unprecedented danger to the community.

New Evidence Not Appearing on the MOH Website

It is also highly likely that mechanisms exist within government ministries to be ABSOLUTELY CERTAIN of numbers and dates of deaths following vaccination, and government statisticians could do a rapid temporal analysis, and produce comparison standardised mortality rates, much like this one performed on UK government data. <https://expose-news.com/2022/05/29/70k-dead-28-days-covid-vaccination-2/> .

This analysis shows that death from all causes in vaccine-boosted young people age 18 to 39 is running, incredibly, at about DOUBLE their unvaccinated peers, and this type of pattern is showing up consistently in other data sets, including our own in NZ, despite messaging to the contrary from government's spokespeople.

Here is an analysis of [increased deaths in UK teen boys](#) being tied to the vaccine rollout, UK official data "**revealing that since the Covid-19 vaccine began to be rolled-out to teenagers there was a 53% rise in the number of deaths due to all-causes among males aged 15-19 in 2021.**

And each spike in deaths correlates perfectly with a spike in the administration of the first, second, and third doses of the Covid-19 injection to this age group."

Our neighbours in Australia are suffering also from [raised death rates](#) since their vaccination campaign, not from covid-19, using official government data.

"The Australian Bureau of Statistics has revealed that Australia has been suffering a huge amount of excess deaths compared to the historical average since around October 2021, with figures revealing the number of Australians who have lost their lives in 2022 is 18% higher than the historical average."

18% is a monstrous increase, a major signal of something terribly wrong. We can't ignore that, so why the hell should you?

[An alarming new study](#) by Greenland et al using criteria endorsed by World Health Organization has found that **the risks of mRNA Covid-19 vaccination heavily outweigh the benefits**, with the distinguished authors discovering **a person is on average 339% more likely to suffer a serious adverse event such as cardiac**

arrest, stroke, or death due to the Pfizer Covid-19 injection than they are to be hospitalised with Covid-19. Most hospitalised covid patients regain their health but many vaccine-injured suffer permanent impairment (though often mislabelled with 'long covid'). **This truly game-changing paper tops the mountain of evidence we have been presenting for 16 months.**

Further confirmation of another worst fear too, from Israel, as [adult male sperm counts drop](#) following the jabs. And you've been *asked to approve this for our baby boys and girls?*

A grim commentary here: <https://alexberenson.substack.com/p/urgent-the-covid-vaccine-paper-on/comments>

Appalling Pfizer Study Submitted to Medsafe to Approve 0-5 year olds shots.

Speaking of the babies Pfizer has asked you put at risk, 2 out of 3 children, around 3000, [failed to finish their 3 shot trial](#)! Why? Side-effects perhaps? In the end, the CDC and FDA voted their approval anyway, based on a handful of 'cases' only, but with the vaccine group actually having worse outcomes! Here is a [video summary](#) from the HART group's Dr Clare Craig, a pathologist.

Shouldn't we [learn from our colleagues](#) in Denmark, and [other EU countries](#), attempting a *mea culpa* as they back out of the door?

"Søren Brostrøm, director of the Danish National Board of Health, told the media that "we did not get much out of having children vaccinated against coronavirus last year." If bureaucrats could do things all over again, he claims, children's immune systems would have been let alone."

Singular lack of evidence was also a feature of approval in the US for the 5 to 11 year olds, as parroted by Medsafe here, and being challenged in the High Court as we write. The 'risk-risk' ratio is clearly spelled out by various doctors and statisticians, especially Toby Rogers, who computes, based on official and Pfizer figures, that for a vaccine to save a single life from Covid-19 on this age group, several million children will need to be injected and 117 will die from vaccine-induced myocarditis.

Mr James, as you continue to ignore [evidence of contamination](#) without investigating yourself, are you really going to approve this shot for the smallest and most vulnerable to lifetime-health-effects? It is already clear that Pfizer's much paraded "95% effective" marketing has sold the world a very bitter

lemon. But complexities do exist, such as a disease with abundant proof of monkey-business and preplanning, as in just this [one example here](#), where millions of "Covid-19 test kits" were shipped around the world in 2018 and 2017. Check it yourself. Jessica Rose is a well regarded scientist who has publications on the CDC website. Our children, at virtually zero risk from covid-19 illness, deserve absolutely better than this lethally deceptive con-trick played by techno-fascists who see most of us as "useless eaters" and "hackable animals", to quote from the World Economic Forum.

Given the government's long telegraphed intention/threats to get 90% + vaccination rates, it is almost impossible to believe proactive pharmacovigilance was not ready and waiting, but no, only the CARM system, designed to lazily and reluctantly watch over already approved and clinically tested medications. There appears to be [other token analysis](#) available but which requires an index of suspicion and a willingness to turn over some stones. **Why have you not demanded CARM reporting be compulsory by health workers?** Note how many of the reports are made by the public and not doctors, shamefully. You have told us that by sheer coincidence some people due to die might do so near to their vaccine, but the opposite is true too: it would be easy to miss a few vaccine deaths per day that get buried – literally and figuratively - in the daily 7 dozen deaths we average in normal times. As you read through the list, do you think that some of these people were "due to die"? The 13- and 17 year old schoolchildren, the 27 year old probation officer, 29 year old soccer player, 37 year old dentist? After many collective lifetimes of working in our community, we can shout emphatically "NO!".

List of deaths proximate to vaccination.

So, yet again, we attach the unredacted names, this time just the younger, most compelling cases for investigation, about a third of the total of 480, as provided by families and members of the public, as well as dates of death. We [posted evidence](#) from NZ experts for 2000 excess deaths last year, and the same number in just the first 17 weeks of this year, and this is remarkably consistent with estimates for vaccine deaths in larger countries, like the US. For instance, [this compelling piece](#) used 9 independent methods to settle on 150 000 American deaths up to last November.

As also noted in the post, all the associated information is technically hearsay (as not sworn for a court - yet) but we do not doubt the earnest concern with which much has been given. However, we contend the facts of these deaths, and their relationship to vaccine dates, are all that is *ordinarily* required (for phase 3/4

human trials of unapproved medications) to trigger an absolutely standard but thorough and timely investigation by regulators into even the *possibility* of public health risks. We contend you, and others, have failed to ensure suitable supervision and are overseeing a disaster.

The names are submitted as usual in absolute confidence, hoping (against hope) you will treat the information with due regard and respect, and in a spirit of shared concern for public safety. As you know, Police have received complaints alleging breaches of the Medicines Act but have chosen not to act at this stage, but the pressure of high quality evidence is surely increasing.

NZDSOS has written frequently to you, Mr James, and to the Police of course, who have this list as you know - although yours is more up to date - and we continue to maintain that our role is to speak out about the harms being inflicted, and the collusions we suspect that have allowed, by accident or design, the huge toll of death and injuries that is apparent. We fear this could be the beginning of a long term and horrendous tragedy that could include many thousands of government workers, first responders, police and defence staff etc. Will you be compelling the fourth shot for your staff, or more, given the government has now taken you out of the loop? If so, the appearances of Medsafe as Pfizer's rubber stamper become harder to ignore.

To summarise, it is simply untrue that the toll from covid-19 infection would be many times worse without the vaccine. We have presented much data to disprove this. The risk-benefit of the vaccine for children is utterly skewed toward risk, by orders of magnitude. It is against all norms of ethics and cautious science to experiment on children, who have the longest time ahead of them to suffer from our reckless endangerment. We consider the Greenland paper above a game-changer, and it surely places officials who ignore it vulnerable to poisoning charges under the Crimes Act 1961. Also, you and they have facilitated the breach of every single item of the Nuremburg Code, against medical experimentation. Never Again? Yeah Right.

Apart from the evidence of an excessive death toll we present here, there are other 'clues' that point to public danger that we and others have presented to you.

The pre-approval Pfizer trial contained fraud, as alleged in the BMJ, and subsequently the disclosure of its post marketing data **showed 1223 deaths and over 40 000 adverse events in the first 3 months of use.** *OIA request: When was Medsafe aware of this data when it gave provisional approval for Comirnaty, the document of which required Pfizer to submit safety reports as they became available?*

Microscopic contaminants, and extremely strong scientific validation of their purpose, continues to be ignored, even as it gets stronger and more widespread, as does the [evidence of bizarre blood clots found after death](#), including from NZ, which will be presented shortly.

We appeal to you, again, to regulate against pharmaceutical and government wrong-doing. To ignore the abundance of evidence of a calamity could forever see your name associated with the greatest crime in history. As you know, we continue to ask Police to investigate your regulatory failure.

Yours sincerely