NZDSOS

NEW ZEALAND DOCTORS SPEAKING OUT WITH SCIENCE

Louella Dunn

Relief Coroner

Coronial Services of New Zealand

4 May 2023

Dear Coroner Dunn

We write to you as medical professionals with significant concerns/questions about your report into the death of Divya Simon and request that you do open an inquiry into her death.

We have seen the public reporting of this case and have viewed your report. As far as the information we have available from these sources demonstrates, we believe her death should be considered to be due to the Pfizer vaccine, despite this not being your conclusion or that of the pathologist or CARM.

We offer our explanation below.

Pharmacovigilance

New Zealand, along with the rest of the world, is currently in the post-marketing surveillance phase of a clinical trial for a new genetic medication – the Pfizer Comirnaty vaccine. Synthetic genetic material, along with proprietary lipid nanoparticles, have not been injected into healthy people previously and there is no pre-existing database of adverse outcomes from this sort of procedure. This information is being gathered.

Ideally each country would have a well-resourced and functioning pharmacovigilance system to undertake the required monitoring. In NZ we have CARM but its resources are stretched and it appears to be struggling to cope with the increased workload.

CARM would usually receive 3000-5000 reports of adverse events for *all* medications per year. In under two years of the covid vaccine rollout out (from Feb 2021 – Nov 2022) there have been over 64,000 reports made, 3688 of them serious, for *just one* medication. An OIA response has recently revealed that the MOH has actually received over *11,000 reports* of 'medically significant' adverse events. Released emails show the senior staff were more concerned about their legal liability than safety signals for the public.

Whatever the true number, this is a significant increase in workload for a pharmacovigilance (PV) system only intended to provide post-market surveillance for already registered drugs. If

thorough assessments were to be done for this novel experimental platform, this would require a large increase in staffing and resourcing.

In the absence of a well-resourced PV centre, the role of the coroner assumes greater import. Your service is the back stop for the people of New Zealand.

Cause of Death

You have documented the **cause** of Divya's death as "*acute cardiac failure, caused by a massive acute left ventricular myocardial infarction and sudden acute dissection of the left anterior descending artery*".

The important question that doesn't seem to have been considered or answered is WHY would an otherwise healthy 31-year-old female suddenly develop an acute dissection of her main coronary artery. No underlying conditions that predispose to this very rare event have been identified in your report.

In addition, she has been noted to have had a medical procedure (the Pfizer Comirnaty injection) five days before her death and to have been symptomatic from shortly after this procedure.

According to usual or pre-existing pharmacovigilance guidance, the medical procedure is the cause of death UNTIL PROVEN OTHERWISE. We cannot see evidence of an alternative cause and so struggle to understand why and how the vaccination has been disregarded and deemed non-causal.

We note that women in their 40s and 50s are the group most commonly affected by coronary artery dissection, but this is usually in association with an underlying connective tissue disease which has not been found in Divya's case. We also note that her death has been referred to the Cardiac Inherited Disease Group.

mRNA vaccinations

Your report notes that the pathologist Dr Arendse could find no evidence to suggest that the vaccination was in any way contributing or causative of her death, however it is not clear exactly what he was looking for.

According to our inquiries, pathologists in NZ are not using immunohistochemical staining to look for the presence of vaccine-induced spike protein and associated inflammation in tissues.

Contrary to the assurances of our 'experts', the vaccine does not stay in the deltoid muscle and is not quickly broken down. The mRNA has been modified in several ways to make it persist and create much larger amounts of spike protein for considerably longer than an infection would. In addition, when injected, the vaccine mRNA has much more ready access to the vascular system

than when an infection enters the body through the respiratory tract which has a mucosal defence system.

Vascular Damage

Vaccine mRNA can travel to all parts of the body and seems to have a predilection for blood vessel linings (the vascular endothelium), which also are richly covered with ACE-2 receptors, the target of the spike protein encoded by the vaccine's mRNA. When these endothelial cells take up mRNA and start producing spike protein they make themselves a target of the immune system. Immune attack of these cells can then weaken the vessel wall and lead to dissection or rupture.

Since a third of each heartbeat goes to the nervous system, and the heart muscle also receives a disproportionately large amount of oxygenated blood to do its relentless work, many of the devastating side effects are seen in the brain or heart - or both, as in this autopsy case - where the vaccine and then it's daughter product, the spike, end up.

Both generic **vasculitis** and **coronary arteritis** (inflammation of blood vessels) are listed as adverse effects noted by Pfizer in the 3-month post marketing data that was approved for release to regulatory authorities on 30 April 2021. Medsafe and CARM should both be aware of this adverse event and its potential to contribute to arterial dissection.

Several important presentations have been given by German pathologist Arne Burkhardt about post-mortem findings in covid vaccinated people. In his presentation on 11 March 2022, he showed histology and gross pathology slides of different vascular consequences of mRNA vaccination.

Although not quite the same as Divya, the case discussed @15.22 shows unusual inflammation in the coronary artery. In this case it led to a thrombosis or blood clot in the artery causing a heart attack. If Divya's artery was inflamed it may have dissected rather than clotted. The case discussed @17.30 is a patient who died of an aortic dissection following vaccination, so a similar mechanism to Divya but different vessel. Did Dr Arendse look at the histology of the Divya's coronary arteries, and specifically for vaccine-induced inflammation?

It is entirely possible, even probable, that covid vaccination, which was closely followed by symptoms consistent with interruption of the coronary artery, was the cause of the 'underlying weakness' that the pathologist mentions. We would like to see the proof that this was not the case. In the absence of this proof, the vaccine must be considered causal.

Role of MCNZ

It is also important for you to be aware that MCNZ threatened all doctors with their Guidance Statement of April 2021. The MCNZ made it very clear to doctors that any suggestion of 'anti-vaccination messaging' could lead to sanctions. Although no definition of anti-vaccination was provided we are familiar with the sanctions. Pathologists presumably will be hesitant to

implicate the vaccine lest that is deemed 'anti-vaccination messaging' and they come under scrutiny and sanction by MCNZ too, a fate most doctors take all measures to avoid.

Circumstances of Death

Regarding the **circumstances** of her death, the delayed ambulance response may have contributed but once again the WHY does not appear to have been sufficiently explored in your report. You have noted that the delay was '*regrettable and unsatisfactory*' and that '*several errors were made that evening*' but could that have been because there were too few staff, or the staff were unwell or overworked?

We are aware that our health system is under significant strain but the causes of this are being studiously ignored. It is our contention that the ambulance service has lost many staff due both to covid vaccine mandates as well as ill health amongst staff as a result of covid vaccination. We also contend that their workload has increased significantly due to adverse effects from vaccination (strokes, heart attacks, myocarditis, blood clots, neurological conditions etc.) presenting in the community as medical emergencies.

We are aware that the ambulance service is not re-employing some highly skilled staff who were terminated as a result of the mandates, even though mandates are no longer in place. This interview with Sunia Schaaf, formerly the face of St John's advertising campaign and a well qualified, experienced Emergency Medical Technnician shows the lengths to which the ambulance service appears to be going NOT to re-employ staff. This surely deserves investigation and comment in the context of a delayed and poorly co-ordinated response contributing to a death.

In addition, as a healthcare worker, Divya was mandated to receive a medical procedure that she may have taken willingly or may have been reluctant to take. The mandating of a medical procedure that is not fit for purpose (one that does not prevent covid infection or transmission and therefore does not benefit other people and one that carries a risk of serious adverse events including death) should also be considered when assessing the circumstances of Divya's death.

We have followed the progress of the Coroners Amendment Bill and are dismayed that it has been given royal assent and that circumstances surrounding a death may no longer have to be considered. However, in Divya's case we think the circumstances are very relevant and are worthy of further investigation.

Summary

In summary, we find your report does not go into sufficient detail about either the cause or circumstances of Divya's death and believe an inquiry does need to be opened.

Coroner Dunn, there are a number of other cases which defy the appearance of a satisfactory conclusion for the families and wider community. We understand there may be systemic

pressures on coroners in the same way doctors have been coerced to act at the behest of a political narrative, and we have written twice to the Chief Coroner, most recently here.

To add further ironic insult to ignored injury, the government is now advertising for a doctor to help advise coroners - and presumably the newly created coronial assistant role - in cases of sudden, unexpected death. We thought that was the pathologist's job, but presumably *fewer* post mortems are expected, along with fewer full coronial enquiries. This advert in itself is very alarming, and accords with the astonishing rise in these cases, in all heavily vaccinated countries. Do you coroners really consent to being used as the hearse at the bottom of the cliff?

Regards,

The Steering Committee

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