

Dear _____,

I am writing this letter to you as a very concerned parent.

My daughter was under the fabulous care of Dr _____ , during her childhood when she was repeatedly admitted into hospital. I remember asking _____ whether he vaccinated his own children against the common childhood diseases. He replied, “absolutely - we see these diseases, side effects to the vaccines are very rare”. (or words to that effect)

Many times when I was in the paediatric ward with my daughter , I observed (or at least heard) what _____ stated. Night after night we had to listen through the walls to the very young, coughing severely and struggling to breathe with whooping cough. As a consequence of his emphatic endorsement of the vaccines we followed suit and our children were fully vaccinated - including receiving their yearly flu injections.

Vaccinations have traditionally been the safest of all medications that are prescribed. They are also miraculous in that they are potentially able to prevent disease happening in the first place. Safe and wonderfully effective. They were the most precious jewel in the medical treasure chest. The vaccinations were treated with respect and were only bestowed on those that required them. Severe childhood illnesses no longer were able to harm and kill our little ones. People with addictions finally received something good from a needle in the form of a hepatitis vaccine. The medical community honoured their Hippocratic oath, they cared, they provided individualised treatment, they first did no harm.

Along came a new virus, shocking images of people dead in the streets, hospitals overwhelmed, tents erected as makeshift morgues. Fear and panic reigned. But our knight in shining armour was galloping towards us at warp speed . Big pharma our hero will save us. New novel vaccines, justifiably rushed efficacy and safety studies - let's get it out there for everyone. Science stopped, dissenting voices quashed as conspiracy theorists, big pharma, the media and governments took over as those that now prescribed the best medicine.

A virus that mutates, a vaccine that reduces the chance of serious illness but is dramatically flawed in its ability, over time to prevent transmission, a record level of side effects and a zealous fervour to vaccinate everyone including those at little risk from the virus. A combination once mixed, that may have catastrophic consequences.

A potential pandemic of illness, brought on by the negligent misuse of a medication, designed to fight another pandemic. For the healthy and young - the cure may be worse than the disease.

Vaccinate the vulnerable, the benefits outweigh the risk. The young, particularly our children, why put them at risk?

As a concerned parent please explain why, I implore you!

We are aware of known complications like myocarditis that are more common (particularly in males) in young people. A study has found that 12-15 year old males are 3-6 times more likely to get myocarditis after an mRNA vaccine compared to their risk of hospitalisation from COVID-19 if they remained unvaccinated.

Another preprint study (just released - December 2021) supports this finding. Analysing data from 42,000,000 cases in the UK, the

study found that the risk of developing myocarditis among young males after mRNA vaccination is greater than the risk of developing myocarditis after covid infection. The risk of myocarditis is further elevated following a Pfizer booster shot.

A recent abstract published in the Circulation Journal presents another possible vaccine related cardiac injury that is potentially more insidious and devastating. There are typographic errors in this brief summary which is unusual in such a respected journal. I suspect there was a rush to 'get it out there'. Like with the vaccine, mistakes were made in haste- because the findings, if confirmed in other future independent studies, will have such grave consequences. They concluded that mRNA COVID vaccines dramatically increase endothelial inflammatory markers. This study provides a stark warning that people who were at a low risk, are now potentially at a high risk of a cardiac event in the next 5 years, after receiving mRNA vaccinations. This is only a poorly written abstract, there is no published, peer reviewed paper yet. I believe it is a noble gesture on the part of the American Heart Association to print this abstract warts and all. They have opened themselves up to potential criticism, ridicule and derision from the medical community in printing this abstract, a gesture which I believe is truly altruistic. If the study is found to be true, a catastrophe in the making would be an understatement. Did any of the people have pre existing heart problems, can the study be independently verified and repeated, are children at less risk, the same or possibly greater with their growing hearts? Questions yet to answer, but where there's billowing smoke there is a potential blazing inferno. These findings raise the spectre of hearts being on fire as a consequence of the Pfizer vaccination-

both within the myocardium and also the vital blood vessels that provide oxygen to the beating heart.

This study combined with the vast new list of side effects to the Pfizer product that the FDA has released (they're trying to get a court ruling to allow them to slowly release the data over a 55 year period!), and the whistle blower BMJ article into vaccine trial 'discrepancies' should result in an immediate halt in the plan to vaccinate the 5-11 year children until a full investigation is launched.

When you wish to use a new pharmaceutical agent in a population demographic where the severity of the disease itself is generally mild, it is vitally important that all steps are taken to ensure that potential side effects are identified. Benefit vs risk is paramount.

A list of benefits, backed by peer reviewed scientific studies into vaccinating 5-11 year children with the Pfizer product needs to be provided. There appears to be only one logical argument in favour of administering the injection to this age group - to allay the fear in parents that their children will then not get very sick or die from COVID-19 or that by not having the vaccination their children will then pose a significant transmission risk to those around them. These fears which are statistically irrational, have been perpetrated and perpetuated by politicians, the media and some members of the health profession. Parents are getting coerced into getting their children vaccinated by being threatened that their kids will miss out on school trips and activities, holiday trips, social gatherings, going to the movies, not being able to go

to certain shops and being ostracised and segregated from their vaccinated friends.

The robustness of studies of the Pfizer product in 5-11 year children, to ascertain risk, are woefully inadequate. NO biomarker testing was conducted. This is a critical flaw in the design of the Pfizer trials. It is inconceivable why Pfizer refused to recognise the increased risk of myocarditis in older children, by not incorporating troponin testing into their study methodology for the trial group aged 5-11 years. Side effects will remain extremely rare if you neglect to look for them appropriately. The potential endothelial inflammation described in the recent study, would be unlikely to manifest in acute clinical symptoms - dramatic signs may not be seen for several years. Many children are remarkably stoic and tolerant and many will not report that they are feeling unwell.

An injunction needs to be lodged for an immediate cessation of the vaccine roll out in 5-11 year children until a comprehensive risk vs benefit assessment is made.

The minimum for testing should include pre and post injection troponin and cardiac biomarker levels (PULS cardiac test or a recognised alternative). A failure to comply would result in the consent signed by a parent or guardian, NOT being informed. The COVID-19 vaccination consent form (Ministry of Health) includes this line :

I believe I understand the benefits and risks of COVID-19 vaccination.

Medsafe, the New Zealand Medicines and Medical Devices Safety Authority, the medical regulatory body run by the New Zealand Ministry of Health are aware of the potential extreme risk

that these studies have revealed. Failure to act and rule out the possibility of a severe iatrogenic injury (however unlikely) in children would be wilful ignorance. Wilful ignorance represents deliberate inaction and Medsafe would be culpable of malpractice and gross negligence.

An explanation of how the government has bypassed the Declaration of Helsinki in even acknowledging the ethical validity of the Pfizer tests in this age group, needs to be provided.

Conducting these tests appears to be in direct violation of the Declaration of Helsinki. The most obvious contravention in this 'statement of ethical principles for medical research involving human subjects', is in the informed consent section. Quoting section 28 : ...For a potential research subject who is incapable of giving informed consent... These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject.

The government including prime minister Jacinda Ardern, and the Ministry of health including Dr Ashley Bloomfield in his role as the chief executive of the Ministry of Health, are potentially complicit with a level of medical malfeasance of unprecedented proportion.

Our government now wants to vaccinate 5-11 year olds - a demographic that very rarely gets seriously ill from COVID -19 (A British study suggested 2/1000000 fatality rate) and seem less susceptible to long COVID symptoms .

The mRNA vaccine does not produce sterilising immunity (unlike measles), and we cannot even argue that unvaccinated children pose a significant risk to vulnerable friends and family.

Omicron has reached our shores and I believe it will be a game changer. A recent ex vivo study has found that this strain replicates 70x faster in the bronchi BUT very importantly, it replicates 10x LESS in the deep lung tissue compared to the delta strain. This strain may well manifest in most, as a typical upper respiratory tract infection - like a heavy cold. Markedly more infectious but probably markedly more innocuous. Omicron itself MAY prove to be the safest and most effective 'vaccination' for our young ones. A recent preprint Danish study casts huge doubt over the efficacy of the Pfizer vaccine against omicron. One month after the primary course, the vaccine offers just 55.2% protection against infection. The vaccine efficacy then declines rapidly over a few months. After only three months there is a strong negative vaccine effectiveness (at least -60%). People that have not received a booster shot for at least three months ARE SIGNIFICANTLY MORE LIKELY to contract and transmit the omicron strain compared to the unvaccinated. To be at least 50% effective - booster shots MONTHLY would be required. Logically the paediatric Pfizer injection given to the 5-11 year olds would likely be even less effective against omicron due to the smaller volume and dose of the spike protein. The New Zealand Immunisation Advisory Centre also admits that in the very young the duration of immunity can be limited. Using the pfizer vaccine against omicron in children will likely only offer a very short, partial protection against transmission. From three months after

the injections, based on this study, vaccinated children will pose a greater risk than an unvaccinated child of spreading the virus to others.

The vaccines may reduce the severity of disease but as already mentioned even the delta strain is normally mild in children. Using a vaccine to make a mild infection even more mild BUT with a potential to cause severe side effects is nonsensical at best. It is likely that the only ones that need to fear this new strain may well be the vaccine manufacturers themselves.

Being a member of a scientific ethics committee puts me in a unique position of critiquing both the science and the ethical side of experimentation. I can unreservedly say that the salmon farmed in this country are under better protection from an ethics and welfare perspective, in comparison to the neglect of care in assessment of risk for potential iatrogenic vaccination related injury in our New Zealand children.

There is a saying in human cardiology : ‘antiarrhythmics are poisons with therapeutic side effects’. I am deeply concerned that in the future there is a potential that antiarrhythmics will be superseded in severity by mRNA vaccines. We have a chance to stop, take a breath and check to make sure that the Pfizer vaccine, if injected into our Kiwi kids, is not going to be a poison with very limited therapeutic side effects.

I believe that the medical community is still susceptible to the comorbidity of the mass psychosis of fear, that has unbalanced rational thought and silenced dissenting opinion.

Our children deserve better, I believe it is time for our doctors and particularly our paediatricians to start questioning the edicts coming from above. Just because our NZ government, the Ministry of Health, Medsafe, the CDC and the FDA say something is OK, this should not stop us from critically analysing how they arrived at this conclusion.

I am calling on the paediatricians, the medical specialists most knowledgeable and devoted to the care of our children, to stand in unity, and ask for a pause in the government's plan until all the vital safety testing is completed.

Four quotes to help fortify the medical profession:

For God has not given us a spirit of fear, but of power and of love and of a sound mind. 2 Timothy 1:7

Right is right, even if everyone is against it; and wrong is wrong, even if everyone is for it. — William Penn

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy. - Martin Luther King Jr
(Please substitute Doctor for man and they for he)

The world will not be destroyed by those who do evil, but by those who watch them without doing anything - Albert Einstein.

I could be completely wrong with what I have written here _____,
I hope and pray I am.

Like mentioned above with the AHA, I would much rather face
ridicule and criticism in the future, than to hear ... “he had a point,
we so wish, we had listened to him”.

I am not in a position to be able to facilitate a change of plan, but
your profession is ideally suited and trusted to carry out this task.

_____, you and your colleagues need to be our children’s
advocate.

Yours sincerely,

A concerned parent.

References

<https://www.fda.gov/media/153447/download> - FDA Briefing Document
EUA amendment request for Pfizer-BioNTech COVID-19 Vaccine for use in
children 5 through 11 years of age

<https://www.canadiancovidcarealliance.org/> - more harm than good PDF
slides page 18 - lack of biomarkers in testing.

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial
Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac
Test: a Warning | Circulation

https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7973348/> - omicron ex
vivo study

Deaths in Children and Young People in England following SARS-CoV-2
infection during the first pandemic year.
[Nat Med](#) 2021 Nov 11. doi: 10.1038/s41591-021-01578-1. Online ahead of
print.

(Death rate 2/1000000)

Illness duration and symptom profile in symptomatic UK school-aged
children tested for SARS-CoV-2
[Lancet Child Adolesc Health](#) 2021 Published Online August 3, 2021

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

<https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1.full.pdf>

<https://doi.org/10.1016/j.lanepe.2021.100272> - role of vaccinated in transmission

Feature BMJ Investigation

Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial

BMJ 2021; 375 doi: <https://doi.org/10.1136/bmj.n2635> (Published 02 November 2021)

WMA Declaration of Helsinki - ethical principles for medical research involving human subjects - 9th July 2018

<https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v2>
(recent omicron study Dec 22 2021)

