NZLSOS

NZ Lawyers Speaking Out with Science

8 May 2022

Dame Cindy Kiro
The Governor-General of New Zealand

David Proctor
The Rear-Admiral of the Royal New Zealand Navy

By email

Dear Cindy and David

OPEN LETTER AND A REQUEST FOR A MEETING

1. We are writing to you after the Government and New Zealand Police ("police") have refused to meet with the New Zealand Doctors Speaking Out with Science ("NZDSOS") and ourselves regarding the accumulating evidence against the Pfizer vaccine and Government mandates. We are writing to both of you as the last point of redress in our purported democracy here in Aotearoa, New Zealand.

2. We are concerned about the following matters:

   (a) The Pfizer trial of the vaccine is flawed;
   (b) The Government does not hold material safety data sheets for all the ingredients in the vaccine;
   (c) The reporting system for adverse events is flawed, and the vaccine does not stop serious outcomes;
   (d) There are allegedly 33 different lots of the vaccine;
   (e) In January 2021, the Government knew that vaccine-associated enhanced respiratory disease was a potential adverse event from the vaccine and yet, made a choice to ignore the established science;
   (f) In January 2021, the Government knew that vaccine selection pressures were a risk and still made a choice to ignore the established science;
   (g) There may be a risk of acquiring immune deficiency;

(h) In January 2021, the Government knew that boosters were expected;
(i) The Government has suppressed other treatments;
(j) The Government and police have failed to meet with us to discuss our concerns about what appears to be microtechnology in the vaccine;
(k) There is an agenda to use microtechnology and CRISPR for human augmentation; and
(l) The Government is not being transparent about the World Health Organisation's ("WHO") pandemic treaty

3. An increasing number of health professionals, scientists and lawyers, here and overseas, see that the accumulation of emerging evidence of significant harm and potential wrongdoing is becoming unstoppable. We acknowledge that this letter is lengthy, but the evidence presented must be on the record, given the potential gravity of the situation. Receipt of this document puts you on notice.

4. It is possible that the Government got it wrong. There was a time when the tobacco industry, politicians, and the media opposed the views of respected scientists. Then there was asbestos and thalidomide. Does history remember those that raised concerns as being anti-science and conspiracy theorists? No. No history does not, and nor should it.

5. Please note that we are writing to you as members of a newly formed lobby group. We are not acting in our professional capacities but as concerned citizens. Our concerns stem from the Government and Police's refusal to discuss, let alone investigate, the accumulating evidence.

6. We request that you:

(a) meet with representatives of NZLSOS, NZDSOS and independent scientists to discuss the concerns raised in this letter;
(b) provide a comprehensive response to the concerns raised in this letter;
(c) arrange for an investigation into the contents of the vaccine or provide us with a
(d) confirm that there is no microtechnology in the vaccine and provide us with a copy of your investigatory report;
(e) provide a comprehensive reason if you refuse to arrange an investigation into the contents of the vaccine.

THE PFIZER TRIAL OF THE VACCINE IS FLAWED

7. Vaccine development is usually a slow and laborious process that takes 5 to 10 years. Vaccine safety requires proper animal trials and peer-reviewed data.

8. There were few animal studies undertaken for the vaccine. **Dr Bridle** and **Dr Palmer**[1] reviewed one study which Pfizer had submitted to the Japanese health authorities, which pertained to the distribution and elimination of a model vaccine. Dr Bridle and Dr Palmer summarised that:

> *"Pfizer's animal data clearly presaged the following risks and dangers:*
> *• blood clotting shortly after vaccination, potentially leading to heart attacks, stroke, and venous thrombosis*
> *• grave harm to female fertility*
> *• grave harm to breastfed infants*
> *• cumulative toxicity after multiple injections"*

9. A recently released 466-page Department of Health and Human Services[2] ("**HHS**") document reveals that a key component of the Pfizer vaccine, lipid nanoparticles, were found outside the injection site, mainly in the liver, adrenal glands, spleen and ovaries of test subjects, hours after injection.

10. A randomised control trial is the gold standard in the hierarchy of evidence. The Canadian Covid Care Alliance[3] ("**CCCA**") reviewed Pfizer's trial design and its first and second reports and found that:

    (a) 43,548 people participated in Pfizer's Phase III randomised control trial;
    (b) half received the vaccine, and the placebo group received saline for a period of 2 months. The blind trial was meant to run until 2 May 2023;
    (c) Pfizer gave the vaccine to the majority of the placebo group in early 2021. This breach of well-established protocols resulted in the trial no longer being a randomised control trial as the control group is gone. As a result, the long-term safety data that was supposed to be assessed in 2023 is no longer possible.

11. Pfizer's original trial report was published on 31 December 2020 and claimed that the vaccines were safe and showed 95% efficacy seven days after the 2nd dose. But that 95% was the Relative Risk Reduction ("**RRR**") [4]. The Absolute Risk Reduction ("**AAR**") was only 0.84%. The RRR considers participants who could benefit from the vaccine, whereas the ARR (i.e., the difference between cases with and without a vaccine) considers the whole population. The author of a paper in **The Lancet** states that the omission of the ARR leads to reporting bias which affects the interpretation of vaccine efficacy and public health. In addition, the analysis of full datasets along with independent scrutiny is difficult to perform due to issues with the available data.

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[1] https://doctors4covidethics.org/wp-content/uploads/2021/07/Pfizer-pharmacokinetics-and-toxicity.pdf
[2] https://www.judicialwatch.org/documents/jw-v-hhs-fda-pfizer-biontech-vaccine-prod-3-02418/)
[3] www.canadiancovidcarealliance.org
[4] *COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room,* Piero Olliaro*;* Els Torreele*;* Michel Vaillant (Published April 20, 2021) The Lancet Journals
https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext

12. The CDC[5] reports that 95% of people who have died from COVID-19 disease have had at least one co-morbidity listed as the cause of death. The average is four co-morbidities. However, Pfizer chose participants from younger demographics. Only 4% of the trial participants were over the age of 75 years, only 21% of the trial participants had a co-existing condition[6], and many health conditions were excluded. These included pregnant or breastfeeding women, people with allergies, psychiatric conditions, immunocompromised people, bleeding disorders, a previous positive test for SARS-CoV-2 (the virus, not the disease), and those who had been prescribed steroids, etc. No Pfizer Trial data exists to make safety claims about administering the vaccine to these groups.

13. Information obtained under OIA shows that the Government knew that the above health conditions had been excluded from the trial. Regardless, the Government actively encouraged, and still encourages these individuals to take the vaccine. In addition, the Government encourages organisations that support these communities to push the vaccine in exchange for continued Government funding, amounting to an unprecedented, incentivised coercion to promote and administer a red flagged vaccine that has set off many alarm bells.

14. A study out of the Penn Medicine Center for Evidence-based Practice published a meta-analysis of phase 1 and 2 clinical trials of several of the vaccines and found that *"[s]evere systemic adverse events were reported by 5 to 10 percent of trial subjects."*[7] . Such a percentage is relatively high for severe adverse events, orders of magnitude higher than the chances of dying from severe COVID-19 infection. The risks clearly outweigh the benefits of a mass-vaccination rollout.

15. Likewise, NSDSOS has compiled 1000 peer-reviewed papers concerning adverse events[8].

16. Recently the British Medical Journal[9] reported on an investigation into Ventavia, one of the research companies Pfizer hired to conduct the trials. A whistle-blower, the Regional Director, reported her company to the FDA for falsifying data, unblinding participants, not following up and testing participants who reported symptoms, and mislabelling specimens. Several other employees backed up her account. Despite all this, neither Pfizer nor the FDA ever audited or investigated the research company, and Pfizer never disclosed the problems in its Emergency Use Application. Ventavia will continue to run four more COVID-19 clinical trials.

17. One example of Pfizer's "bias" in reporting adverse reactions concerns a 12-year-old girl who was classified as suffering from stomach issues in Pfizer's documents, yet she is now paralysed in a wheelchair, tube fed, suffers memory loss, and Pfizer will not return her parents telephone calls[10].

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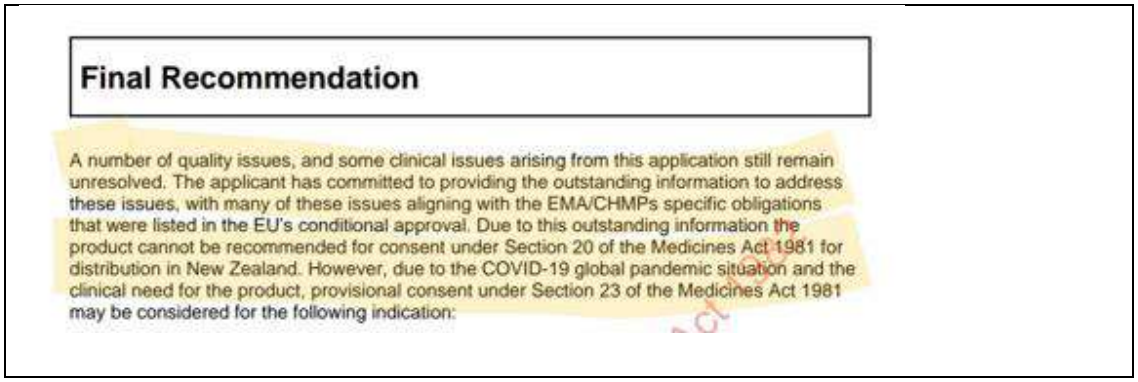
[5] https://www.cdc.gov/nchs/covid19/rands.htm
[6] https://www.nejm.org/doi/pdf/10.1056/NEJMoa2034577?articleTools=true
[7] mRNA vaccine review final.pdf (upenn.edu)
[8] https://nzdsos.com/2022/04/01/1000-peer-reviewed-papers-on-adverse-events/
[9] https://www.bmj.com/content/375/bmj.n2635
[10] https://youtu.be/t4X6VMdTK8Y

18. The CCCA produced a conflict of interest diagram for the authors of the Pfizer report and found that 84% had a conflict, including two founders of BioNTech whose stock value allegedly increased by $9 billion.

19. It would appear that the New Zealand Government ("The Government") did not validate Pfizer's trial data to ensure that the vaccine is safe and effective with the claimed 95% efficacy. As discussed further down in this letter, the Government also relies on Pfizer's Certificate of Analysis rather than its own analysis of the vaccine lots.

20. The rubber-stamping of a provisional consent of an experimental drug from a company with Pfizer's record is highly questionable given that full approval was actively recommended against in light of the insufficient safety, efficacy and product integrity data, as evidenced by the screenshot below.

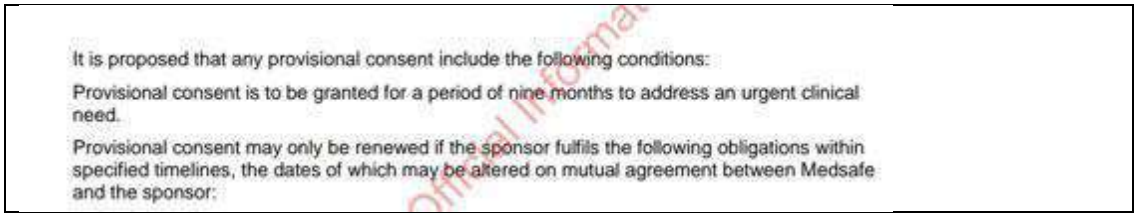


Final Recommendation

A number of quality issues, and some clinical issues arising from this application still remain unresolved. The applicant has committed to providing the outstanding information to address these issues, with many of these issues aligning with the EMA/CHMPs specific obligations that were listed in the EU's conditional approval. Due to this outstanding information the product cannot be recommended for consent under Section 20 of the Medicines Act 1981 for distribution in New Zealand. However, due to the COVID-19 global pandemic situation and the clinical need for the product, provisional consent under Section 23 of the Medicines Act 1981 may be considered for the following indication:

21. If Pfizer did not get the provisional consent, it would have suffered a huge loss and would have lost out on a significant increase in their profit.

22. Declining to grant full consent on review of the vaccine and continuing with the provisional approval is deplorable given that full consent is only granted when the sponsor (i.e., Pfizer) fulfils 58 conditions within a specific time frame, as evidenced by the screenshot below. It is clear that Pfizer did not fulfil its obligations as full consent was not granted. Regardless, Pfizer and BioNTech face no liability for the vaccine. There is no compensation program in New Zealand.



It is proposed that any provisional consent include the following conditions:

Provisional consent is to be granted for a period of nine months to address an urgent clinical need.

Provisional consent may only be renewed if the sponsor fulfils the following obligations within specified timelines, the dates of which may be altered on mutual agreement between Medsafe and the sponsor:

23. Pfizer does not have a reputation for integrity. The company has incurred $10,193,896,333 in fines since 2000, and Pfizer settled for $75,000,000.00 for the experiments that it ran on children in Nigeria. An American Law Firm has summarised Pfizer rap sheet which can be accessed in the references[11]. However, these fines pale in comparison to the profits that are achievable and have been achieved.

24. Vaccines are big business, and often power, greed, and money lead to corruption. CNN[12] reported that Pfizer's earnings and sales doubled in the past quarter (as of November 2021) due to its Covid-19 vaccine, with adjusted earnings of $7.7 billion, up 133% from a year earlier. Revenue soared to $24.1 billion, up 134%. The sky is the limit, with four monthly boosters potentially being recommended as any protection wanes quickly.

25. Why has the Government spent a total of $35,097,479 has been spent on the COVID-19 Vaccine campaign between 1 March 2021 and 28 February 2022 on promotion of the vaccine? This information was provided by way of a letter from the Department of the Prime Minister and Cabinet dated 24 March 2022.

26. The vaccine has been developed by Pfizer and BioNTech. The top shareholders of Pfizer are Vanguard, Blackrock and State Street and their subsidiaries. Whereas BioNTech is a German biotechnology firm. According to Fox Business, Pfizer owns about 1% of BioNTech and collaborated in developing the new vaccine, but all rights belong to the German company, which is doing the bulk of the research. BioNTech is majority-owned by the twin German investors Thomas and Andreas Strüngmann. Other shareholders include the Bill and Melinda Gates Foundation, Sanofi SA and Genentech, a unit of Roche Holding AG.[13] The Bill and Melinda Gates Foundation invested an initial $55 million in an infectious disease collaboration[14].

27. Reuters[15] reporting on 16 March 2020 that:

> *"BioNTech struck a collaboration deal with Shanghai Fosun Pharmaceutical over the German biotech firm's rights in China to its experimental coronavirus vaccine, aiming to start testing on humans from late April."*

[11] https://www.dmlawfirm.com/crimes-of-covid-vaccine-maker-pfizer-well-documented/
[12] https://edition.cnn.com/2021/11/02/business/pfizer-earnings/index.html
[13] https://www.foxbusiness.com/markets/biontech-pfizer-coronavirus-vaccine-2020
[14] https://www.biospace.com/article/releases/biontech-announces-new-collaboration-to-develop-hiv-and-tuberculosis-programs/
[15] BioNTech in China alliance with Fosun over coronavirus vaccine candidate | Reuters

THE GOVERNMENT DOES NOT HOLD MATERIAL SAFETY DATA SHEETS FOR ALL THE INGREDIENTS IN THE VACCINE

28. A Material Safety Data Sheet ("**MDSS**") explains how a substance should be safely used, stored, transported and disposed of. It is mandatory to have a current MSDS for hazardous substances in a workplace.

29. The Hazardous Substances and New Organisms Act 1996 ("**HSNO**") states that a hazardous substance means, unless expressly provided otherwise by regulations or an EPA notice, any substance with 1 or more the listed intrinsic properties. The Health and Safety at Work (Hazardous Substances) Regulations 2017 ("**Regulations**") states that hazardous substance does not include medicine, unless a new medicine that is treated as hazardous under the HSNO Act.

30. A substance is considered a hazardous substance when it has an effect more hazardous than any one or more of the regulated threshold levels for any of the intrinsic properties of explosiveness; flammability; oxidising capacity; corrosiveness; toxicity; and ecotoxicity. Our Health and Safety team advises us that the vaccine meets this threshold due to the information contained in the Pfizer Data Sheet (refer **Schedule** 2).

31. The supplier of a hazardous substance, in this case, the Government, must provide a MDSS with the substances.

32. There are two unknown but declared "*proprietary additives*" in the vaccine. Medsafe[16] has confirmed that ALC-0159 and ALC-0315 are two patented ingredients that are manufactured by a Chinese pharmaceutical and medical company. As noted above, Medsafe granted provisional consent on the basis that Pfizer fulfil 58 conditions within nine months, which it has failed to do. Of the conditions, 26 of the 58 are related to these two ingredients. We have a screenshot of the conditions below[17] (original provisional consent Gazette notice Feb 2021 with 58 conditions).

[16] Medsafe Product Detail, Medsafe (Revised 21 May 2019) New Zealand Medicines and Medical Devices Safety Authority https://medsafe.govt.nz/regulatory/ProductDetail.asp?ID=21938
[17] https://gazette.govt.nz/notice/id/2021-go338

25) Provide a detailed summary of the ALC-0315 manufacturing process completed at the Avanti and Croda manufacturing sites. The differences in manufacture between the two sites will also be clearly detailed. Due date: July 2021, Interim report: February 2021.

26) Provide a detailed description of the ALC-0315 starting materials (including the general synthetic route), the reagents and solvents used, reaction conditions, and in-process controls. If applicable, reprocessing, reworking, and recovery/reuse operations should also be detailed. Due date: July 2021, Interim report: February 2021.

27) Provide a discussion regarding the control of the raw materials for ALC-0315. This should include the manufacture, qualified suppliers, and quality controls of the starting materials. The in-house controls applied to the raw materials and solvents used should also be detailed, as should the control of any potentially genotoxic contaminants. Due date: July 2021, Interim report: February 2021.

28) Provide information and justification on critical steps and intermediates (including specifications) for ALC-0315. Due date: July 2021, Interim report: February 2021.

29) Provide a discussion regarding process development for ALC-0315 with emphasis on the identification and purge of impurities. Due date: July 2021.

30) Notify Medsafe of any changes to the ALC-0315 manufacturing process and/or suppliers/manufacturers/testing sites using Changed Medicine Notifications.

31) Further evaluate specified impurities for ALC-0315 and include appropriate specification limits for individual impurities when more data are available. Acceptance criteria for specified and un-specified impurities should be added to the specification for ALC-0315 and should also be evaluated during stability studies. Due date: July 2021; Interim report: April 2021.

32) Update the control of the solvent residues to those that are used in the manufacture of the ALC-0315 excipient. The solvents which are not used should be removed from the specifications. Associated changes to the analytical method should be detailed and validated where necessary. Due date: July 2021.

33) Update the ALC-0315 assay and impurities limits when additional supporting data is available. Due date: July 2021.

34) Provide detailed method validation reports for assay, impurities, and residual solvents for ALC-0315. Due date: July 2021.

35) Provide ALC-0315 impurity standard information for any identified impurities reported. Due date: July 2021.

36) Provide a retest period and storage condition for ALC-0315 based on stability data. Due date: February 2021.

37) Provide updated stability data for ALC-0315 manufactured at the Avanti and Croda sites. Due date: July 2021. Interim report: April 2021.

38) Provide a detailed description of the ALC-0159 excipient manufacturing process and yields. This should include the reagents and solvents used, reaction conditions, and in-process controls. If applicable, reprocessing, reworking, and recovery/reuse operations should also be detailed. Due date: February 2021.

39) Provide information regarding the control of ALC-0159 raw materials. This should include the manufacture, qualified suppliers, and quality controls of the starting materials. The in-house controls applied to the raw materials used should also be detailed, as should the control of any potentially genotoxic contaminants. Due date: July 2021. Interim report: February 2021.

40) Provide information and justification on critical steps and intermediates (including specifications) for ALC-0159. Due date: July 2021. Interim report: February 2021.

41) Provide a discussion regarding process development for ALC-0159 with particular emphasis on identification and purge of impurities. Due date: July 2021.

42) Notify Medsafe of any changes to the ALC-0159 manufacturing process and/or suppliers/manufacturers/testing sites using Changed Medicine notifications.

43) Provide studies on the impact of the molecular weight and polydispersity of carboxy-MPEG on ALC-0159 and include acceptance criteria for these parameters in the starting material, as applicable. Due date: July 2021. Interim report: February 2021.

44) Update the control of the solvent residues to those that are used in the manufacture of the ALC-0159 excipient. The solvents which are not used should be removed from the specifications. Associated changes to the analytical method should be detailed and validated where necessary. Due date: July 2021.

45) Update the ALC-0159 assay and impurities limits when additional supporting data is available. Due date: July 2021.

46) Further evaluate specified impurities for ALC-0159 and include appropriate specification limits for individual impurities when more data are available. Acceptance criteria for specified and un-specified impurities should be added to the specification for ALC-0159 and should also be evaluated during stability studies. Due date: July 2021; Interim report: April 2021.

47) Provide detailed method validation reports for assay, impurities and residual solvents for ALC-0159. Due date: July 2021.

48) Provide impurity standard information for any identified impurities reported for ALC-0159. Due date: July 2021.

49) Provide a retest period and storage condition for ALC-0159 based on stability data. Due date: February 2021.

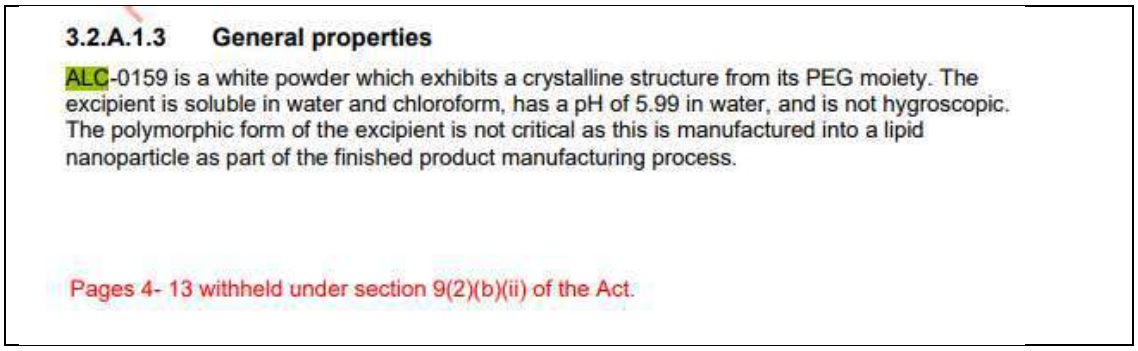
50) Provide updated stability data for ALC-0159. Due date: July 2021.

33. Despite the date for the conditions being due in July 2021, Medsafe responded to an OIA email request on 11 November 2021 and confirmed in writing that:

> *"[w]e do not hold the MDSS [Material Safety Data Sheet] for these [ALC-0159 and ALC-0315].*

34. We have been unable to find a reference to the substances on the manufacturers' website. (https://avantilipids.com/ and https://www.croda.com/en-gb/about-us/where-we-operate/europe-and-eemea/united-kingdom). However, we have found another manufacturer by a company in China called Sinopeg. Sinopeg's website does not have any MDSS information either. However, the website states that these substances are for *"research use only"*[18][19].

35. The general properties of ALC-0159 are described in MedSafe's documents. Unfortunately, ten pages to the description have been withheld under the Official Information Act ("OIA") as per the screenshot below:

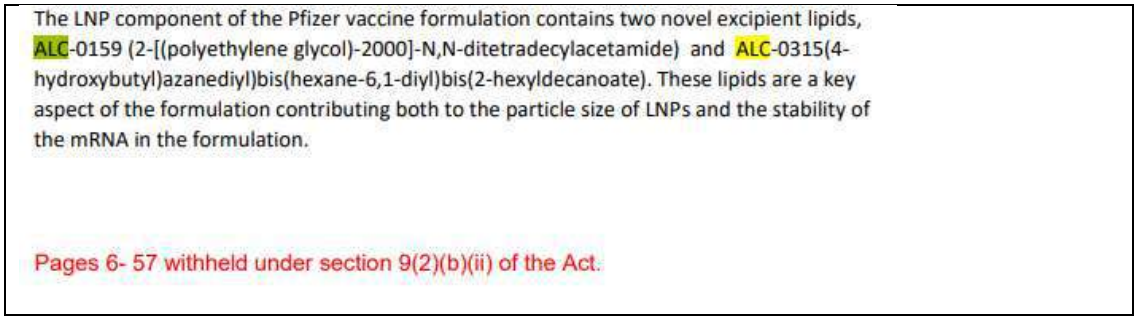


3.2.A.1.3 General properties

ALC-0159 is a white powder which exhibits a crystalline structure from its PEG moiety. The excipient is soluble in water and chloroform, has a pH of 5.99 in water, and is not hygroscopic. The polymorphic form of the excipient is not critical as this is manufactured into a lipid nanoparticle as part of the finished product manufacturing process.

Pages 4- 13 withheld under section 9(2)(b)(ii) of the Act.

36. In the Non-Clinical Assessment, Medsafe considered the "two novel excipient lipids" (i.e., ALC-0159 and ALC-0315. Unfortunately, after the introductory paragraph, 52 pages were withheld under the OIA as per the screenshot below:



The LNP component of the Pfizer vaccine formulation contains two novel excipient lipids, ALC-0159 (2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide) and ALC-0315(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate). These lipids are a key aspect of the formulation contributing both to the particle size of LNPs and the stability of the mRNA in the formulation.

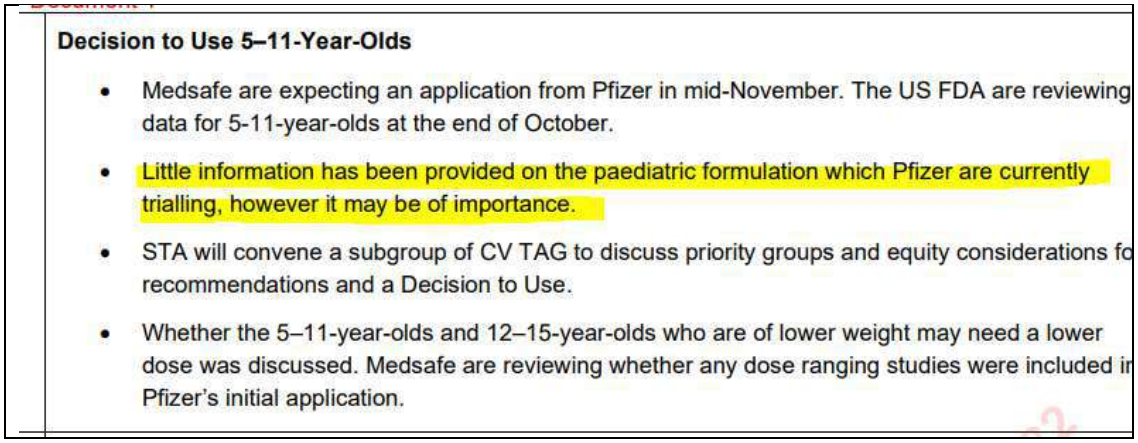
Pages 6- 57 withheld under section 9(2)(b)(ii) of the Act.

37. It is also worrisome that the Government has not independently analysed the different lots of the vaccine. Medsafe has confirmed by way of a letter to Ms Grey dated 11 March 2022 that the MOH relies on Pfizer's Certificate of Analysis rather than its own analysis. This is of huge

[18] https://www.sinopeg.com/2-polyethylene-glycol-2000-n-n-ditetradecylacetamide-alc-0159-cas-1849616-42-7_p477.html
[19] https://www.sinopeg.com/4-hydroxybutyl-azanediyl-bis-hexane-6-1-diyl-bis-2-hexyldecanoate-alc-0315-cas-2036272-55-4_p476.html

concern if the 26 conditions remain unanswered. Medsafe was not designed and set up to merely rely on a foreign pharmaceutical company's Certificate of Analysis. Medsafe by its very name is meant to be a check and balance, not an open gateway.

38. Given the above, it is deeply concerning that the Government has little information on the paediatric formulation of the vaccine despite encouraging parents to "jab" their children. The TGA's minutes dated 2 November 2021 (only five months ago) state that section 12 has the following[20]:



Decision to Use 5–11-Year-Olds

- Medsafe are expecting an application from Pfizer in mid-November. The US FDA are reviewing data for 5-11-year-olds at the end of October.
- Little information has been provided on the paediatric formulation which Pfizer are currently trialling, however it may be of importance.
- STA will convene a subgroup of CV TAG to discuss priority groups and equity considerations fo recommendations and a Decision to Use.
- Whether the 5–11-year-olds and 12–15-year-olds who are of lower weight may need a lower dose was discussed. Medsafe are reviewing whether any dose ranging studies were included ir Pfizer's initial application.

39. Why have the ingredients for the vaccine for children been changed from that of the adult dose? Page 14 of the Pfizer paperwork filed with the FDA states that tromethamine buffer instead of the phosphate buffered saline will be used for the vaccine administered to 5- to 11-year-olds. Why is a tromethamine buffer being used? Some say that this ingredient has been added due to storage issues of the vaccine. Does that mean that there have been issues with the storage that have emerged? Whistleblower Karen Kingston says tromethamine is used for two reasons, by surgeons to dissolve blood clots in the heart and in the lab to permeate the walls of cells to introduce new genetic material.

40. Please note that a brand of tromethamine was recalled in 2020[21] and then again in September 2021[22].

41. As noted above, Pfizer settled for $75,000,000.00 for the experiments that it ran on children in Nigeria. So why are we asking our precious and healthy children with a low risk of death or hospitalisation from COVID-19 to participate in a vaccine trial for an experimental vaccine? If we are vaccinating children entering puberty, what is the impact on fertility? We will not know the answer for years to come. If the Government cannot answer these questions, then the approval of the vaccine for children is unethical, to say the least. Does common sense not say stop, and investigate?

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[20] https://fyi.org.nz/request/16691/response/66492/attach/3/H202115494%20Response.pdf
[21] https://www.fresenius-kabi.com/us/documents/Fresenius-Kabi-USA-Ketorolac-Tromethamine-Injection-USP-Nonc.pdf
[22] https://www.fresenius-kabi.com/us/documents/Fresenius-Kabi-USA-Ketorolac-Tromethamine-2nd-Noti-6SMxj0aVBvUT4G_PDaIjYuucW5ZyYXVXDn-yYoUisCY.pdf

THE REPORTING SYSTEM FOR ADVERSE EVENTS IS FLAWED, AND THE VACCINE DOES NOT STOP SERIOUS OUTCOMES

42. Medical ethics requires medical intervention to be proven safe before its roll out to the public. As noted above, the vaccine was rolled out under provisional consent rather than a full consent, and the status remains unchanged despite a review.

43. The accurate reporting and investigation of adverse events are essential to public safety. Unfortunately, our Government does not require mandatory reporting of adverse events, and it is not actively investigating incidents. Reporting is voluntary and is subject to the dangers of politics.

44. The consequences of voluntary reporting systems have been studied in the US and NZ:

    (a) Harvard consultants found in 2010 that *"fewer than 1% of adverse events*[23]" were reported to VAERS. The low level of reporting is concerning given that VAERS has recorded 1 million adverse events and 21,000 deaths, of which 30% occurred within three days of the vaccine, as highlighted in **US Senator Ron Johnson's** tweet[24] in early January 2021; and

    (b) In New Zealand, Medsafe estimates that only 5% of all reactions are reported[25] to the Centre to Adverse Reactions Monitoring ("CARM").

45. Despite the lack of mandatory reporting in New Zealand, the Minutes of the Covid 19 Vaccine Technical Advisory Group[26] ("**TAG**") dated 11 May 2021 record the following at item 5:

> - The level of work is unprecedented; usually CARM receives about 5,000 reports a year but have already received around 2,600 reports since the beginning of the COVID-19 vaccine rollout.

46. The official number of adverse reactions recorded on CARMS up to 31 March 2020 is now close to 61,000[27].

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[23] https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

[24] https://twitter.com/SenRonJohnson/status/1478045946034495494?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1478045946034495494%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fteaparty.org%2Fbombshell-1-million-covid-vaccine-injuries-now-reported-on-cdcs-website-472775%2F

[25] https://www.medsafe.govt.nz/Profs/PUarticles/ADRreport.htm

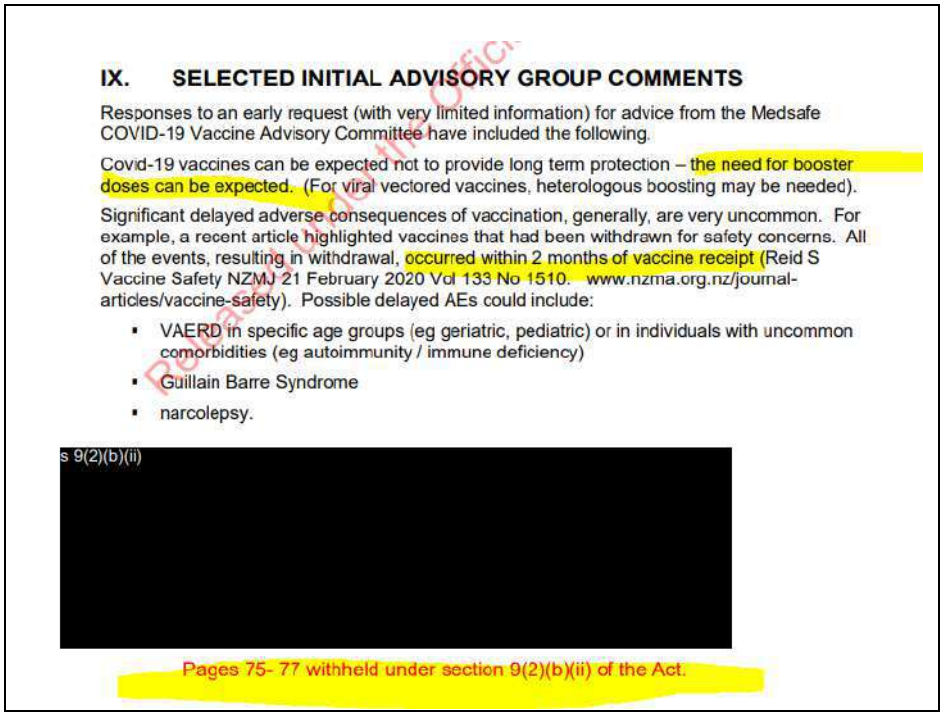
[26] https://fyi.org.nz/request/16691/response/65106/attach/5/H202112324%20documents%20redacted.pdf

[27] https://www.medsafe.govt.nz/COVID-19/safety-report-42.asp

47. We understand that health professionals are discouraged from reporting and recording in patient notes adverse events despite a temporal association with the administration of the vaccine.

48. For example, a member of NZLSOS had pericarditis following the [first] vaccine and has returned to the hospital several times for heart issues. The doctors have verbally confirmed the heart issues are from the vaccine, but they have been reluctant to record this in the discharge summary – only recording that the heart issues followed the vaccine and the person had been previously fit and healthy. The doctors have commented (and we have numerous other people reporting the same) that heart issues are very common following the vaccine. If the vaccine is meant to prevent hospital beds from being taken away from cancer patients, why is this matter not being investigated?

49. An extract from the Clinical Evaluation held by Medsafe is set out below, which cites a vaccine safety study that considers the temporal association as evidence in the causality of adverse reactions. Medsafe states that all the adverse events resulting in the withdrawal of previous vaccines occurred within two months of the vaccine. This is a further barrier to adverse events being reported.



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Significant delayed adverse consequences of vaccination, generally, are very uncommon. For example, a recent article highlighted vaccines that had been withdrawn for safety concerns. All of the events, resulting in withdrawal, occurred within 2 months of vaccine receipt (Reid S Vaccine Safety NZMJ 21 February 2020 Vol 133 No 1510. www.nzma.org.nz/journal-articles/vaccine-safety). Possible delayed AEs could include:

- VAERD in specific age groups (eg geriatric, pediatric) or in individuals with uncommon comorbidities (eg autoimmunity / immune deficiency)
- Guillain Barre Syndrome
- narcolepsy.

s 9(2)(b)(ii)

Pages 75- 77 withheld under section 9(2)(b)(ii) of the Act.

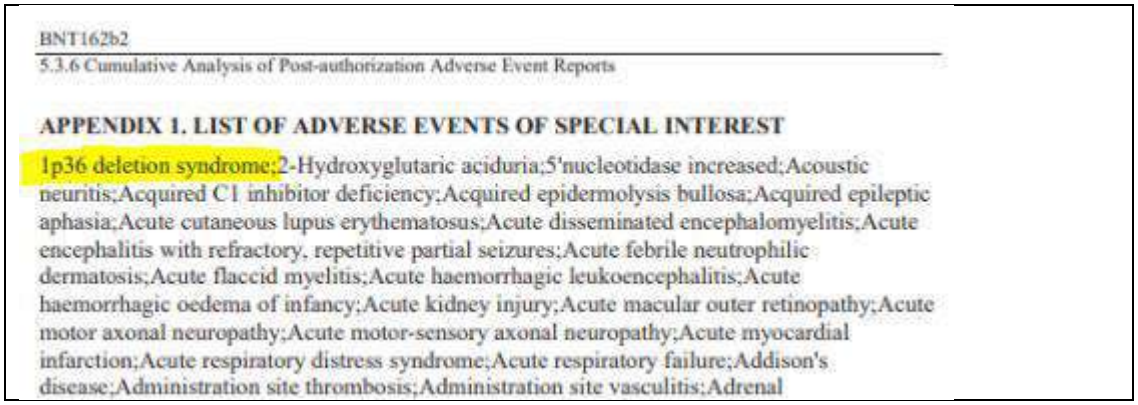
50. Severe adverse events are real. In November 2021, the FDA released the first batch of Pfizer's clinical trial documents under a Freedom of Information court order (the FDA had requested a 50-plus year moratorium on the release of the documents). The post-marketing Pfizer documents[28] list nine pages of *"adverse reactions of special interest"* (each reaction of special interest is separated by a semicolon and no paragraphs – we have reproduced the nine pages

[28] https://phmpt.org/pfizers-documents/

at Schedule 1). The post-marketing documents show huge death and injury early on, which was withheld from the public. Does this set off alarm bells for you?

51. Further documents have been released recently. The voluminous information is currently being reviewed.

52. We note that this lengthy list of *"adverse reactions of special interest"* extends significantly beyond headaches and pain at the site of the vaccine. We are interested to understand how the *"safe and effective vaccine"* can change the nature of a previously healthy chromosome to 1p36 deletion syndrome, as shown in the screenshot below.



BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal

53. The U.S Department of Health & Human Services[29] describes 1p36 deletion syndrome as an intellectual disability.

54. Why is the Government trusting Pfizer considering the post-marketing documents?

55. New Zealanders are dying and being seriously injured from the vaccine. The true impact of the vaccine deaths and injuries is not being captured. However, the Government is set on inflating the number of COVID-19 deaths in its daily reports. Slowly the public is discovering that there is a difference between those who *"die from COVID-19"* and those who *"die with COVID-19"*. How can the Government count a man who died from a gunshot wound as a Covid-19 death[30] and dismiss temporal deaths from the vaccine as "coincidences"?

56. Many Governments have been pressured to review and reduce their public records for COVID-19 deaths. Examples of the "*revised*" numbers by other countries are set out below:

    (a) In June 2020, The CDC revised the number of deaths attributable to Covid-19 and stated that *"For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with*

[29] https://rarediseases.info.nih.gov/diseases/6082/chromosome-1p36-deletion-syndrome

[30] https://www.washingtonexaminer.com/policy/healthcare/new-zealand-man-who-died-of-gunshot-wound-to-be-recorded-as-covid-19-death-report

conditions or causes in addition to COVID-19, on average, there were 2.9 additional conditions or causes per death"[31].

(b) In 2021, the Italian Higher Institute of Health[32] showed only 2.9% of the 130,468 deaths registered by official statistics since the end of February 2020 would be due to Covid 19.

(c) A Lisbon court ruled only 0.9% of 'verified cases' died of COVID, numbering 152, not 17,000 claimed.

(d) In August 2021, the CDC adjusted the number down for Florida after State officials fought back. The CDC initially claimed 28,317 new cases, while the Florida DOH puts that number at 15,319. The CDC adjusted its number down to 19,584.

(e) Recently, the UK Office for National Statistics[33] has confirmed in response to a Freedom of Information request that as of the end of quarter 3 in 2021, 17,371 people had actually died of Covid-19 with no underlying causes. The media reports that 150,000 have died from Covid-19 but neglects to explain that people can die with the disease and not from the disease. On average, 30,000 people lose their lives during a single bad flu year in the UK.

Myocarditis

57. The Government has not been transparent about the risk of adverse events. Myocarditis is one of many examples.

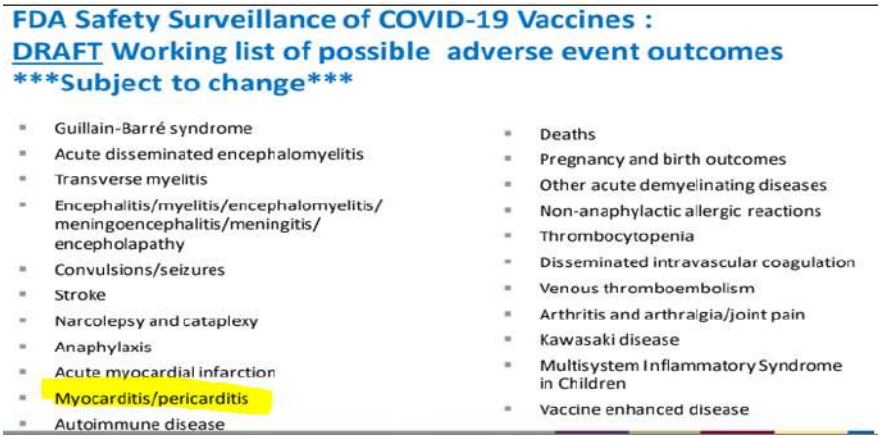
58. The FDA ACIP Meeting[34] on 30 October 2020 set out a working list of possible adverse event outcomes:

[31] Conditions contributing to deaths involving COVID-19, by age group, United States, Week ending 2/1/2020 to 12/5/2020, National Center for Health Statistics. National Vital Statistics System (12 June 2020) Centers for disease control and prevention https://www.cdc.gov/nchs/data/health_policy/covid19-comorbidity-expanded-12092020-508.pdf

[32] Big mess in the death report. For the ISS, most of the deaths were not caused by Covid, Franco Bechis (21 October 2021) Il Tempo https://www-iltempo-it.translate.goog/attualita/2021/10/21/news/rapporto-iss-morti-covid-malattie-patologie-come-influenza-pandemia-disastro-mortalita-bechis-29134543/?_x_tr_sl=it&_x_tr_tl=en&_x_tr_hl=it&_x_tr_pto=nui and Fake Mortality Data Corrected: Italian Institute of Health Reduces Official Covid Death Toll from 130,000 to 4,000, Paul Craig Roberts and guest contributions (9 November 2021) Paul Robert Institute for political economy https://www.paulcraigroberts.org/2021/11/09/fake-mortality-data-corrected-italian-institute-of-health-reduces-official-covid-death-toll-from-130000-to-4000/

[33] https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsfromcovid19withnootherunderlyingcauses

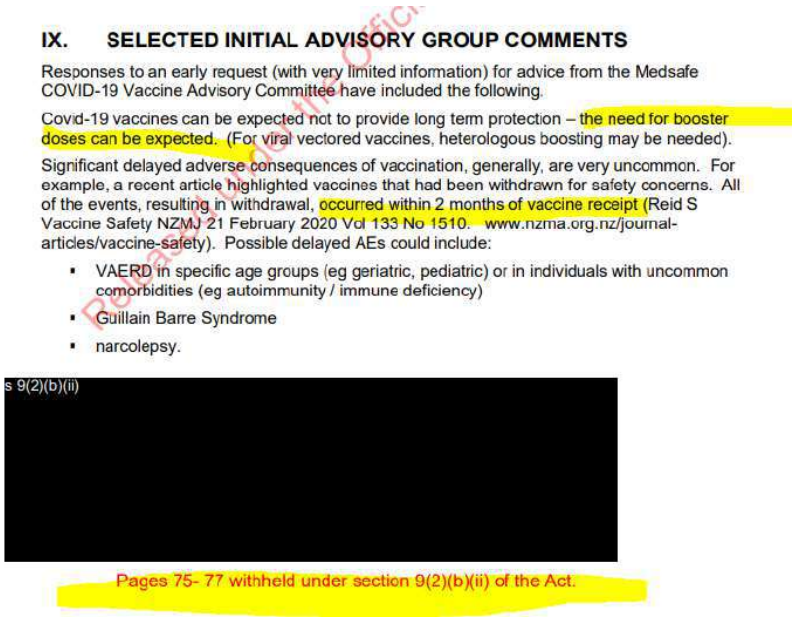
[34] https://www.fda.gov/media/143557/download



FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
*****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encepholapathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

59. Our Government's **Clinical Evaluation**[35] dated January 2020 and obtained under the Official Information Act ("**OIA**") does not seem to include the FDA's list of adverse events. Unless myocarditis is listed on one of the three pages of redacted adverse events and comments?



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- narcolepsy.

s 9(2)(b)(ii)

Pages 75- 77 withheld under section 9(2)(b)(ii) of the Act.

60. On 8 November 2021, the **American Heart Foundation**[36] published the following:

> *"We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination".*

[35] https://static1.squarespace.com/static/612c674b10fbd22a00202ceb/t/614d72f6a8c6667866a71081/1632465696127/H202106950-+Response+Documents+%28redacted%29+%28003%29+%281%29.pdf

[36] Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning, Steven R Gundry (Originally published 8 November 2021) AHA Journals https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

61. A pre-print study has now been released showing that the risk of myocarditis for young people in the United States is greater than the risk of hospitalisation due to Covid-19, even in regions heavily affected by Covid-19[37]. This is also highlighted in Israeli studies[38] which have exclusively used the Pfizer vaccine. One such study shows a 13.6-fold (1,260% increase) in new cases of myocarditis after the second vaccine in 16 to 19-year-old males, compared to background rates of the disease between 2017 to 2019.

62. The New England Journal of Medicine[39] has recently stated in an editorial dated 13 April 2022 that we need to clarify which groups derive the most benefit from the boosters as the "*boosters are not risk free*". In particular:

> *"For example, boys and men between 16 and 29 years of age are at increased risk for myocarditis caused by mRNA vaccines."*

63. It is clear from OIA information that the Government knew about the risk of myocarditis as early as 11 May 2021 (2 months after the vaccination program had begun). However, the Government did not issue a warning until 15 December 2021, after a young man, Rory Nairn, died suddenly following the vaccine. There have been many sudden deaths and people suffering from myocarditis and pericarditis following the vaccine – their stories are being ignored, dismissed with disdain and/or potentially covered up.

64. If the Government is comfortable with knowingly misleading the public as to the risk of myocarditis for at least five months, what other data is the Government comfortable with obfuscation.

65. Interestingly, the state-funded media is reporting that the risk of myocarditis from the vaccine is less than the risk of myocarditis from COVID-19. This assertion raises suspicion, given that many young and previously fit and healthy New Zealanders who have suffered from myocarditis due to the vaccine (which may have an impact on their health in the future) were unlikely to suffer from more than a mild case of Covid-19 had they not been vaccinated. The risk of hospitalisation from COVID-19 was remote.

66. Dr Noelyn Hung states the risk of myocarditis from the vaccine is less than the risk of myocarditis from COVID-19. Dr Hung[40] is one of the key personnel for Zenith Technology, a contract research organisation which provides clinical trial and analytical laboratory services for

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[37] *SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis,* Tracy Beth Høeg; Allison Krug, Josh Stevenson; John Mandrola (8 September 2021) MedRxiv, The Preprint Server for Health Sciences https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1

[38] [38] *Myocarditis after BNT162b2 mRNA Vaccine against Covid-19 in Israel,* Dror Mevorach, M.D.; Emilia Anis, M.D., M.P.H.; Noa Cedar, M.P.H.; Michal Bromberg, M.D., M.P.H.; Eric J. Haas, M.D., M.S.C.E.,; Eyal Nadir, M.D.; Sharon Olsha-Castell, M.D.; Dana Arad, R.N., M.S.N.; Tal Hasin, M.D.; Nir Levi, M.D.; Rabea Asleh, M.D., Ph.D.; Offer Amir, M.D.; Karen Meir, M.D.; Dotan Cohen, M.D.; Rita Dichtiar, M.P.H.; Deborah Novick, M.Sc.; Yael Hershkovitz, M.Sc.; Ron Dagan, M.D.; Iris Leitersdorf, M.D., M.H.A.; Ronen Ben-Ami, M.D.; Ian Miskin, M.D.; Walid Saliba, M.D., M.P.H.; Khitam Muhsen, Ph.D.; Yehezkel Levi, M.D.; Manfred S. Green, M.B., Ch.B., Ph.D.; Lital Keinan-Boker, M.D., Ph.D.;

[39] https://www.nejm.org/doi/full/10.1056/NEJMe2203329

[40] http://www.zenithtechnology.co.nz/key-personnel/index.cfm

the international pharmaceutical industry and teaches at the department of pathology at Otago University. We could not locate any myocarditis or Covid-19 publications in her name.

67. Dr Peter McCullough[41] is a top US cardiologist and the most highly cited physician on the early treatment of Covid-19 and has more than 600 citations in the National Library of Medicine. Dr McCullough has warned that vaccine myocarditis is more serious than myocarditis contracted from the virus. Dr McCullough states that:

> *"the myocarditis in COVID-19 is mild, it's inconsequential, and it's largely a component of elevation [of troponin]."*

In contrast, Dr McCullough asserts that vaccine myocarditis may cause lipid nanoparticles to go directly to the heart. The top cardiologist warned:

> *"The heart expresses the spike protein, the body attacks the heart. There are dramatic EKG changes. I don't want anybody to think that the myocarditis of a natural infection is anything like what we're seeing with the vaccines".*

68. Dr McCullough claims that the troponin rises in heart injuries due to the vaccine are around 10-100 times higher than the troponin rises seen following Covid infection. Worsening matters, the specialist states that when kids develop myocarditis after the vaccine, 90% require immediate hospitalisation to prevent heart damage. Dr McCullough states that:

> *"Vaccine-induced myocarditis is a big deal, and in children, it's way more serious and more prominent than a post-COVID myocarditis."*

69. Which "expert" are we to believe in regard to the risk of myocarditis? A university lecturer that teaches in the pathology department and who is a key person in an organisation which provides clinical trials for the international pharmaceutical industry or a top cardiologist (heart specialist) and COVID-19 expert?

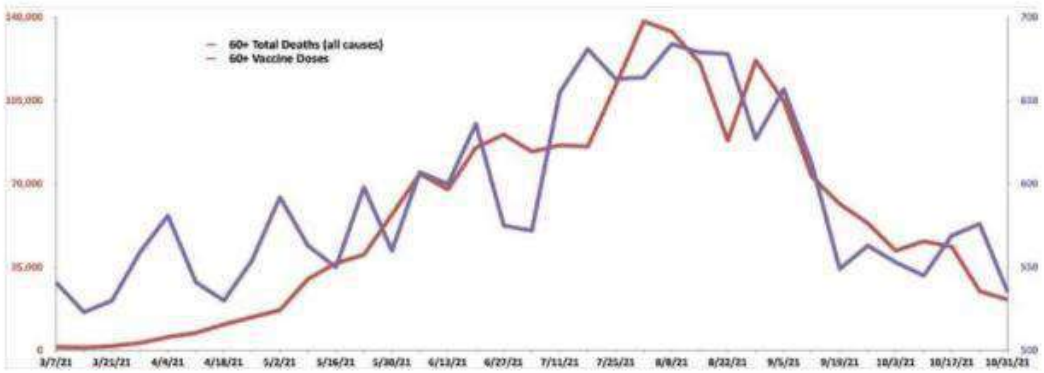
Increase in All-Cause Mortality

70. Many doctors and scientists contend that the Covid response which includes the vaccine is doing more harm than good. Over 11,400 doctors and scientists have signed the Rome Declaration[42], over 15,000 medical and public health scientists and over 46,000 medical practitioners have signed the Great Barrington Declaration[43] , to name a few declarations. Various groups of doctors and scientists have been established, such as World Council for

[41] https://www.youtube.com/watch?time_continue=17&v=lxfcP8wwt58&feature=emb_logo
[42] https://concerneddoctors.org/rome-declaration/
[43] https://gbdeclaration.org/

Health[44], America's Frontline Doctors[45], Canadian Covid Care Alliance[46] ("CCCA"), New Zealand Doctors Speaking Out with Science[47] along with many other groups.

71. A recent analysis of weekly vaccination totals and all-cause mortality for the 60 plus age cohort in New Zealand showed an extra 2000 deaths[48]. This analysis was possible due to our unique situation in New Zealand. We are protected at our borders, have had a low incidence of Covid up until recently, and therefore the short-term impact of vaccination on health can be reviewed in isolation from the confounding factors of Covid infections and deaths. Grant Dixon obtained official New Zealand figures through an OIA request and graphed the temporal association between all-cause deaths and vaccination for the 60+ age cohort during the rollout of the mRNA vaccine in New Zealand between the beginning of March 2021 to the end of October 2021.



72. Likewise, the New Zealand Citizens Database, which gathers as much information as possible, has verified that at least 399 deaths (mostly sudden and/or unexpected) have followed vaccination. They would like all these suspicious deaths fully investigated.

73. It should not be up to the citizens of New Zealand to investigate deaths temporal to the vaccine. Mandatory reporting of adverse reactions and temporal deaths should be required for a novel vaccine. Since the Government refuses to investigate the potential microtechnology in the vaccine, the police should act independently and impartially under the principles that underpin the Policing Act.

74. The death rate in the United States for those aged 18-64 has risen an astonishing 40% over pre-pandemic levels. According to the CEO of Indianapolis-based insurance company OneAmerica, "*We are seeing, right now, the highest death rates we have seen in the history of this business –*

[44] https://worldcouncilforhealth.org/
[45] https://americasfrontlinedoctors.org/
[46] https://www.canadiancovidcarealliance.org/
[47] https://nzdsos.com/
[48] https://www.bitchute.com/video/dASUoQ92PTbD/

not just at OneAmerica[49]". OneAmerica is a $100 billion insurance company that's been in operation since 1877 and has approximately 2,400 employees.

75. Similarly, one of Germany's largest health insurance companies released data suggesting German health authorities are significantly underreporting vaccine injuries[50]. The company, **BKK ProVita**, said its analysis revealed a "*significant alarm signal*" and that "*a risk to human life cannot be ruled out*.[51]" The German Health Agency claimed that there were 244,576 suspected cases of vaccine side effects reported in 2021, but BKK said its analysis revealed more than 400,000 cases.

76. German pathologists have been researching whether the spike protein that forms in the body as a result of the vaccine could be responsible for the pathologically observed inflammations and lesions of vessels. The pathologists have succeeded in reliably detecting the vaccine spike protein in the vessels of a person who died four months after "vaccination" and who had vascular lesions and vaccine-induced myocarditis.

77. A recent article in **Trends in Internal Medicine**[52] concluded none of the vaccines provide a health benefit, and all pivotal trials show a statistically significant increase in *"all cause severe morbidity"* in the vaccinated group compared to the placebo group.

78. If a vaccine is contributing to all-cause mortality and morbidity, how can you support a Government that states that the vaccine reduces serious outcomes? In all honesty, you cannot.

THERE ARE ALLEGEDLY 33 DIFFERENT LOTS OF THE VACCINE

79. Researcher Craig Paardekooper[53], Kingston University, London, claims that the Vaccine Adverse Events Reporting System ("VAERS") data shows vaccine batches are sequentially marked by varying toxicity and that there have been 33 confirmed lots of the vaccine. He also claims that the manufacturing processes at different sites are inconsistent with `*Good Manufacturing Practices*', and as such, the production of the product is not homogeneous.

80. Dr Michael Yeadon, former Vice President Respiratory & Chief Scientific Advisor of Pfizer, has also demonstrated how different batches are used to have an experiment within an experiment[54] and that 5-10% of the batches account for around 80% of the adverse reactions.

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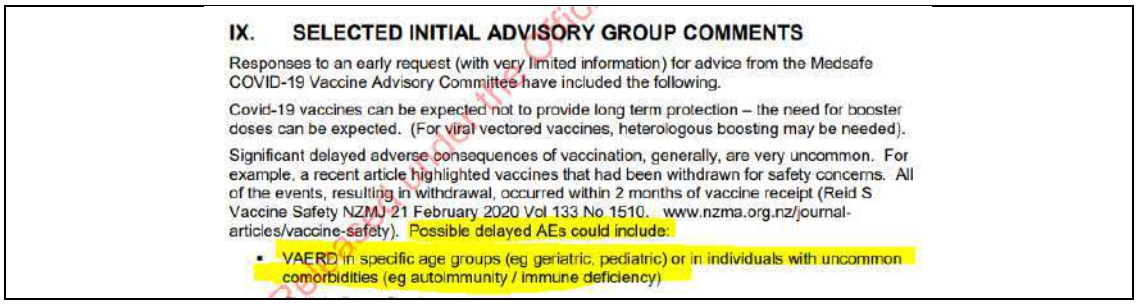
[49] Life Insurance CEO Says Deaths Up 40% Among Those Aged 18-64 | ZeroHedge
[50] https://www.berliner-zeitung.de/news/impffolgen-krankenkasse-bkk-schreibt-brief-an-paul-ehrlich-institut-li.213676?fbclid=IwAR3ZSdDytlj5BXN3pB3myb6dNavvbTLfUpbr8On2M1o8K6uz17trCIES7js
[51] https://childrenshealthdefense.org/defender/covid-vaccine-injuries-german-health-insurer/
[52] *US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity",* J Bart Classen, MD (Received 24 July 2021, Accepted 25 August 2021) Trends in Internal Medicine, Classen Immunotherapies, Inc https://newsrescue.com/wp-content/uploads/2021/08/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific-1811.pdf
[53] https://www.bitchute.com/video/WMUvLcmP1Wtk/
[54] https://dailyexpose.uk/2022/01/06/death-by-covid-injection-is-premeditated-and-co-ordinated-experts-conclude/

81. New Zealand groups were tracking different lot numbers to identify the risky batches. Subsequently, the Government removed the lot numbers from the vaccine cards blocking transparency.

IN JANUARY 2021, THE GOVERNMENT KNEW THAT VACCINE-ASSOCIATED ENHANCED RESPIRATORY DISEASE WAS A POSSIBLE ADVERSE EVENT FROM THE VACCINE AND MADE A CHOICE TO IGNORE THE ESTABLISHED SCIENCE

82. In January 2021, the Government knew that vaccine-associated enhanced respiratory disease ("**VAERD**" also known as VAED and AED)) was a potential adverse event from the vaccine and made a choice to ignore the established science. The extract from the Clinical Evaluation is undeniable proof of the statement:



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- VAERD in specific age groups (eg geriatric, pediatric) or in individuals with uncommon comorbidities (eg autoimmunity / immune deficiency)

83. VAERD occurs when the vaccine suppresses the innate immune response so that the immune system fails to neutralise the virus as it enters the body, instead allowing it to replicate in the body. The infection is amplified rather than killed off. Moreover, the vaccine primes the immune system for a potentially deadly overreaction known as a "hyperinflammatory response" to subsequent infections. This paradoxical reaction has repeatedly been seen in other vaccines and animal development trials, especially coronavirus vaccine trials[55].

84. According to a recent peer-reviewed article[56], a study was undertaken to determine if sufficient literature exists to require clinicians to disclose the specific risk that COVID-19 vaccines could worsen disease upon exposure to challenge or circulating virus. The study found:

> *"COVID-19 vaccines designed to elicit neutralising antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or*

[55] *COVID-19 Vaccines: Should We Fear ADE?* , Scott B Halstead; Leah Katzelnick (12 August 2020) The Journal of Infectious Diseases https://academic.oup.com/jid/article/222/12/1946/5891764

[56] *Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease,* Timothy Cardozo; and Ronald Veazey, Department of Biochemistry and Molecular Pharmacology (n.d) https://www.researchgate.net/publication/346464618_Informed_consent_disclosure_to_vaccine_trial_subjects_of_risk_of_COVID-19_vaccines_worsening_clinical_disease/fulltext/5fc3873e458515b79784d097/Informed-consent-disclosure-to-vaccine-trial-subjects-of-risk-of-COVID-19-vaccines-worsening-clinical-disease.pdf?origin=publication_detail

minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.

85. In 2020, the New Zealand Ministry of Health Committee noted that:

> *"…low prevalence of COVID infection in New Zealand means that vaccine-associated enhanced disease (VAED) may be less of a risk compared with other countries[57]."*

86. The circumstances in New Zealand have clearly changed. However, the Government's policy of 100% vaccination continues along with the introduction of "boosters". It is not clear whether deaths from Covid in NZ in vaccinated people are being assessed as potentially due to VAED.

THERE MAY BE A RISK OF ACQUIRING IMMUNE DEFICIENCY

87. Dr Robert Malone has questioned whether immune exhaustion and the reactivation of latent DNA viruses after the multiple jabs is another line of evidence that T-cells are being damaged, causing immune system damage. Dr Malone puts forward that these people are acquiring an Immune Deficiency[58].

88. James Lyons-Weiler cites a new peer-reviewed study undertaken by Dr Jessica Rose, PhD, MSc, BSc. The study[59] found deaths clustered near the day of vaccine exposure, which is inconsistent with non-causality, and a dramatic increase in the autoimmune reports associated with COVID-19 vaccination, consistent with predictions made by earlier studies anticipating specific autoimmune-related reactions based on the SARS-CoV-2 virus proteins.

89. Dr Rose reported an expected increase in autoimmune-related reports in VAERS over time.

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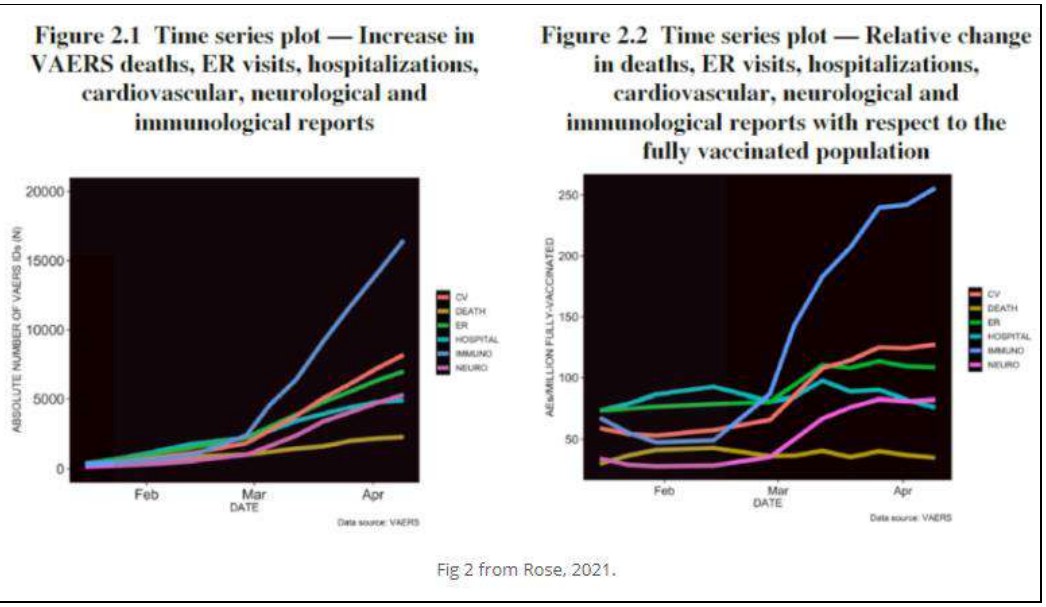
[57] *Minutes Of The Out Of Session Medicines Adverse Reactions Committee Meeting,* Medsafe (20 January 2020) New Zealand Medicines and Medical devices Safety Authority https://www.medsafe.govt.nz/profs/adverse/minutesOoS-20-jan-2021.htm?fbclid=IwAR1iIZ86hJ1doeAZlkfdsirpevhDwlAK0yt0r91Yf2igrXiwnax7qh4FBsk

[58] https://twitter.com/TexasLindsay/status/1520441253539815424?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1520441253539815424%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Flibertywire.net%2Fwatch-dr-robert-malone-peoples-immune-systems-are-being-damaged-they-are-acquiring-an-immunodeficiency-after-multiple-jabs%2F

[59] adf864_a0a813acbfdc4534a8cb50cf85193d49.pdf (filesusr.com)



90. **Seneff** (MIT) and **Nigh,** in their review of the unintended consequences of the vaccine, stated that:

> *"To have developed this incredibly new technology so quickly, and to skip so many steps in the process of evaluating [its safety], it's an insanely reckless thing that they've done."*[60]

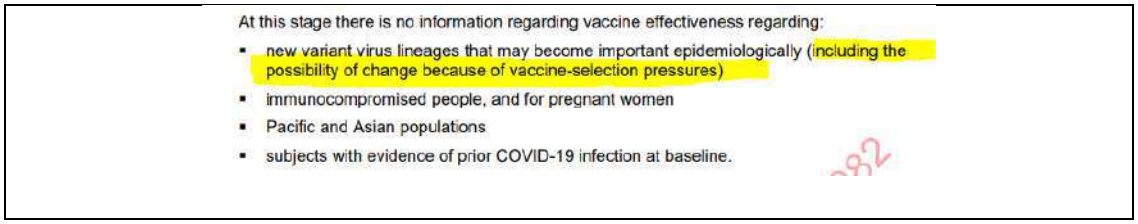
91. Seneff predicts that over the next 10-15 years, there will be a:

> *"spike in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, and blood disorders such as blood clots, haemorrhaging, stroke and heart failure." "Prion diseases are a group of severe neurodegenerative diseases that are caused by misfolded prion proteins. The most common prion disease in humans is the always-fatal sporadic Creutzfeldt-Jakob disease (CJD), which accounts for more than 85% of the cases".*

IN JANUARY 2021, THE GOVERNMENT KNEW THAT VACCINE SELECTION PRESSURES WERE A RISK AND MADE A CHOICE TO IGNORE THE ESTABLISHED SCIENCE

92. In January 2021, the Government knew that vaccine selection pressures were a risk and made a choice to ignore the established science. The extract from the Clinical Evaluation is undeniable proof of the statement:

[60] Seneff and Nigh, "Worse Than the Disease?" (10 May 21), 40.
444 Joseph Mercola interview of Stephanie Seneff, "COVID Vaccines May Bring Avalanche of Neurological Disease", Mercola (23 May 21): https://articles.mercola.co./sites/articles/archive/2021/05/23/stephanie-seneff- covid-vaccine.aspx


At this stage there is no information regarding vaccine effectiveness regarding:

- new variant virus lineages that may become important epidemiologically (including the possibility of change because of vaccine-selection pressures)
- immunocompromised people, and for pregnant women
- Pacific and Asian populations
- subjects with evidence of prior COVID-19 infection at baseline.

93. The Government dismissed concerns about vaccine selection pressure to increase the dominance of immune-escape variants and safety concerns from highly credible and independent international doctors, scientists and vaccine developers. Despite the Government's position, Dr Ashley Bloomfield finally hinted at the issue[61] shortly before he resigned:

> *"It's quite clear that Omicron does escape vaccinations."*

94. A landmark 2004 paper outlying a *"phylodynamic"* framework to describe the evolution of RNA viruses under epidemic conditions theorised that viral adaptation occurs at the highest rate under intense immune-selection pressure and high infectious pressure[62].

95. **Dr Vanden Bossche** is an independent vaccine expert and a former academic at universities in Belgium and Germany, who has since served in various R&D and senior program roles at **GSK Biologicals, Novartis Vaccines, Solvay Biologicals, Bill & Melinda Gates Foundation** and **GAVI.**

96. Dr Vanden Bossche has been warning humanity of the devastating impact of mass vaccination with non-sterilising vaccines on a background of high infectious pressure. In March 2021, Dr Vanden Bossche published an open letter on his website to appeal to the **WHO**[63] to immediately open the channels for scientific debate and declare a public health emergency of international concern, given the paradigm of mass vaccination ever pressurising the spike protein towards full immune escape. In June 2021, Dr Chris Martenson interviewed [64] Dr Vanden Bossche about his concerns. Dr Vanden Bossche has not wavered from his thesis on the folly of the current strategy. Regrettably, his thesis is increasingly being vindicated through the research of molecular and genomic epidemiologists and the number of "*breakthrough*" cases.

97. An example from California suggested that fully vaccinated individuals in 2021 were significantly more likely than unvaccinated (77.6% vs 47.7%) to be infected with antibody-resistant SARS-CoV-2 variants[65].

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[61] https://www.msn.com/en-nz/news/national/traffic-light-system-may-need-strengthening-or-adjusting-in-face-of-omicron-bloomfield/ar-AASSct3

[62] https://collaborate.princeton.edu/en/publications/unifying-the-epidemiological-and-evolutionary-dynamics-of-pathoge

[63] Open Letter to the WHO: Immediately Halt All Covid-19 Mass Vaccinations-Geert Vanden Bossche, DMV, PhD – Freedom Of Speech (fos-sa.org)

[64] https://www.youtube.com/watch?v=cjMZvpmuaKY

[65] *Area FB, Servellita CV, Morris M-K, et al. Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area,* California. medRxiv: the preprint server for health sciences. Published online August 25, 2021. doi:10.1101/2021.08.19.21262139

98. In September 2021, Dr Phillip McMillan (UK) hosted a meeting between Dr Vanden Bossche and Robert Malone MD, the inventor of mRNA (USA)[66]. They analysed the then-current Israeli data to illustrate how the widespread vaccination rate creates pressure on the virus to mutate into variants with higher levels of contagion. The unvaccinated are needed to keep the pressure down by defeating the virus and carrying natural immunity.

99. Virologist Prof Luc Montagnier, the co-discoverer of HIV and 2008 Nobel Prize Winner in Medicine, stated in a video interview translated and published by the RAIR Foundation US:

> *"It's an enormous mistake, isn't it? A scientific error as well as a medical error. It is an unacceptable mistake … The history books will show that because it is the vaccination that is creating the variants …It is clear that the new variants are created by antibody-mediated selection due to the vaccination…Many epidemiologists know it and are 'silent' about the problem known as 'antibody-dependent enhancement.[67]"*

100. Dr Vanden Bossche[68] has recently stated that you can only control a pandemic if you generate herd immunity by dramatically reducing the level of transmission. The CDC has recognised natural immunity[69] , which plays a part in reaching herd immunity.

101. It is important to understand that each flu season, the cases represent a bell curve before hitting a baseline – as a result, the flu is gone until the next season. Dr Vanden Bossche states that the Covid-19 curves in the highly vaccinated countries show one wave after another, but the cases between the waves never reach the baseline

102. The infectious pressure is higher than ever. Omicron has not gotten back to baseline. Instead, there are shorter intervals between waves which is unusual for a pandemic. In other pandemics, you will see a limited number of waves and then it will reach baseline.

103. Antibodies are critical to determining the infectious behaviour and virulence of the virus. Dr Vanden Bossche asserts that the virus has become largely resistant to the potentially neutralising antibodies in the upper respiratory track (upper respiratory track disease is usually mild). Dr Vanden Bossche confirms that non-neutralising antibodies in the lower respiratory tract are protecting against pneumonia and severe disease for the moment.

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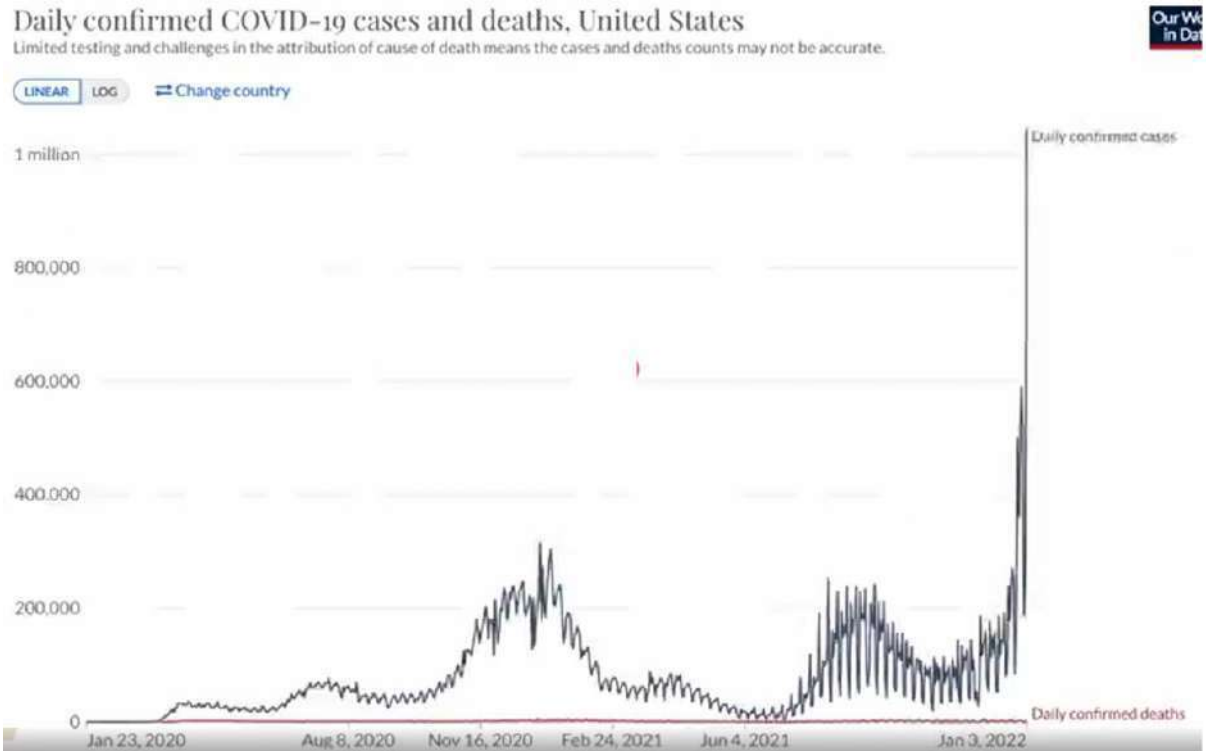
66 https://sciencebasedmedicine.org/countering-geert-vanden-bossches-dubious-viral-open-letter-warning-against-mass-covid-19-vaccination/

67 Mass vaccination during pandemic a historic blunder: Nobel laureate Luc Montagnier. Zee News. Published May 25, 2021. Accessed September 5, 2021. https://www.msn.com/en-in/news/world/mass-vaccination-during-pandemic-a-historic-blunder-nobel-laureate-luc-montagnier/ar-AAKmnJ

68 https://totalityofevidence.com/2022/03/02/dr-geert-vanden-bossche/?msclkid=45f2eac3ce5f11eca58be67c59cd989d and https://www.bitchute.com/video/v8A7TM6MmK57/

69 The CDC is finally recognizing 'natural immunity' — legislators should follow suit | The Hill

104. In other pandemics, the mortality and morbidity rates follow the case rates very closely. Dr Vanden Bossche says in the current situation, we have disconnected mortality and morbidity rates from the case rates as per the screenshot below.

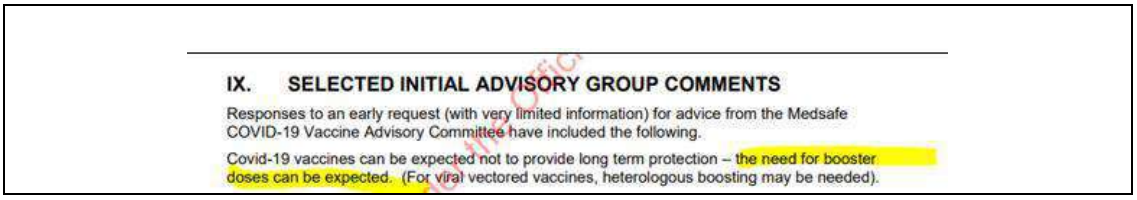


105. Dr Vanden Bossche states that we should be concerned that the case rates remain high and probably higher than the official numbers, as most people have mild disease and do not seek medical attention. However, Dr Vanden Bossche states that the continued infection rates could turn a mild variant into a virulent variant.

106. By way of a brief summary, while the non-neutralising antibodies in the lower respiratory track are protecting at the moment, the virus has learnt how to become highly infectious, and now it will be learning how to get around the non-neutralising antibodies in the lower respiratory system and become virulent. This will result in trans infection in the lungs and a severe virus.

IN JANUARY 2021, THE GOVERNMENT KNEW THAT BOOSTERS WERE EXPECTED

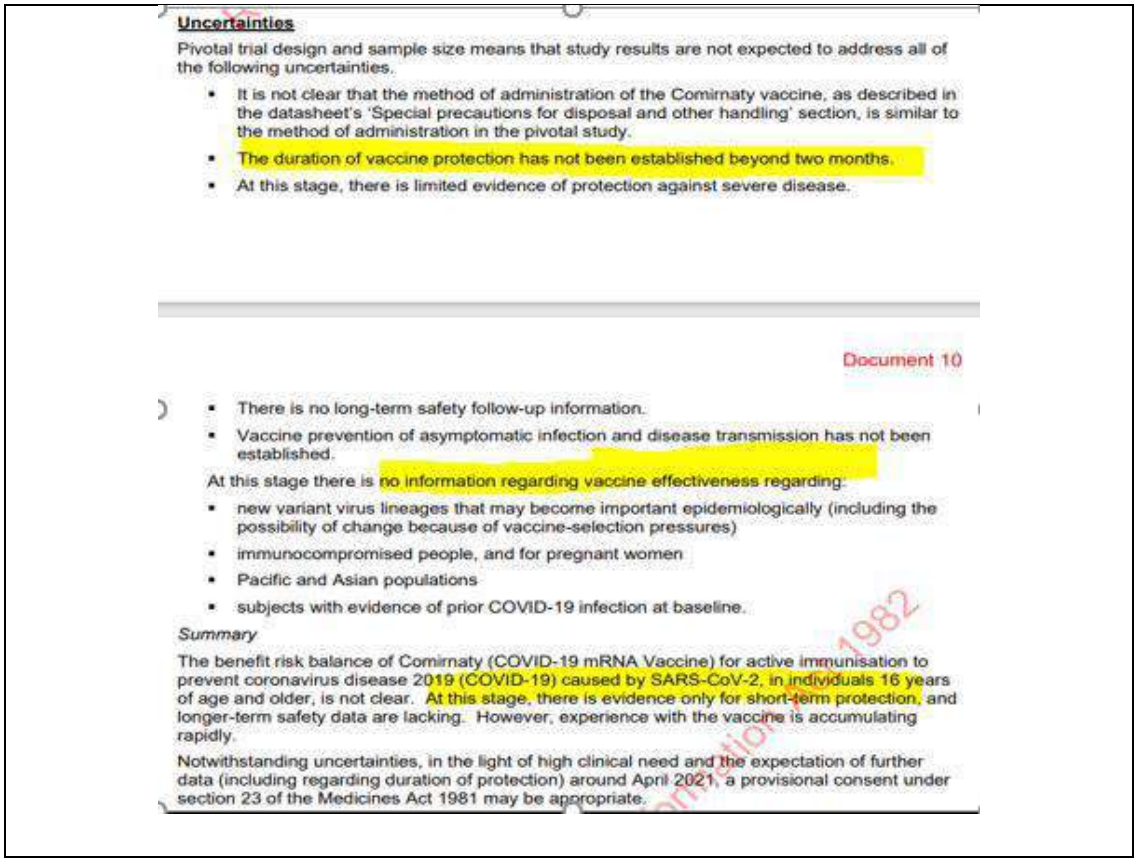
107. In January 2021, the Government knew that Boosters were expected, but they did not disclose this fact. The extract from the Clinical Evaluation is undeniable proof of the statement:



IX. SELECTED INITIAL ADVISORY GROUP COMMENTS

Responses to an early request (with very limited information) for advice from the Medsafe COVID-19 Vaccine Advisory Committee have included the following.

Covid-19 vaccines can be expected not to provide long term protection – the need for booster doses can be expected. (For viral vectored vaccines, heterologous boosting may be needed).



Uncertainties

Pivotal trial design and sample size means that study results are not expected to address all of the following uncertainties.

- It is not clear that the method of administration of the Comirnaty vaccine, as described in the datasheet's 'Special precautions for disposal and other handling' section, is similar to the method of administration in the pivotal study.
- The duration of vaccine protection has not been established beyond two months.
- At this stage, there is limited evidence of protection against severe disease.

Document 10

- There is no long-term safety follow-up information.
- Vaccine prevention of asymptomatic infection and disease transmission has not been established.

At this stage there is no information regarding vaccine effectiveness regarding:

- new variant virus lineages that may become important epidemiologically (including the possibility of change because of vaccine-selection pressures)
- immunocompromised people, and for pregnant women
- Pacific and Asian populations
- subjects with evidence of prior COVID-19 infection at baseline.

Summary

The benefit risk balance of Comirnaty (COVID-19 mRNA Vaccine) for active immunisation to prevent coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2, in individuals 16 years of age and older, is not clear. At this stage, there is evidence only for short-term protection, and longer-term safety data are lacking. However, experience with the vaccine is accumulating rapidly.

Notwithstanding uncertainties, in the light of high clinical need and the expectation of further data (including regarding duration of protection) around April 2021, a provisional consent under section 23 of the Medicines Act 1981 may be appropriate.

108. Regardless of the known concerns that "*boosters*" would be required, the Government introduced the vaccine program a month later and promoted the *"double jab"* as "*safe and effective*" until recently. Many people thought they were doing the "right thing" by taking the "two shots" and had no idea they were signing up for four monthly boosters.

109. Israel is now up to its fourth vaccination, and Turkey is up to its fifth vaccination but still reaching record high infections. How will the Government monitor cumulative toxicity with more and more boosters required?

110. The Lancet [70] reported that people who have had two doses of the vaccine had 5-6-fold lower amounts of neutralising antibodies, which suggested that further boosters will be necessary.

111. The Nature Public Health Emergency Collection [71] raised the question of the vaccine and its various variants.

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[70] *Neutralising antibody activity against SARS-CoV-2 VOCs B.1.617.2 and B.1.351 by BNT162b2 vaccination,* Emma C Wall; Mary Wu; Ruth Harvey; Gavin Kelly; Scott Warchal; Chelsea Sawyer (Published June 03 2021) The Lancet Journals https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01290-3/fulltext

[71] *Tozinameran (BNT162b2) Vaccine: The Journey from Preclinical Research to Clinical Trials and Authorization,* Nimrat Khehra; Inderbir Padda; Urooj Jaferi; Harshan Atwal; Shreya Narain; Mayur S. Parmar (June 7 2021) National Library of Medicine, National Center for Biotechnology Information https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8184133/

"More importantly, ***the variants have shown more than 10 amino acid mutations in the SARS-CoV-2 spike (S) protein, which has been an area of concern for the effectiveness of the BNT162b2 vaccine against these variants****."*

112. **Dr Robert Malone** reports on a recent study in medRxiv, which highlighted that vaccine effectiveness against Omicron was 37% (95%CI, 19-50%) ≥7 days after receiving an mRNA vaccine for the third dose[72].

THE GOVERNMENT HAS SUPPRESSED OTHER TREATMENTS

113. A published paper [73] stated that the *"seroprevalence studies",* which measure infection rates using the presence of antibodies in blood samples, *"typically show a much lower fatality than initially speculated in the earlier days of the pandemic."* The professor concluded that the infection fatality rate (as opposed to the case fatality rate, which is different) for COVID-19 is now estimated to be 0.15% (like that of the flu). For people under 70, the IFR is 0.05% and is likely lower in people without serious co-morbidities.

114. For most people, the risk of developing COVID-19 and being hospitalised or dying is low. So why is the Government determined to vaccinate and boost a predominantly healthy population rather than use well established early treatment protocols? Why is the Government and the Medical Council sanctioning doctors that use or prescribe these early treatment protocols? Does the Pfizer contract prevent the promotion of these early treatment protocols in favour of its sales targets?

115. There are numerous safe and effective treatments for COVID-19. These treatments are supported by hundreds of studies, including randomised controlled trials. Treatments such as Ivermectin, Budesonide, Dexamethasone, convalescent plasma and monoclonal antibodies, Vitamin D, Vitamin C, Zinc, Azithromycin, Hydroxychloroquine, Colchicine and Remdesivir are being used effectively[74].

116. The Government's **Clinical Evaluation**[75] (refer V.1) states:

> *Treatment of acute Covid-19 disease has improved, and several medicines are recognised to have a role in treatment.*

117. **Dr Peter McCullough stated i**n an interview with **Dr Reiner Fuelmich** that 85 percent of the more than 600,000 U.S. deaths could have been prevented with a multi-drug treatment given in the early to mid-point of the disease [76].**Dr Peter McCullough's** [77] testimony (19 minutes) to

[72] https://doi.org/10.1101/2021.12.30.21268565
[73] https://www.who.int/bulletin/volumes/99/1/20-265892.pdf
[74] Numerous studies can be reviewed here: https://c19early.com
[75] Clinical Evaluation (response documents at www.covid19openletter.co.nz)
[76] Dr. Peter McCullough on with Reiner Fuelmich June 11, 2021 (bitchute.com)
[77] https://www.youtube.com/watch?v=QAHi3lX3oGM

the senate looked at the veracity of early treatment protocols and can be viewed by copying and pasting the link in the footnotes below. On 19 November 2020, **Dr Peter McCullough** testified to the senate (2:20:27):

> *"I'm in close communication for this worldwide disaster with many countries, and I can tell you I did a program with Eamonn Mathieson at the Covid Medical Network in Australia to show you how off-kilter the world is. [Webinars: https://www.covidmedicalnetwork.com/webinars/prof-peter-mccullough.aspx EARLY COVID TREATMENTS: Guest Speaker - Prof Peter McCullough MD, Presented by Dr Eamonn Mathieson, Anesthetist, Covid Medical Network, Convenor. 14 November 2020 (32:46)] In Queensland, Australia a doctor will be put in jail for prescribing hydroxychloroquine. If you go over to India they're going to give it to you right away. In Greece they're going to give it to you right—it's in their guidelines."*

118. The **Association of American Physicians & Surgeons** has published a **Physician List & Guide to Home-Based Covid Treatment**[78].

119. On 17 June 2021, the **American Journal of Therapeutics** [79] published a peer-reviewed meta-analysis of 15 trials that found that ivermectin reduced the risk of death compared with no ivermectin. The study found that ivermectin probably reduced deaths by 62% and possible transmission by 86%.

120. **Dr Lawrie** (one of the authors of the meta-analysis) has also sent numerous letters with evidence to Matt Hancock and the UK Government regarding ivermectin and COVID 19[80]. She and others have started a not-for-profit organisation with the 1st International Ivermectin for Covid Conference.

121. In addition, a recent peer-reviewed study by **Dr Pierre Kory** and colleagues on ivermectin has been published in the **American Journal of Therapeutics** [81]. The study summarises the evidence base for the use of ivermectin and concludes that:

> *"Meta-analyses based on 18 randomised controlled treatment trials of ivermectin in COVID have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID has been identified."*

122. Uttar Pradesh, India, announced that the State is COVID-19 free after using early treatment protocols.[82]. This State had an estimated population of **241 million people** in 2021 and has the

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[78] Physician List & Guide to Home-Based COVID Treatment - AAPS | Association of American Physicians and Surgeons (aapsonline.org)
[79] https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx
[80] http://medisolve.org/yellowcard_urgentprelimreport.pdf
[81] https://journals.lww.com/americantherapeutics/Fulltext/2021/00000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx
[82] HUGE: Uttar Pradesh, India Announces State Is COVID-19 Free Proving the Effectiveness of "Deworming Drug" IVERMECTIN (thegatewaypundit.com)

highest population in India. This population was almost two-thirds of the United States population in 2021, yet it is now a COVID-19 free State.

123. The **Gauteng High Court** [83], Pretoria, has recently issued an order allowing for medicine that contained ivermectin as an active ingredient to be used to treat Covid-19 if prescribed by a doctor.

124. The **Indian Bar Association** is officially suing the **WHO's** chief scientist for spreading misinformation about ivermectin[84].

125. Hydroxychloroquine became a political controversy last year when former President Donald Trump touted it to cure COVID. However, experts are reporting that politics have cost, and is costing lives. A study published by **Dr Peter McCullough** in January 2021 in the **American Journal of Medicine** found that early treatment of coronavirus patients with hydroxychloroquine lowered the mortality rate for the disease. Refer above for the link to his paper.

126. **Dr Emanuel Garcia**[85] has stated:

> *"Where is the emphasis on treating this? On finding a cure, on finding a mitigating agent [for covid]... There are some very effective treatments & preventative measures."*
> *"I was astonished to find out what the Lancet did with Hydroxychloroquine. They published an article slamming it, talking about all the dangers & then they retracted it because it was complete propaganda. It could have saved a lot of lives."*

127. Vitamin D is known to help people with COVID-19. The **Journal of Clinical Endocrinology & Metabolism** [86] reported on 17 June 2021 that vitamin D deficiency is associated with a higher hospitalisation risk from COVID.

THE GOVERNMENT AND NEW ZEALAND POLICE HAVE FAILED TO MEET WITH US TO DISCUSS OUR CONCERNS ABOUT WHAT APPEARS TO BE MICROTECHNOLOGY IN THE VACCINE

128. On 25 January 2022, Dr Shelton from NZDSOS contacted us after spending time with two qualified scientists who had shown him real-time and digital microscopic images of what he believed to be a sample of the contents of a vial of the vaccine.

129. On 27 January 2022, we emailed Ian Town, Chief Science Adviser at the MOH, Chris James, Group Manager at Medsafe, Morag McDowell, the Health and Disability Commissioner and

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[83] Doctors can now prescribe ivermectin as treatment for Covid-19 (iol.co.za)
[84] Legal-Notice-to-Dr.-Soumya-Swaminathan_Chief-Scientist-WHO-1.pdf and Sync.com - Legal-Notice-to-Dr.-Soumya-Swaminathan_Chief-Scientist-WHO-1.pdf and WHO Celebrates As Indian Health Regulator Removes Ivermectin From Its COVID Protocol | ZeroHedge and VERMECTIN - The COVID Blog

[85] Dr Emanuel Garcia On The Abrogation Of Human Liberties & A Delusional Belief In Vaccines As Saviour (odysee.com)
[86] Vitamin D deficiency is associated with higher hospitalisation risk from COVID-19: a retrospective case-control study | The Journal of Clinical Endocrinology & Metabolism | Oxford Academic (oup.com)

invited them to meet with NZLSOS, NZDSOS and Donna Pokere-Phillips (trained lawyer and politician). Our invitation was declined the following day.

130. Dr Shelton did a verbal submission to the Health Select Committee on 28 January 2022. A few days later, Lisa Hansen, Barrister, wrote to the Minister of Health, the Minister of Covid-19 Response, Chris James, and the Chief Legal Adviser requesting an urgent meeting to discuss the photographic evidence. Once again, the invitation was declined.

131. A complaint concerning the alleged microtechnology was filed at Orewa Police Station (File Number: 220217/0669). The police were handed a copy of the original slides, which were provided to the MOH. NZDSOS has updated their slides showing the images of the potential microtechnology. You may access the slides by clicking on the link below:

https://nzdsos.com/2022/04/03/presentation-on-micro-tech-in-comirnaty/

132. We wrote to the police on 17 March 2022 and requested an urgent on 22 March or 23 March 2022 and they refused to meet with us or respond with more than a few sentences.

133. We wrote again to the police on 11 April 2022 and requested a meeting. Our second invitation was declined despite advising the police that the following scientists and one politician had since come forward to raise concerns about the potential microtechnology:

(a) A new team (team three) of experienced NZ clinical microscopists presented new and concerning images (refer to the link set out in paragraph 11);

(b) Dr Robin Wakeling (team four), a senior NZ microbiologist and nano-emulsion technology expert, released his analysis and images[87];

(c) A team of Australian scientists contacted Zee Media to provide evidence of their findings[88];

(d) Australian Senator, Malcolm Roberts, called for a Royal Commission into the harm being caused by the vaccine[89] and the potential microtechnology in the vaccine[90];

134. The above teams are in addition to the Spanish science group La Quinta Columna (www.laquintacolumna.net), the English translation site http://www.orwell.city)[91], Dr Campra[92], the group of German pathologists and other specialists[93], retired viral immunologist Dr Sukharit

[87] https://drsambailey.com/videos/nz-scientist-examines-pfizer-jab-under-the-microscope/
[88] https://zeeemedia.com/interview/exclusive-australian-whistleblower-scientists-provide-evidence/
[89] https://www.malcolmrobertsqld.com.au/malcolm-roberts-drops-bombshells-in-senate-after-covid-under-question-inquiry/
[90] https://zeeemedia.com/interview/maria-zeee-uncensored-australian-senator-exposes-nanotech-and-declares-this-is-genocide/
[91] Vaccines - Self-assembling Nanotech Pfizer (odysee.com)
[92] NEW - DR CAMPRA PROVES GRAPHENE OXIDE IN COVID VACCINES (notonthebeeb.co.uk) and DR CAMPRA PROVES G.O. IN VIALS - YouTube and C0r0n@2Inspect – Revisión y análisis de los artículos científicos relativos a las técnicas y métodos experimentales empleados en las vacunas contra el c0r0n@v|rus, evidencias, daños, hipótesis, opiniones y retos. (Corona2Inspect)
[93] https://rivercitymalone.com/health/pathologists-investigate-deaths-after-covid-vaccination/

Bhakdi on Dr Burkhardt's follow-up work[94], the Unit Report from the UK[95], and the two New Zealand teams (https://lifeoftheblood.com/ and https://nzdsos.com/). We have also become aware that Dr Jane Ruby, a US health professional and a pharmaceutical drug development expert with over 20 years of experience in regulatory processes for drug approval with the FDA and the EMA, has also been speaking out about the presence of microtechnology and the microtechnology patents[96], along with a former Pfizer employee of ten years who claims that she has the documentation to prove that microtechnology exists in the vaccine[97]. There will be others speaking out.

135. On 22 April 2020, we notified the police that we would be writing to both of you to escalate our concerns.

136. Only the Government can confirm that there is no microtechnology in the vaccine as the Government controls the stock of vaccines. Once the vaccines leave the Government's control, there may be arguments around the chain of custody.

137. Medsafe confirmed in writing on 15 March 2022 that there is no clause in the Pfizer contract prohibiting the testing of the vaccine batches or vials. So why does the Government refuse to meet with NZLSOS, the doctors and scientists, and explain what the unusual structures are after undertaking an independent investigation?

138. If the Government, the police, the Governor-General and the head of defence in New Zealand refuse to investigate, what message does this send to the people?

MICROTECHNOLOGY, CRISPR AND HUMAN AUGMENTATION

139. We understand that it is hard to fathom the possibility that microtechnology may have been placed in the vaccine and that there is an agenda for human augmentation. We had cognitive dissonance when faced with the possibility. However, after researching the existence of the well-established technology and the World Economic Forum ("**WEF**") and various Governments' documents, it is plausible that this is the case.

140. There can be no debate that nanotechnology can be used in a vaccine given the research undertaken in the United States (refer below) and patents which have been registered. One patent of interest is set out below:

https://pubchem.ncbi.nlm.nih.gov/patent/US-9539210-B2 and January 2017 patents | Harvard Office of Technology Development

[94] https://dailyexpose.uk/2022/01/04/93-percent-of-covid-vaccination-deaths-are-caused-by-the-jabs/
[95] UK LAB FINDS GRAPHENE IN C19 VACCINES (notonthebeeb.co.uk) and Covid-19 Injection Contents: Dr. Robert Verkerk Summarizes EbMCsquared CiC Study Preliminary Finding (bitchute.com)
[96] https://rumble.com/vsu57w-dr.-jane-ruby-whats-inside-the-covid-19-vaccines.html and Ask Dr. Jane: Metaverse, self assembling nanotechnology through vaccinations (rumble.com)
[97] https://www.sgtreport.com/2022/03/pfizer-nano-beast-whistle-blower-melissa-mcatee/

141. Microtechnology is a concern given the World Economic Forum ("**WEF**") and the agenda of various Governments for human augmentation. We have set out a summary of this agenda for the following:

(a) WEF;
(b) United Kingdom ("UK");
(c) United States ("US"); and
(d) People's Republic of China.

142. In reading the information below, you need to be familiar with a technique called Clustered Regularly Interspaced Short Palindromic Repeats ("**CRISPR**"), which was developed in 2012 and provides a set of 'molecular scissors' that are cheaper, faster and more accurate than previous methods of genetic editing according to the UK Ministry of Defence. In 2019 the World Science Festival showcased "CRISPR in Context: The New World of Human Genetic Engineering", which can be watched here:

CRISPR in Context: The New World of Human Genetic Engineering - YouTube

143. Many of those who have worked on microtechnology were no doubt trying to improve health outcomes. However, the implications of human gene manipulation coupled with the advances of analytical artificial intelligent systems could spiral out of control and threaten humanity. As St. Bernard of Clairvaux observed, "*The road to hell is paved with good intentions.*"

144. In the next section of our letter, we have used direct quotes extensively so that the facts may speak for themselves.

WORLD ECONOMIC FORUM

145. The WEF has been involved in the strategic management of the coronavirus pandemic, with a major emphasis on using the pandemic as a catalyst for digital transformation and the global introduction of digital identity systems. Klaus Schwab ("**Schwab**"), the founder and executive chairman of the WEF, is the champion of the Fourth Industrial Revolution (also referred to as the Great Reset and Agenda 2030). Schwab states:

> *"The Fourth Industrial Revolution, as I wrote in the book four years ago when I coined the expression, many of those technologies just look at facial recognition, just look at the technologies which you need for tracking people. What we are seeing now with some of the* ***companies engaged into research for vaccines using completely new methods based on synthetic biology****. A tremendous challenge we have in creating this Great Reset".*

146. The Internet of Things ("**IoT**") is an important component of the Fourth Industrial Revolution. The WEF states that:

"The digital transformation that is taking place due to emerging technologies, including robotics, the IoT and artificial intelligence, is known as the Fourth Industrial Revolution - and COVID-19 has accelerated the use of these technologies.[98]"

147. A link to the WEF article on how the IoT will power the Fourth Industrial Revolution and the search results for IOT are set out below:

The Internet of Things will power the Fourth Industrial Revolution. Here's how | World Economic Forum (weforum.org)

"internet of things" – Search results | World Economic Forum (weforum.org)

148. While the concept of IoT may seem harmless and convenient, the risk of it being used as a social credit system is real as those that control the IoT will control access to the internet, digital currency, driverless cars and perhaps even access to food.

149. Google's Ray Kurzweil[99] predicts that in the 2030s, human brains will be able to connect to the cloud, allowing us to send emails and photos directly to the brain and back up our thoughts and memories. This will be possible, he says, via nanobots -- tiny robots from DNA strands -- swimming around in the capillaries of our brain.

150. If humans will be able to connect their brains to the cloud and upload data can data be downloaded into their brains? If data can be downloaded to a human brain

151. Dr Yuval Noah Harari ("Harari") is a history professor and an advisor to Schwab, and a member of the WEF. Harari promotes the Fourth Industrial Revolution, transhumanism, culling the population, and using a global government to control humanity at the bio-metric level. He is praised by Bill Gates, Barack Obama, Mark Zuckerberg, and Schwab. A documentary about Harari's perspective can be watched by clicking on the link below:

https://www.brighteon.com/f1f9e0d5-624a-4283-a346-2c17c79e62e6

152. In the documentary, Harari states that *"we are probably one of the last generations of* Homo sapiens *because in the coming generations we will learn how to engineer bodies, brains and minds"*(4.19 mins).

153. Dr Harari stated on an interview on the BBC[100]:

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[98] What is the Internet of Things - an explainer | World Economic Forum (weforum.org)
[99] https://www.huffpost.com/entry/ray-kurzweil-nanobots-brain-godlike_n_560555a0e4b0af3706dbe1e2

[100] https://www.bing.com/videos/search?q=%22yuval+noah+harari%22+coronavirus&&view=detail&mid=95D5BC940834A6A87F0595D5BC940834A6A87F05&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3D%2522yuval%2Bnoah%2Bharari%2522%2Bcoronavirus%26qs%3Dn%26form%3DQBVR%26sp%3D-1%26pq%3D%2522yuval%2Bnoah%2Bharari%2522%2Bcoronavirus%26sc%3D2-31%26sk%3D%26cvid%3D1C452F516A3745E1806E8C796A4A79D0

"...people could look back in a hundred years and identify the coronavirus epidemic as the moment when a new regime of surveillance took over, ***especially surveillance under the skin*** *which I think is the most important development of the 21st century, is this ability to* ***hack human beings*** *…"*

154. Interestingly, Dr Harari stated at the WEF Annual Conference in 2018:

"Data might enable human elites to do something even more radical than just build digital dictatorships by hacking organisms, elites may gain the power to re-engineer the future of life itself. Because once you can hack something, you can also usually engineer it. … now, in the past, many tyrants and Governments wanted to do it, but no one understood biology well enough, and nobody had enough computing power and data to hack millions of people. Neither the Gestapo nor the KGB could do it. But soon, at least some corporations and Governments will be able to systematically hack all the people … and if indeed we succeed in hacking and engineering life, this will be not just the greatest revolution in the history of humanity. This will be the greatest revolution in biology since the very beginning of life, 4 billion years ago. Four billion years, nothing from the mental changed. Science is replacing evolution by natural selection with evolution by intelligent design. Not the intelligent design of some God up above the clouds but our intelligent design and the intelligent design of our clouds. The IBM clouds, the Microsoft clouds. These are the new driving forces of evolution."

155. The WEF website states that Schwab has been at the centre of global affairs for over four decades, and he believes that we are at the start of the Fourth Industrial Revolution:

"Ubiquitous, mobile supercomputing. Intelligent robots. Self-driving cars. ***Neuro-technological brain enhancements. Genetic editing****. The evidence of dramatic change is all around us and it's happening at exponential speed.*[101]*"*

156. Another WEF video[102] (at 2.36) which features Amy Webb, Professor, NYU Stern School of Business, states:

"We are talking about improving biology and redesigning organisms for beneficial purposes. It's going to allow us to ***not just edit genomes but also and importantly, write a new code for life****. We'll have write-level permissions.* ***We already started to see some of that this year COVID-19 vaccines****, they make use of engineered code in the form of messenger RNA."*

[101] https://www.weforum.org/about/the-fourth-industrial-revolution-by-klaus-schwab
[102] https://www.weforum.org/videos/22282-3-technologists-share-their-visions-of-our-future-world

157. The 2017 1.41-minute video[103] on the WEF's website summarising the Fourth Industrial Revolution states that:

> *"The interplay between fields like nanotechnology, brain research, 3D printing, mobile networks and computing will create realities that were previously unthinkable".*

158. In 2017 Schwab made the following statements in *Shaping the Fourth Industrial Revolution*.

Section 1 *The Fourth Industrial Revolution* – Chapter 2

> *"Fourth Industrial Revolution* ***technologies will not stop at becoming part of the physical world around us—they will become part of us****. Indeed, some of us already feel that our smartphones have become an extension of ourselves. Today's external devices—from wearable computers to virtual reality headsets—****will almost certainly become implantable in our bodies and brains****. Exoskeletons and prosthetics will increase our physical power, while advances in neurotechnology enhance our cognitive abilities. We will become better able to manipulate our own genes, and those of our children. These developments raise profound questions:* ***Where do we draw the line between human and machine? What does it mean to be human?"***

Section 2.3 *Altering the Human Beings* – Chapter 11

> *The future will challenge our understanding of what it means to be human, from both a biological and a social standpoint. Emerging biotechnology agendas promise to improve and augment human lifespans and to enhance physical and mental health.* ***The opportunity for the integration of digital technologies with biological tissues is also growing, and what that portends for the next decades is inspiring a range of emotions, from hope to wonder to fear.****"*
>
> *These technologies will operate within our own biology and change how we interface with the world. They are capable of crossing the boundaries of body and mind, enhancing our physical abilities, and even having a lasting impact on life itself. They are more than mere tools and demand special "****consideration for their ability to augment or intrude upon human beings, human behaviours and human rights.****"*

Chapter 5 – *New Computing Technologies*

> *"External wearable devices, such as smart watches, intelligent earbuds and augmented reality glasses, are giving way to active implantable nanochips that break the skin barrier of our bodies, creating intriguing possibilities that range from integrated treatment systems to opportunities for human enhancement…****Biological computing could soon allow us to replace***

[103] https://www.weforum.org/about/the-fourth-industrial-revolution-by-klaus-schwab and https://www.youtube.com/watch?v=SCGV1tNBoeU&t=58s

specialised nanochips with custom-designed organisms, a key aspect of a new cultural form of expression and consumption called "biohacking."

159. Schwab has also stated:

"People assume that we are just going back to the good old world which we had and everything will be normal again. This is, let's say, fiction. It will not happen. The cut which we have now is much too strong in order not to leave traces. We know that the world will look different. There will be a lot of anger. We have to prepare for a more angry world. Social revolution. Anger on the streets. We are at a rapture point ... terminating of humankind."

160. Schwab also states on the WEF website that:

"[w]e must address, individually and collectively, moral and ethical issues raised by cutting-edge research in artificial intelligence and biotechnology, which will enable significant life extension, designer babies, and memory extraction.[104]"

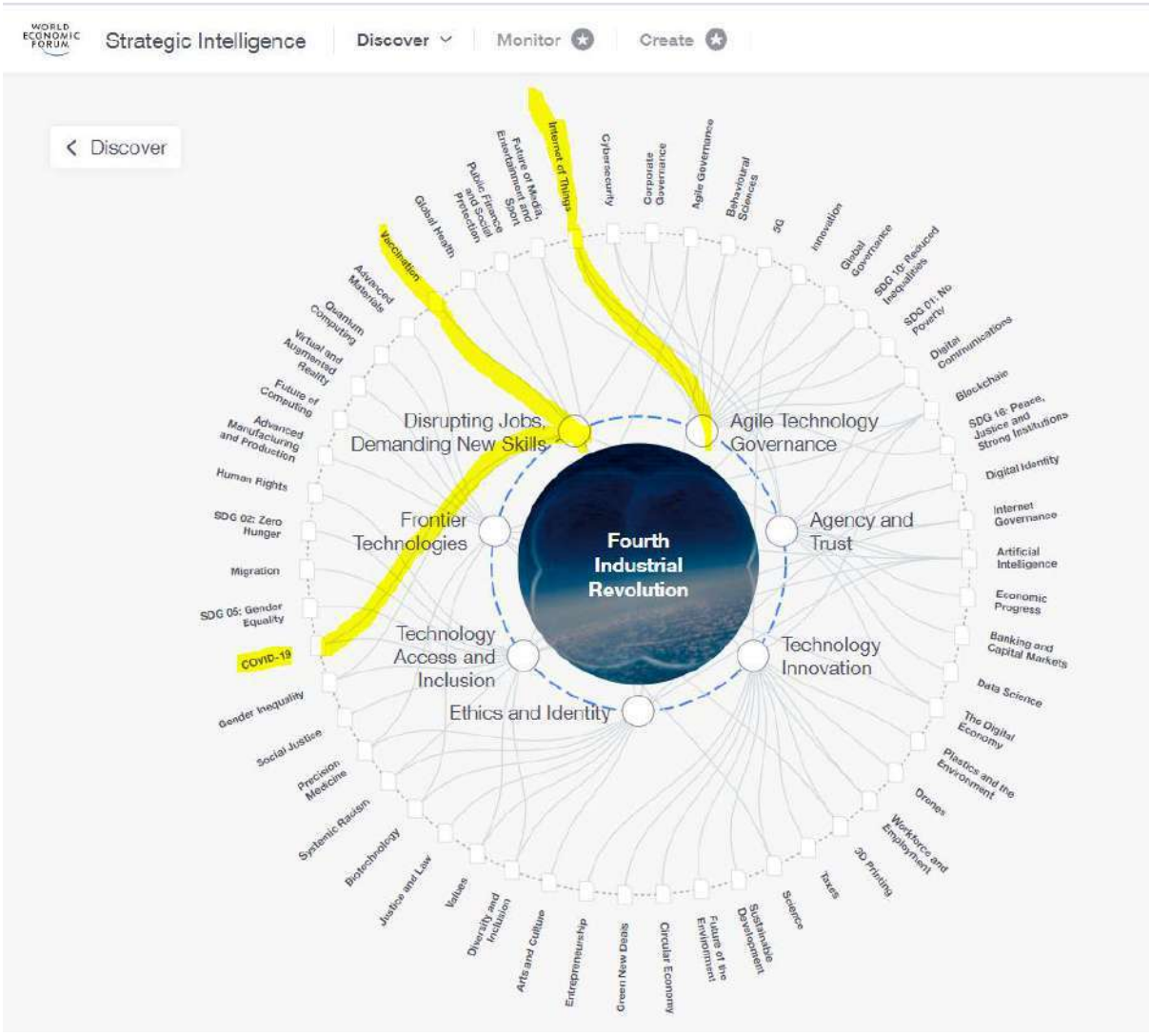
161. The above statements reflect a small sample of Schwab and Harari's comments. We are happy to provide more information. However, we ask you to click on the link below which shows search results for *`human augmentation'* below:

https://www.weforum.org/search?query=human+augumentation+

162. Why would Schwab has spent hundreds of hours researching and writing '*The Fourth Industrial Revolution*' and '*Covid-19- The Great Reset'* to fuel a conspiracy theory.

163. Likewise, the WEF has spent thousands of hours planning and creating a detailed and interactive website[105] that sets out how global governance, corporate governance, blockchain, a new digital economy and society, a new financial and monetary system and many more schemes connect to everything in the Fourth Industrial Revolution. The WEF's website (as opposed to their "Great Reset" website, which was launched in 2020 https://www.weforum.org/great-reset) provides an overview of the Fourth Industrial Revolution[106] , which can drill down into countless layers.

[104] https://www.weforum.org/agenda/2016/01/how-can-we-embrace-the-opportunities-of-the-fourth-industrial-revolution
[105] https://www.weforum.org/great-reset
[106] https://intelligence.weforum.org/topics/a1Gb0000001RIhBEAW?tab=publications

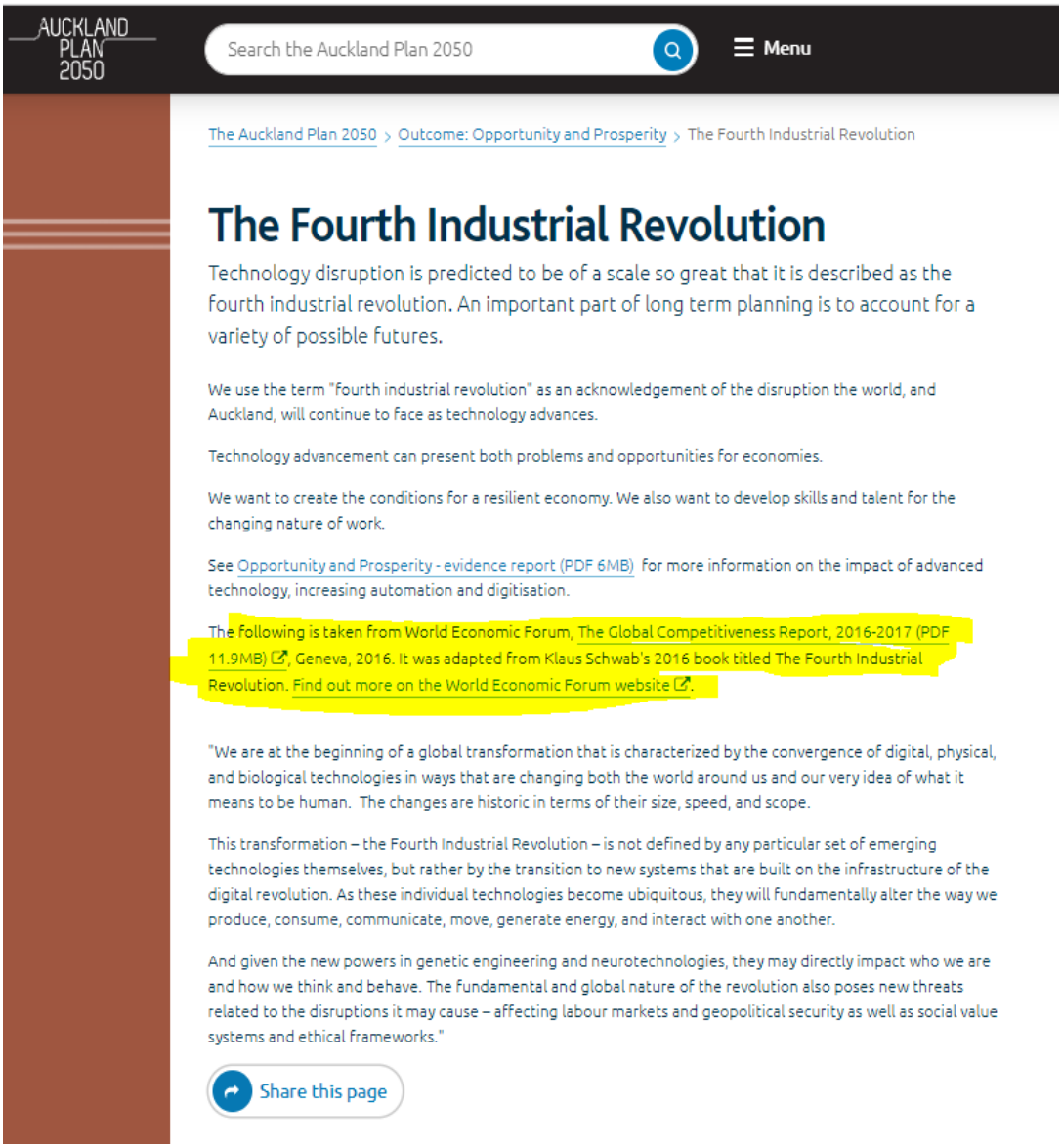


164. The WEF website sates that in June 2019 the WEF and the United Nations signed a Strategic Partnership Framework to accelerate the implementation of Agenda 2020[107]. Event 201, the pandemic tabletop exercise[108], was held in October 2019 (shortly before the Covid-19 pandemic was announced) sponsored by the following organisations:

[107] https://www.weforum.org/press/2019/06/world-economic-forum-and-un-sign-strategic-partnership-framework and https://www.youtube.com/watch?v=vIRuZSrecO4

[108] https://www.centerforhealthsecurity.org/event201/about

165. The **Auckland City Council** has adopted the WEF's agenda for the **Fourth Industrial Revolution** and states in its Auckland Plan 2050[109] the following (we have a screenshot of the information for ease of reading).



AUCKLAND PLAN 2050

Search the Auckland Plan 2050

Menu

The Auckland Plan 2050 > Outcome: Opportunity and Prosperity > The Fourth Industrial Revolution

The Fourth Industrial Revolution

Technology disruption is predicted to be of a scale so great that it is described as the fourth industrial revolution. An important part of long term planning is to account for a variety of possible futures.

We use the term "fourth industrial revolution" as an acknowledgement of the disruption the world, and Auckland, will continue to face as technology advances.

Technology advancement can present both problems and opportunities for economies.

We want to create the conditions for a resilient economy. We also want to develop skills and talent for the changing nature of work.

See Opportunity and Prosperity - evidence report (PDF 6MB) for more information on the impact of advanced technology, increasing automation and digitisation.

The following is taken from World Economic Forum, The Global Competitiveness Report, 2016-2017 (PDF 11.9MB), Geneva, 2016. It was adapted from Klaus Schwab's 2016 book titled The Fourth Industrial Revolution. Find out more on the World Economic Forum website.

"We are at the beginning of a global transformation that is characterized by the convergence of digital, physical, and biological technologies in ways that are changing both the world around us and our very idea of what it means to be human. The changes are historic in terms of their size, speed, and scope.

This transformation – the Fourth Industrial Revolution – is not defined by any particular set of emerging technologies themselves, but rather by the transition to new systems that are built on the infrastructure of the digital revolution. As these individual technologies become ubiquitous, they will fundamentally alter the way we produce, consume, communicate, move, generate energy, and interact with one another.

And given the new powers in genetic engineering and neurotechnologies, they may directly impact who we are and how we think and behave. The fundamental and global nature of the revolution also poses new threats related to the disruptions it may cause – affecting labour markets and geopolitical security as well as social value systems and ethical frameworks."

Share this page

166. Schwab established a parallel institution to the WEF in 1992, the Global Leaders for Tomorrow school, which was re-established as the Young Global Leaders in 2004. Members of the school's very first class in 1992 included many who went on to become important political figures, such as Angela Merkel, Nicolas Sarkozy, and Tony Blair (who Ms Ardern worked for in the U.K.[110]). Ms Ardern is on the alumni list, and in 2014 she was picked as one of 200 Young Global Leaders by the WEF.

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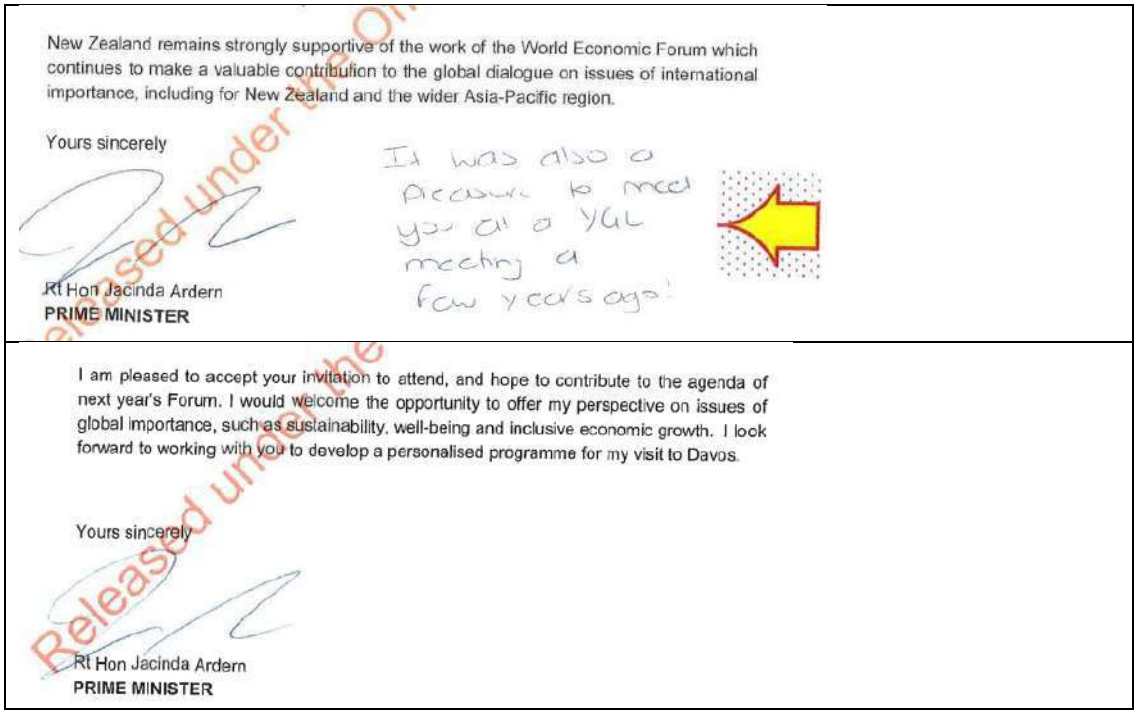
[109] https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/auckland-plan/opportunities-prosperity/Pages/fourth-industrial-revolution.aspx

[110] https://www.youtube.com/watch?v=3kcWHiTehF8

167. The Office of the Prime Minister has released correspondence between Schwab and Ardern under the OIA. Klaus wrote to Ardern in October 2017 congratulation Ardern on being appointed the Prime Minister and inviting her to the 28 WEF Annual Meeting in Davos. Ardern replied that New Zealand remained "strongly supportive" of the work of the WEF and included the following handwritten note at the end (the reference to YGL is to the Young Global Leaders program. Ardern reiterated her sentiments again in June 2018. Screenshots are set out below:



New Zealand remains strongly supportive of the work of the World Economic Forum which continues to make a valuable contribution to the global dialogue on issues of international importance, including for New Zealand and the wider Asia-Pacific region.

Yours sincerely

Rt Hon Jacinda Ardern
PRIME MINISTER

It was also a pleasure to meet you at a YGL meeting a few years ago!

I am pleased to accept your invitation to attend, and hope to contribute to the agenda of next year's Forum. I would welcome the opportunity to offer my perspective on issues of global importance, such as sustainability, well-being and inclusive economic growth. I look forward to working with you to develop a personalised programme for my visit to Davos.

Yours sincerely

Rt Hon Jacinda Ardern
PRIME MINISTER

168. The WEF website states:

> *"Schwab also has grave concerns: that organisations might be unable to adapt;* ***governments could fail to employ and regulate new technologies to capture their benefits****; shifting power will create important new security concerns; inequality may grow; and societies fragment."*[111]

169. Given the above statement and the WEF's agenda, it is concerning when Schwab claims on numerous occasions that the WEF has infiltrated multiple Governments around the world[112].

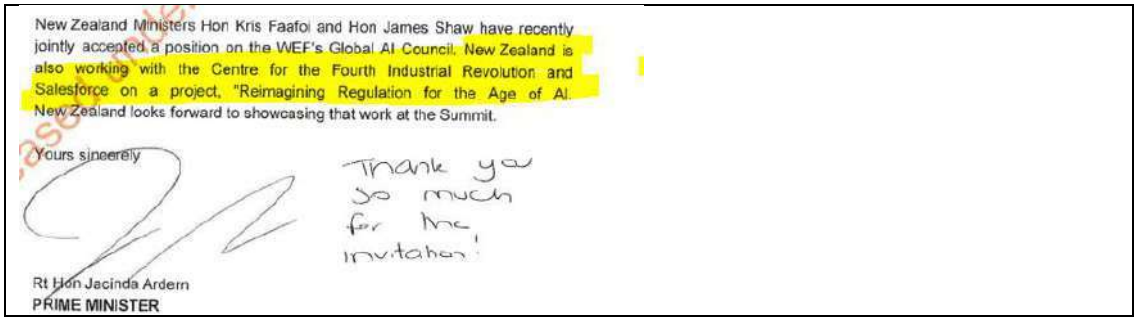
170. Ms Ardern is committed to creating the Great Reset. She told the audience at an event arranged by Goalkeepers in 2019, an organisation set up by the Gates Foundation, that:

[111] https://www.weforum.org/about/the-fourth-industrial-revolution-by-klaus-schwab

[112] https://www.bing.com/videos/search?q=klaus+schwab+infertrated+governement+&&view=detail&mid=371FEB27A631425BBB64371FEB27A631425BBB64&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dklaus%2Bschwab%2Binfertrated%2Bgovernement%2B%26FORM%3DHDRSC4

"...my Government is doing something not many other countries have tried. We have incorporated the principles of the 2030 Agenda into our domestic policy-making in a way that we hope will drive system-level actions... I believe that the change in approach that we have adopted in New Zealand is needed at a global scale.[113]"

171. Ms Ardern is also a member of the WEF[114] and has attended meetings at Davos.
172. The Office of the Prime Minister has released correspondence between Schwab and Ardern under the OIA. In February 2020 Ardern stated that:


New Zealand Ministers Hon Kris Faafoi and Hon James Shaw have recently jointly accepted a position on the WEF's Global AI Council. New Zealand is also working with the Centre for the Fourth Industrial Revolution and Salesforce on a project, "Reimagining Regulation for the Age of AI. New Zealand looks forward to showcasing that work at the Summit.

Yours sincerely

Thank you so much for the invitation!

Rt Hon Jacinda Ardern
PRIME MINISTER

173. On 23 November 2020, the Office for the Prime Minister received a copy of the book "*Covid-19 – The Great Reset*" from Schwab himself (he is also one of the authors).

174. On 3 February 2021, the Office of the Prime Minister received a copy of the book "*Stakeholder Capitalism*" also from Schwab[115].

175. It is no secret that the Global Shapers is part of the WEF and that it has hubs in Auckland, Wellington and Christchurch, which lists the names of its young and influential members[116].

UNITED STATES

176. In 2018, Dr Charles Morgan (MD, MA, Professor and formerly from the C.I.A) lectured[117] to cadets at the Modern War Institute and openly talked about the:

(a) history of neuro link;
(b) brain to brain communication via the internet;
(c) Clustered Regularly Interspaced Short Palindromic Repeats ("CRISPR") (i.e., gene editing via a needle);
(d) Designer Receptors Exclusively Activated by Designer Drugs that can be remotely controlled and merge DNA systems with quantum computing.

[113] https://youtu.be/1XsUV7pwSRg
[114] https://www.weforum.org/people/jacinda-ardern
[115] https://fyi.org.nz/request/16378/response/62394/attach/3/03.09.2021%20Letter%20to%20Benseman%20PMO%202021%20180.pdf
[116] https://www.globalshapers.org/hubs/auckland-hub
[117] https://www.youtube.com/watch?v=cTtIPBPSv0U

177. Harvard University has been working on microtechnology[118] for years, and nanomaterial delivered through vaccines is not novel[119]. Harvard's research work has been sponsored by the Defense Advanced Research Projects Agency ("DARPA) (a research and development agency of the United States Department of Defense responsible for the development of emerging technologies for use by the military), the National Institute of Health (NIH), the US Office of Naval Research, the UA Air Force Office of Scientific Research and Mitre (a nanosystems Group which has been performing broadly based research and development in nanotechnology, with a focus on systems engineering that starts at the molecular scale).

178. Publications from The Lieber Research Group[120] at Harvard University confirm that microtechnology is being delivered via syringe, and brain-machine interfaces (BMIs) can serve as bidirectional connections that output electrical signals of brain activity or input electrical stimuli to modulate brain activity in concert with external machines, including computer processors and prosthetics, for *"human enhancement*"[121].

179. Stanford University has been developing 'hairpin'-like nanoscale devices that have the potential to lead to advanced brain-machine interfaces[122].

180. Northwestern University in the US has developed the *"smallest-ever human-made flying structures*", the size of a grain of sand, to "*sense the environment for contamination monitoring, population surveillance or disease tracking"*[123] which is concerning given various patents that are registered at the United States Patent and Trademark Office ("USPTO").

181. One such patent is *`Methods and systems of prioritising treatments, vaccination, testing and/or activities while protecting the privacy of individuals'*[124] (Number 74869808). The abstract reads as follow:

> *"System and methods for anonymously selecting subjects for treatment against an infectious disease caused by a pathogen. The system comprises a plurality of electronic devices comprising instructions to generate an ID and, when in proximity of another such electronic device, one or both electronic devices transmit/receive the ID to/from the other electronic device. Then, a score is generated based on a plurality of such received IDs. Additionally, based on information received from a server, relevant treatment instructions are displayed to the subjects based on the received information and the score. The server comprises instructions for sending to the plurality of electronic devices the information to be displayed with the relevant treatment instructions, additionally the server and/or the*

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[118] The Lieber group is focused broadly on science and technology at the nanoscale - Lieber Research Group (harvard.edu)
[119] Nanovaccines: recent developments in vaccination | SpringerLink
[120] http://cml.harvard.edu/
[121] http://cml.harvard.edu/assets/Nanowire-probes-could-drive-high-resolution-brain-machine-interfaces.pdf
[122] https://engineeringcommunity.nature.com/posts/50599-an-array-of-nano-hairpins-probes-the-interior-of-cells
[123] Scientists build the 'smallest-ever human-made flying structure' - CNET and Winged microchip is smallest-ever human-made flying structure - Northwestern Now and Winged Microchip Is Smallest-Ever Human-Made Flying Structure – The Size of a Grain of Sand (scitechdaily.com)
[124] https://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=11,107,588.PN.&OS=PN/11,107,588&RS=PN/11,107,588

electronic devices comprise instructions to generate a prediction of likelihood of a subject transmitting the pathogen, based on the score of the subject."

CHINA

182. In December 2020, the US Director of National Intelligence, John Ratcliffe, wrote a piece in **The Wall Street Journal** that the People's Republic of China ("**the Chinese Government**") poses the greatest threat to America today and the greatest threat to democracy and freedom worldwide since World War II. Ratcliffe claimed that:

> *"China also steals sensitive U.S. defense technology to fuel President Xi Jinping's aggressive plan to make China the world's foremost military power. U.S. intelligence shows that China has even conducted human testing on members of the People's Liberation Army in hope of developing soldiers with biologically enhanced capabilities[125]."*

183. Shortly after **The Wall Street Journal,** Ratcliffe stated on Fox News[126] that the Chinese Government is engaged in *"genetic editing"* to make its' military stronger. MSNBC also reported on the Chinese Government's use of CRISPR for super soldiers[127].

184. China made a breakthrough using CRISPR-Cas9 gene editing to alter the DNA of living embryos[128]. CRISPR-Cas9 is a procedure that allows researchers to easily identify specific gene sequences, clip them out and replace them. While the scientist was sentenced to three years, the knowledge gained could not be undone.

185. Ratcliffe suggested the Chinese Government would attempt to capitalise on these capabilities with gene editing and continue to experiment on adults to create biometrically advanced Chinese super soldiers. In 2019, two American scholars wrote a paper[129] on the Chinese Government's use of CRISPR to enhance human capabilities on the battlefield. The scholars state that:

> *"Today, the PRC is actively exploring new frontiers of such biological cross-disciplinary technologies: from these prominent developments in CRISPR to bionic robotics, intelligentized exoskeletons, and techniques for human-machine collaboration"*

186. The above information is in the public domain as per the references. The classified technology held by Governments will be decades ahead of what has been disclosed.

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125 https://www.wsj.com/articles/china-is-national-security-threat-no-1-11607019599

126 https://twitter.com/dcexaminer/status/1336345762360266763?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1336345762360266763%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.washingtonexaminer.com%2Fnews%2Fjohn-ratcliffe-warns-china-is-experimenting-with-gene-editing-that-would-make-its-soldiers-stronger-and-more-powerful

127 https://www.nbcnews.com/politics/national-security/china-has-done-human-testing-create-biologically-enhanced-super-soldiers-n1249914

128 https://www.biospace.com/article/huge-breakthrough-huge-controversy-researcher-in-china-edits-human-embryo-genes/

129 https://jamestown.org/program/chinas-military-biotech-frontier-crispr-military-civil-fusion-and-the-new-revolution-in-military-affairs/

THE GOVERNMENT IS NOT BEING TRANSPARENT ABOUT THE WORLD HEALTH ORGANISATION'S PANDEMIC TREATY

187. Earlier this year, Nanaia Mahuta, on the Human Rights Council and Minister of Foreign Affairs of New Zealand, met the WHO Director-General. The objective of the meeting, which took place at the WHO headquarters, was to discuss New Zealand's continued strategic, technical and financial support[130]. The trip was not well publicised.

188. WHO is in the process of drafting and negotiating a global pandemic treaty which is a threat to sovereignty and inalienable rights if allowed to control the world's health agenda and enforce bio surveillance?

189. Only two-thirds of the 194 member states need to agree to possibly allow WHO:

(a) to reserve the right to define what constitutes a pandemic;
(b) to decide which diseases, require quarantine measures on a global scale;
(c) to decide on treatments;
(d) to share data.

190. There were recent public hearings on what should be included in the global treaty. In the Director-General's opening remarks, he states:

> *"Our focus must remain on ending the pandemic – in particular, by supporting all countries to vaccinate 70% of their population, with priority on the most at risk groups"*[131].

191. It is clear from science and our experience that the vaccine does not stop transmission. Consequently, the vaccine cannot end the pandemic, so one questions the agenda given Tedros Adhanom's background and connections. Proven treatments are once again ignored. This would suggest that the proposed treaty has little to do with the science of public health but more to do with the politics of public health. Perhaps the aim is to set up the infrastructure for the global health security architecture proposed by the WHO.

192. We understand that a draft text is due on 1 August 2022[132]. Interestingly, it is proposed to involve the World Bank, International Monetary Fund, World Trade Organisation and International Labour Organisation in treaty negotiations so that the treaty is not seen as an instrument pushed by high-income countries despite these organisations not being involved in health[133].

---

[130] New Zealand and WHO: partnering for a healthier future
[131] WHO Director-General's opening remarks at the Public Hearing regarding a new international instrument on pandemic preparedness and response – 12 April 2022
[132] Towards an international treaty on pandemics - Consilium (archive.ph)
[133] A new pandemic treaty: what the World Health Organization needs to do next | LSE COVID-19

193. Why is the Government not raising the treaty for discussion and encouraging free and robust debate? Why is the Government not publicising the public hearing, which was held in mid-April 2022? What form of instrument is this treaty going to be?

CONCLUSION

194. In conclusion, we have our concerns are not intended to be frivolous or disruptive but stem from a genuine concern as to what is health professionals and scientists are raising along with the WEF's agenda and statements.

195. When doctors and scientists raise serious concerns, risking their careers and livelihoods, the Government and the police have an obligation to investigate. The Government has refused, and the police appear to be burdened with politics and following orders not to investigate.

196. We are happy to consider any explanation that the Government may have in regard to the concerns raised. We accept that there may be a reasonable explanation. However, when the Government claims that it will be transparent and ignores concerns, this leads to distrust.

197. We trust that both of you will reflect on your obligations as the Governor-General and the head of defence in New Zealand.

198. We look forward to hearing from you.

Yours Sincerely

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Schedule 1

"adverse reactions of special interest" from Pfizer's Documents

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;Anti-VGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis

coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID-19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial spondyloarthritis;Axillary vein thrombosis;Axonal and demyelinating polyneuropathy;Axonal neuropathy;Bacterascites;Baltic myoclonic epilepsy;Band sensation;Basedow's disease;Basilar artery thrombosis;Basophilopenia;B-cell aplasia;Behcet's syndrome;Benign ethnic neutropenia;Benign familial neonatal convulsions;Benign familial pemphigus;Benign rolandic epilepsy;Beta-2 glycoprotein antibody positive;Bickerstaff's encephalitis;Bile output abnormal;Bile output decreased;Biliary ascites;Bilirubin conjugated abnormal;Bilirubin conjugated increased;Bilirubin urine present;Biopsy liver abnormal;Biotinidase deficiency;Birdshot chorioretinopathy;Blood alkaline phosphatase abnormal;Blood alkaline phosphatase increased;Blood bilirubin abnormal;Blood bilirubin increased;Blood bilirubin unconjugated increased;Blood cholinesterase abnormal;Blood cholinesterase decreased;Blood pressure decreased;Blood pressure diastolic decreased;Blood pressure systolic decreased;Blue toe syndrome;Brachiocephalic vein thrombosis;Brain stem embolism;Brain stem thrombosis;Bromosulphthalein test abnormal;Bronchial oedema;Bronchitis;Bronchitis mycoplasmal;Bronchitis viral;Bronchopulmonary aspergillosis allergic;Bronchospasm;Budd-Chiari syndrome;Bulbar palsy;Butterfly rash;C1q nephropathy;Caesarean section;Calcium embolism;Capillaritis;Caplan's syndrome;Cardiac amyloidosis;Cardiac arrest;Cardiac failure;Cardiac failure acute;Cardiac sarcoidosis;Cardiac ventricular thrombosis;Cardiogenic shock;Cardiolipin antibody positive;Cardiopulmonary failure;Cardio-respiratory arrest;Cardio-respiratory distress;Cardiovascular insufficiency;Carotid arterial embolus;Carotid artery thrombosis;Cataplexy;Catheter site thrombosis;Catheter site vasculitis;Cavernous sinus thrombosis;CDKL5 deficiency disorder;CEC syndrome;Cement embolism;Central nervous system lupus;Central nervous system vasculitis;Cerebellar artery thrombosis;Cerebellar embolism;Cerebral amyloid angiopathy;Cerebral arteritis;Cerebral artery embolism;Cerebral artery thrombosis;Cerebral gas embolism;Cerebral microembolism;Cerebral septic infarct;Cerebral thrombosis;Cerebral venous sinus thrombosis;Cerebral venous thrombosis;Cerebrospinal thrombotic

tamponade;Cerebrovascular accident;Change in seizure presentation;Chest discomfort;Child-Pugh-Turcotte score abnormal;Child-Pugh-Turcotte score increased;Chillblains;Choking;Choking sensation;Cholangitis sclerosing;Chronic autoimmune glomerulonephritis;Chronic cutaneous lupus erythematosus;Chronic fatigue syndrome;Chronic gastritis;Chronic inflammatory demyelinating polyradiculoneuropathy;Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids;Chronic recurrent multifocal osteomyelitis;Chronic respiratory failure;Chronic spontaneous urticaria;Circulatory collapse;Circumoral oedema;Circumoral swelling;Clinically isolated syndrome;Clonic convulsion;Coeliac disease;Cogan's syndrome;Cold agglutinins positive;Cold type haemolytic anaemia;Colitis;Colitis erosive;Colitis herpes;Colitis microscopic;Colitis ulcerative;Collagen disorder;Collagen-vascular disease;Complement factor abnormal;Complement factor C1 decreased;Complement factor C2 decreased;Complement factor C3 decreased;Complement factor C4 decreased;Complement factor decreased;Computerised tomogram liver abnormal;Concentric sclerosis;Congenital anomaly;Congenital bilateral perisylvian syndrome;Congenital herpes simplex infection;Congenital myasthenic syndrome;Congenital varicella infection;Congestive hepatopathy;Convulsion in childhood;Convulsions local;Convulsive threshold lowered;Coombs positive haemolytic anaemia;Coronary artery disease;Coronary artery embolism;Coronary artery thrombosis;Coronary bypass thrombosis;Coronavirus infection;Coronavirus test;Coronavirus test negative;Coronavirus test positive;Corpus callosotomy;Cough;Cough variant asthma;COVID-19;COVID-19 immunisation;COVID-19 pneumonia;COVID-19 prophylaxis;COVID-19 treatment;Cranial nerve disorder;Cranial nerve palsies multiple;Cranial nerve paralysis;CREST syndrome;Crohn's disease;Cryofibrinogenaemia;Cryoglobulinaemia;CSF oligoclonal band present;CSWS syndrome;Cutaneous amyloidosis;Cutaneous lupus erythematosus;Cutaneous sarcoidosis;Cutaneous vasculitis;Cyanosis;Cyclic neutropenia;Cystitis interstitial;Cytokine release syndrome;Cytokine storm;De novo purine synthesis inhibitors associated acute inflammatory syndrome;Death neonatal;Deep vein thrombosis;Deep vein thrombosis postoperative;Deficiency of bile secretion;Deja vu;Demyelinating polyneuropathy;Demyelination;Dermatitis;Dermatitis bullous;Dermatitis herpetiformis;Dermatomyositis;Device embolisation;Device related thrombosis;Diabetes mellitus;Diabetic ketoacidosis;Diabetic mastopathy;Dialysis amyloidosis;Dialysis membrane reaction;Diastolic hypotension;Diffuse vasculitis;Digital pitting scar;Disseminated intravascular coagulation;Disseminated intravascular coagulation in newborn;Disseminated neonatal herpes simplex;Disseminated varicella;Disseminated varicella zoster vaccine virus infection;Disseminated varicella zoster virus infection;DNA antibody positive;Double cortex syndrome;Double stranded DNA antibody positive;Dreamy state;Dressler's syndrome;Drop attacks;Drug withdrawal convulsions;Dyspnoea;Early infantile epileptic encephalopathy with burst-suppression;Eclampsia;Eczema herpeticum;Embolia cutis medicamentosa;Embolic cerebellar infarction;Embolic cerebral infarction;Embolic pneumonia;Embolic stroke;Embolism;Embolism arterial;Embolism venous;Encephalitis;Encephalitis allergic;Encephalitis autoimmune;Encephalitis brain stem;Encephalitis haemorrhagic;Encephalitis periaxialis diffusa;Encephalitis post immunisation;Encephalomyelitis;Encephalopathy;Endocrine disorder;Endocrine ophthalmopathy;Endotracheal intubation;Enteritis;Enteritis leukopenic;Enterobacter pneumonia;Enterocolitis;Enteropathic spondylitis;Eosinopenia;Eosinophilic

fasciitis;Eosinophilic granulomatosis with polyangiitis;Eosinophilic oesophagitis;Epidermolysis;Epilepsy;Epilepsy surgery;Epilepsy with myoclonic-atonic seizures;Epileptic aura;Epileptic psychosis;Erythema;Erythema induratum;Erythema multiforme;Erythema nodosum;Evans syndrome;Exanthema subitum;Expanded disability status scale score decreased;Expanded disability status scale score increased;Exposure to communicable disease;Exposure to SARS-CoV-2;Eye oedema;Eye pruritus;Eye swelling;Eyelid oedema;Face oedema;Facial paralysis;Facial paresis;Faciobrachial dystonic seizure;Fat embolism;Febrile convulsion;Febrile infection-related epilepsy syndrome;Febrile neutropenia;Felty's syndrome;Femoral artery embolism;Fibrillary glomerulonephritis;Fibromyalgia;Flushing;Foaming at mouth;Focal cortical resection;Focal dyscognitive seizures;Foetal distress syndrome;Foetal placental thrombosis;Foetor hepaticus;Foreign body embolism;Frontal lobe epilepsy;Fulminant type 1 diabetes mellitus;Galactose elimination capacity test abnormal;Galactose elimination capacity test decreased;Gamma-glutamyltransferase abnormal;Gamma-glutamyltransferase increased;Gastritis herpes;Gastrointestinal amyloidosis;Gelastic seizure;Generalised onset non-motor seizure;Generalised tonic-clonic seizure;Genital herpes;Genital herpes simplex;Genital herpes zoster;Giant cell arteritis;Glomerulonephritis;Glomerulonephritis membranoproliferative;Glomerulonephritis membranous;Glomerulonephritis rapidly progressive;Glossopharyngeal nerve paralysis;Glucose transporter type 1 deficiency syndrome;Glutamate dehydrogenase increased;Glycocholic acid increased;GM2 gangliosidosis;Goodpasture's syndrome;Graft thrombosis;Granulocytopenia;Granulocytopenia neonatal;Granulomatosis with polyangiitis;Granulomatous dermatitis;Grey matter heterotopia;Guanase increased;Guillain-Barre syndrome;Haemolytic anaemia;Haemophagocytic lymphohistiocytosis;Haemorrhage;Haemorrhagic ascites;Haemorrhagic disorder;Haemorrhagic pneumonia;Haemorrhagic varicella syndrome;Haemorrhagic vasculitis;Hantavirus pulmonary infection;Hashimoto's encephalopathy;Hashitoxicosis;Hemimegalencephaly;Henoch-Schonlein purpura;Henoch-Schonlein purpura nephritis;Hepaplastin abnormal;Hepaplastin decreased;Heparin-induced thrombocytopenia;Hepatic amyloidosis;Hepatic artery embolism;Hepatic artery flow decreased;Hepatic artery thrombosis;Hepatic enzyme abnormal;Hepatic enzyme decreased;Hepatic enzyme increased;Hepatic fibrosis marker abnormal;Hepatic fibrosis marker increased;Hepatic function abnormal;Hepatic hydrothorax;Hepatic hypertrophy;Hepatic hypoperfusion;Hepatic lymphocytic infiltration;Hepatic mass;Hepatic pain;Hepatic sequestration;Hepatic vascular resistance increased;Hepatic vascular thrombosis;Hepatic vein embolism;Hepatic vein thrombosis;Hepatic venous pressure gradient abnormal;Hepatic venous pressure gradient increased;Hepatitis;Hepatobiliary scan abnormal;Hepatomegaly;Hepatosplenomegaly;Hereditary angioedema with C1 esterase inhibitor deficiency;Herpes dermatitis;Herpes gestationis;Herpes oesophagitis;Herpes ophthalmic;Herpes pharyngitis;Herpes sepsis;Herpes simplex;Herpes simplex cervicitis;Herpes simplex colitis;Herpes simplex encephalitis;Herpes simplex gastritis;Herpes simplex hepatitis;Herpes simplex meningitis;Herpes simplex meningoencephalitis;Herpes simplex meningomyelitis;Herpes simplex necrotising retinopathy;Herpes simplex oesophagitis;Herpes simplex otitis externa;Herpes simplex pharyngitis;Herpes simplex pneumonia;Herpes simplex reactivation;Herpes simplex sepsis;Herpes simplex viraemia;Herpes simplex virus conjunctivitis neonatal;Herpes simplex visceral;Herpes virus

infection;Herpes zoster;Herpes zoster cutaneous disseminated;Herpes zoster infection neurological;Herpes zoster meningitis;Herpes zoster meningoencephalitis;Herpes zoster meningomyelitis;Herpes zoster meningoradiculitis;Herpes zoster necrotising retinopathy;Herpes zoster oticus;Herpes zoster pharyngitis;Herpes zoster reactivation;Herpetic radiculopathy;Histone antibody positive;Hoigne's syndrome;Human herpesvirus 6 encephalitis;Human herpesvirus 6 infection;Human herpesvirus 6 infection reactivation;Human herpesvirus 7 infection;Human herpesvirus 8 infection;Hyperammonaemia;Hyperbilirubinaemia;Hypercholia;Hypergammaglobulinaemia benign monoclonal;Hyperglycaemic seizure;Hypersensitivity;Hypersensitivity vasculitis;Hyperthyroidism;Hypertransaminasaemia;Hyperventilation;Hypoalbuminaemia;Hypocalcaemic seizure;Hypogammaglobulinaemia;Hypoglossal nerve paralysis;Hypoglossal nerve paresis;Hypoglycaemic seizure;Hyponatraemic seizure;Hypotension;Hypotensive crisis;Hypothenar hammer syndrome;Hypothyroidism;Hypoxia;Idiopathic CD4 lymphocytopenia;Idiopathic generalised epilepsy;Idiopathic interstitial pneumonia;Idiopathic neutropenia;Idiopathic pulmonary fibrosis;IgA nephropathy;IgM nephropathy;IIIrd nerve paralysis;IIIrd nerve paresis;Iliac artery embolism;Immune thrombocytopenia;Immune-mediated adverse reaction;Immune-mediated cholangitis;Immune-mediated cholestasis;Immune-mediated cytopenia;Immune-mediated encephalitis;Immune-mediated encephalopathy;Immune-mediated endocrinopathy;Immune-mediated enterocolitis;Immune-mediated gastritis;Immune-mediated hepatic disorder;Immune-mediated hepatitis;Immune-mediated hyperthyroidism;Immune-mediated hypothyroidism;Immune-mediated myocarditis;Immune-mediated myositis;Immune-mediated nephritis;Immune-mediated neuropathy;Immune-mediated pancreatitis;Immune-mediated pneumonitis;Immune-mediated renal disorder;Immune-mediated thyroiditis;Immune-mediated uveitis;Immunoglobulin G4 related disease;Immunoglobulins abnormal;Implant site thrombosis;Inclusion body myositis;Infantile genetic agranulocytosis;Infantile spasms;Infected vasculitis;Infective thrombosis;Inflammation;Inflammatory bowel disease;Infusion site thrombosis;Infusion site vasculitis;Injection site thrombosis;Injection site urticaria;Injection site vasculitis;Instillation site thrombosis;Insulin autoimmune syndrome;Interstitial granulomatous dermatitis;Interstitial lung disease;Intracardiac mass;Intracardiac thrombus;Intracranial pressure increased;Intrapericardial thrombosis;Intrinsic factor antibody abnormal;Intrinsic factor antibody positive;IPEX syndrome;Irregular breathing;IRVAN syndrome;IVth nerve paralysis;IVth nerve paresis;JC polyomavirus test positive;JC virus CSF test positive;Jeavons syndrome;Jugular vein embolism;Jugular vein thrombosis;Juvenile idiopathic arthritis;Juvenile myoclonic epilepsy;Juvenile polymyositis;Juvenile psoriatic arthritis;Juvenile spondyloarthritis;Kaposi sarcoma inflammatory cytokine syndrome;Kawasaki's disease;Kayser-Fleischer ring;Keratoderma blenorrhagica;Ketosis-prone diabetes mellitus;Kounis syndrome;Lafora's myoclonic epilepsy;Lambl's excrescences;Laryngeal dyspnoea;Laryngeal oedema;Laryngeal rheumatoid arthritis;Laryngospasm;Laryngotracheal oedema;Latent autoimmune diabetes in adults;LE cells present;Lemierre syndrome;Lennox-Gastaut syndrome;Leucine aminopeptidase increased;Leukoencephalomyelitis;Leukoencephalopathy;Leukopenia;Leukopenia neonatal;Lewis-Sumner syndrome;Lhermitte's sign;Lichen planopilaris;Lichen planus;Lichen sclerosus;Limbic encephalitis;Linear IgA disease;Lip oedema;Lip swelling;Liver function test abnormal;Liver function test decreased;Liver function test increased;Liver induration;Liver injury;Liver iron concentration abnormal;Liver iron concentration

increased;Liver opacity;Liver palpable;Liver sarcoidosis;Liver scan abnormal;Liver tenderness;Low birth weight baby;Lower respiratory tract herpes infection;Lower respiratory tract infection;Lower respiratory tract infection viral;Lung abscess;Lupoid hepatic cirrhosis;Lupus cystitis;Lupus encephalitis;Lupus endocarditis;Lupus enteritis;Lupus hepatitis;Lupus myocarditis;Lupus myositis;Lupus nephritis;Lupus pancreatitis;Lupus pleurisy;Lupus pneumonitis;Lupus vasculitis;Lupus-like syndrome;Lymphocytic hypophysitis;Lymphocytopenia neonatal;Lymphopenia;MAGIC syndrome;Magnetic resonance imaging liver abnormal;Magnetic resonance proton density fat fraction measurement;Mahler sign;Manufacturing laboratory analytical testing issue;Manufacturing materials issue;Manufacturing production issue;Marburg's variant multiple sclerosis;Marchiafava-Bignami disease;Marine Lenhart syndrome;Mastocytic enterocolitis;Maternal exposure during pregnancy;Medical device site thrombosis;Medical device site vasculitis;MELAS syndrome;Meningitis;Meningitis aseptic;Meningitis herpes;Meningoencephalitis herpes simplex neonatal;Meningoencephalitis herpetic;Meningomyelitis herpes;MERS-CoV test;MERS-CoV test negative;MERS-CoV test positive;Mesangioproliferative glomerulonephritis;Mesenteric artery embolism;Mesenteric artery thrombosis;Mesenteric vein thrombosis;Metapneumovirus infection;Metastatic cutaneous Crohn's disease;Metastatic pulmonary embolism;Microangiopathy;Microembolism;Microscopic polyangiitis;Middle East respiratory syndrome;Migraine-triggered seizure;Miliary pneumonia;Miller Fisher syndrome;Mitochondrial aspartate aminotransferase increased;Mixed connective tissue disease;Model for end stage liver disease score abnormal;Model for end stage liver disease score increased;Molar ratio of total branched-chain amino acid to tyrosine;Molybdenum cofactor deficiency;Monocytopenia;Mononeuritis;Mononeuropathy multiplex;Morphoea;Morvan syndrome;Mouth swelling;Moyamoya disease;Multifocal motor neuropathy;Multiple organ dysfunction syndrome;Multiple sclerosis;Multiple sclerosis relapse;Multiple sclerosis relapse prophylaxis;Multiple subpial transection;Multisystem inflammatory syndrome in children;Muscular sarcoidosis;Myasthenia gravis;Myasthenia gravis crisis;Myasthenia gravis neonatal;Myasthenic syndrome;Myelitis;Myelitis transverse;Myocardial infarction;Myocarditis;Myocarditis post infection;Myoclonic epilepsy;Myoclonic epilepsy and ragged-red fibres;Myokymia;Myositis;Narcolepsy;Nasal herpes;Nasal obstruction;Necrotising herpetic retinopathy;Neonatal Crohn's disease;Neonatal epileptic seizure;Neonatal lupus erythematosus;Neonatal mucocutaneous herpes simplex;Neonatal pneumonia;Neonatal seizure;Nephritis;Nephrogenic systemic fibrosis;Neuralgic amyotrophy;Neuritis;Neuritis cranial;Neuromyelitis optica pseudo relapse;Neuromyelitis optica spectrum disorder;Neuromyotonia;Neuronal neuropathy;Neuropathy peripheral;Neuropathy, ataxia, retinitis pigmentosa syndrome;Neuropsychiatric lupus;Neurosarcoidosis;Neutropenia;Neutropenia neonatal;Neutropenic colitis;Neutropenic infection;Neutropenic sepsis;Nodular rash;Nodular vasculitis;Noninfectious myelitis;Noninfective encephalitis;Noninfective encephalomyelitis;Noninfective oophoritis;Obstetrical pulmonary embolism;Occupational exposure to communicable disease;Occupational exposure to SARS-CoV-2;Ocular hyperaemia;Ocular myasthenia;Ocular pemphigoid;Ocular sarcoidosis;Ocular vasculitis;Oculofacial paralysis;Oedema;Oedema blister;Oedema due to hepatic disease;Oedema mouth;Oesophageal achalasia;Ophthalmic artery thrombosis;Ophthalmic herpes simplex;Ophthalmic herpes zoster;Ophthalmic vein thrombosis;Optic neuritis;Optic

neuropathy;Optic perineuritis;Oral herpes;Oral lichen planus;Oropharyngeal oedema;Oropharyngeal spasm;Oropharyngeal swelling;Osmotic demyelination syndrome;Ovarian vein thrombosis;Overlap syndrome;Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection;Paget-Schroetter syndrome;Palindromic rheumatism;Palisaded neutrophilic granulomatous dermatitis;Palmoplantar keratoderma;Palpable purpura;Pancreatitis;Panencephalitis;Papillophlebitis;Paracancerous pneumonia;Paradoxical embolism;Parainfluenzae viral laryngotracheobronchitis;Paraneoplastic dermatomyositis;Paraneoplastic pemphigus;Paraneoplastic thrombosis;Paresis cranial nerve;Parietal cell antibody positive;Paroxysmal nocturnal haemoglobinuria;Partial seizures;Partial seizures with secondary generalisation;Patient isolation;Pelvic venous thrombosis;Pemphigoid;Pemphigus;Penile vein thrombosis;Pericarditis;Pericarditis lupus;Perihepatic discomfort;Periorbital oedema;Periorbital swelling;Peripheral artery thrombosis;Peripheral embolism;Peripheral ischaemia;Peripheral vein thrombus extension;Periportal oedema;Peritoneal fluid protein abnormal;Peritoneal fluid protein decreased;Peritoneal fluid protein increased;Peritonitis lupus;Pernicious anaemia;Petit mal epilepsy;Pharyngeal oedema;Pharyngeal swelling;Pityriasis lichenoides et varioliformis acuta;Placenta praevia;Pleuroparenchymal fibroelastosis;Pneumobilia;Pneumonia;Pneumonia adenoviral;Pneumonia cytomegaloviral;Pneumonia herpes viral;Pneumonia influenzal;Pneumonia measles;Pneumonia mycoplasmal;Pneumonia necrotising;Pneumonia parainfluenzae viral;Pneumonia respiratory syncytial viral;Pneumonia viral;POEMS syndrome;Polyarteritis nodosa;Polyarthritis;Polychondritis;Polyglandular autoimmune syndrome type I;Polyglandular autoimmune syndrome type II;Polyglandular autoimmune syndrome type III;Polyglandular disorder;Polymicrogyria;Polymyalgia rheumatica;Polymyositis;Polyneuropathy;Polyneuropathy idiopathic progressive;Portal pyaemia;Portal vein embolism;Portal vein flow decreased;Portal vein pressure increased;Portal vein thrombosis;Portosplenomesenteric venous thrombosis;Post procedural hypotension;Post procedural pneumonia;Post procedural pulmonary embolism;Post stroke epilepsy;Post stroke seizure;Post thrombotic retinopathy;Post thrombotic syndrome;Post viral fatigue syndrome;Postictal headache;Postictal paralysis;Postictal psychosis;Postictal state;Postoperative respiratory distress;Postoperative respiratory failure;Postoperative thrombosis;Postpartum thrombosis;Postpartum venous thrombosis;Postpericardiotomy syndrome;Post-traumatic epilepsy;Postural orthostatic tachycardia syndrome;Precerebral artery thrombosis;Pre-eclampsia;Preictal state;Premature labour;Premature menopause;Primary amyloidosis;Primary biliary cholangitis;Primary progressive multiple sclerosis;Procedural shock;Proctitis herpes;Proctitis ulcerative;Product availability issue;Product distribution issue;Product supply issue;Progressive facial hemiatrophy;Progressive multifocal leukoencephalopathy;Progressive multiple sclerosis;Progressive relapsing multiple sclerosis;Prosthetic cardiac valve thrombosis;Pruritus;Pruritus allergic;Pseudovasculitis;Psoriasis;Psoriatic arthropathy;Pulmonary amyloidosis;Pulmonary artery thrombosis;Pulmonary embolism;Pulmonary fibrosis;Pulmonary haemorrhage;Pulmonary microemboli;Pulmonary oil microembolism;Pulmonary renal syndrome;Pulmonary sarcoidosis;Pulmonary sepsis;Pulmonary thrombosis;Pulmonary tumour thrombotic microangiopathy;Pulmonary vasculitis;Pulmonary veno-occlusive disease;Pulmonary venous thrombosis;Pyoderma gangrenosum;Pyostomatitis vegetans;Pyrexia;Quarantine;Radiation leukopenia;Radiculitis

brachial;Radiologically isolated syndrome;Rash;Rash erythematous;Rash pruritic;Rasmussen encephalitis;Raynaud's phenomenon;Reactive capillary endothelial proliferation;Relapsing multiple sclerosis;Relapsing-remitting multiple sclerosis;Renal amyloidosis;Renal arteritis;Renal artery thrombosis;Renal embolism;Renal failure;Renal vascular thrombosis;Renal vasculitis;Renal vein embolism;Renal vein thrombosis;Respiratory arrest;Respiratory disorder;Respiratory distress;Respiratory failure;Respiratory paralysis;Respiratory syncytial virus bronchiolitis;Respiratory syncytial virus bronchitis;Retinal artery embolism;Retinal artery occlusion;Retinal artery thrombosis;Retinal vascular thrombosis;Retinal vasculitis;Retinal vein occlusion;Retinal vein thrombosis;Retinol binding protein decreased;Retinopathy;Retrograde portal vein flow;Retroperitoneal fibrosis;Reversible airways obstruction;Reynold's syndrome;Rheumatic brain disease;Rheumatic disorder;Rheumatoid arthritis;Rheumatoid factor increased;Rheumatoid factor positive;Rheumatoid factor quantitative increased;Rheumatoid lung;Rheumatoid neutrophilic dermatosis;Rheumatoid nodule;Rheumatoid nodule removal;Rheumatoid scleritis;Rheumatoid vasculitis;Saccadic eye movement;SAPHO syndrome;Sarcoidosis;SARS-CoV-1 test;SARS-CoV-1 test negative;SARS-CoV-1 test positive;SARS-CoV-2 antibody test;SARS-CoV-2 antibody test negative;SARS-CoV-2 antibody test positive;SARS-CoV-2 carrier;SARS-CoV-2 sepsis;SARS-CoV-2 test;SARS-CoV-2 test false negative;SARS-CoV-2 test false positive;SARS-CoV-2 test negative;SARS-CoV-2 test positive;SARS-CoV-2 viraemia;Satoyoshi syndrome;Schizencephaly;Scleritis;Sclerodactylia;Scleroderma;Scleroderma associated digital ulcer;Scleroderma renal crisis;Scleroderma-like reaction;Secondary amyloidosis;Secondary cerebellar degeneration;Secondary progressive multiple sclerosis;Segmented hyalinising vasculitis;Seizure;Seizure anoxic;Seizure cluster;Seizure like phenomena;Seizure prophylaxis;Sensation of foreign body;Septic embolus;Septic pulmonary embolism;Severe acute respiratory syndrome;Severe myoclonic epilepsy of infancy;Shock;Shock symptom;Shrinking lung syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjogren's syndrome;Skin swelling;SLE arthritis;Smooth muscle antibody positive;Sneezing;Spinal artery embolism;Spinal artery thrombosis;Splenic artery thrombosis;Splenic embolism;Splenic thrombosis;Splenic vein thrombosis;Spondylitis;Spondyloarthropathy;Spontaneous heparin-induced thrombocytopenia syndrome;Status epilepticus;Stevens-Johnson syndrome;Stiff leg syndrome;Stiff person syndrome;Stillbirth;Still's disease;Stoma site thrombosis;Stoma site vasculitis;Stress cardiomyopathy;Stridor;Subacute cutaneous lupus erythematosus;Subacute endocarditis;Subacute inflammatory demyelinating polyneuropathy;Subclavian artery embolism;Subclavian artery thrombosis;Subclavian vein thrombosis;Sudden unexplained death in epilepsy;Superior sagittal sinus thrombosis;Susac's syndrome;Suspected COVID-19;Swelling;Swelling face;Swelling of eyelid;Swollen tongue;Sympathetic ophthalmia;Systemic lupus erythematosus;Systemic lupus erythematosus disease activity index abnormal;Systemic lupus erythematosus disease activity index decreased;Systemic lupus erythematosus disease activity index increased;Systemic lupus erythematosus rash;Systemic scleroderma;Systemic sclerosis pulmonary;Tachycardia;Tachypnoea;Takayasu's arteritis;Temporal lobe epilepsy;Terminal ileitis;Testicular autoimmunity;Throat tightness;Thromboangiitis obliterans;Thrombocytopenia;Thrombocytopenic purpura;Thrombophlebitis;Thrombophlebitis migrans;Thrombophlebitis

neonatal;Thrombophlebitis septic;Thrombophlebitis superficial;Thromboplastin antibody positive;Thrombosis;Thrombosis corpora cavernosa;Thrombosis in device;Thrombosis mesenteric vessel;Thrombotic cerebral infarction;Thrombotic microangiopathy;Thrombotic stroke;Thrombotic thrombocytopenic purpura;Thyroid disorder;Thyroid stimulating immunoglobulin increased;Thyroiditis;Tongue amyloidosis;Tongue biting;Tongue oedema;Tonic clonic movements;Tonic convulsion;Tonic posturing;Topectomy;Total bile acids increased;Toxic epidermal necrolysis;Toxic leukoencephalopathy;Toxic oil syndrome;Tracheal obstruction;Tracheal oedema;Tracheobronchitis;Tracheobronchitis mycoplasmal;Tracheobronchitis viral;Transaminases abnormal;Transaminases increased;Transfusion-related alloimmune neutropenia;Transient epileptic amnesia;Transverse sinus thrombosis;Trigeminal nerve paresis;Trigeminal neuralgia;Trigeminal palsy;Truncus coeliacus thrombosis;Tuberous sclerosis complex;Tubulointerstitial nephritis and uveitis syndrome;Tumefactive multiple sclerosis;Tumour embolism;Tumour thrombosis;Type 1 diabetes mellitus;Type I hypersensitivity;Type III immune complex mediated reaction;Uhthoff's phenomenon;Ulcerative keratitis;Ultrasound liver abnormal;Umbilical cord thrombosis;Uncinate fits;Undifferentiated connective tissue disease;Upper airway obstruction;Urine bilirubin increased;Urobilinogen urine decreased;Urobilinogen urine increased;Urticaria;Urticaria papular;Urticarial vasculitis;Uterine rupture;Uveitis;Vaccination site thrombosis;Vaccination site vasculitis;Vagus nerve paralysis;Varicella;Varicella keratitis;Varicella post vaccine;Varicella zoster gastritis;Varicella zoster oesophagitis;Varicella zoster pneumonia;Varicella zoster sepsis;Varicella zoster virus infection;Vasa praevia;Vascular graft thrombosis;Vascular pseudoaneurysm thrombosis;Vascular purpura;Vascular stent thrombosis;Vasculitic rash;Vasculitic ulcer;Vasculitis;Vasculitis gastrointestinal;Vasculitis necrotising;Vena cava embolism;Vena cava thrombosis;Venous intravasation;Venous recanalisation;Venous thrombosis;Venous thrombosis in pregnancy;Venous thrombosis limb;Venous thrombosis neonatal;Vertebral artery thrombosis;Vessel puncture site thrombosis;Visceral venous thrombosis;VIth nerve paralysis;VIth nerve paresis;Vitiligo;Vocal cord paralysis;Vocal cord paresis;Vogt-Koyanagi-Harada disease;Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated Guillain Barre syndrome.

Schedule 2

Safety Data Sheet

SAFETY DATA SHEET

Section 1: IDENTIFICATION OF THE SUBSTANCE/MIXTURE AND OF THE COMPANY/UNDERTAKING

1.1. Product identifier

Product Name	Pfizer-BioNTech COVID-19 Vaccine
Product Code(s)	PF00092
Form	nanoform
Synonyms	Comirnaty; PF-07302048 containing PF-07305885 (BNT162b2); CorVAC Containing PF-07305885 (BNT162b2) ; CoVVAC Containing PF-07305885 (BNT162b2); COVID Vaccine Containing PF-07305885 (BNT162b2); COVID-19 Vaccine Containing PF-07305885 (BNT162b2)
Trade Name:	Not applicable
Compound Number	PF-07302048
Item Code	H000022941: H000023057;H000024547: H000024742
Chemical Family:	Lipid Nanoparticles containing PF-07305885 (BNT162b2) and Lipids

1.2. Relevant identified uses of the substance or mixture and uses advised against

Recommended Use	Pharmaceutical product

1.3. Details of the supplier of the safety data sheet

Pfizer Inc
235 East 42nd Street
New York, New York 10017
1-800-879-3477

Pfizer Ireland Pharmaceuticals
OSG Building
Ringaskiddy, Co. Cork.
Ireland
+353 21 4378701

1.4. Emergency telephone number

Emergency Telephone	Chemtrec 1-800-424-9300 International Chemtrec (24 hours):+1-703-527-3887
E-mail address	pfizer-MSDS@pfizer.com

Section 2: HAZARDS IDENTIFICATION

2.1. Classification of the substance or mixture

Not classified as hazardous

2.2. Label elements

Signal word	Not classified
Hazard statements	Not classified in accordance with international standards for workplace safety.

2.3. Other hazards

Other hazards	An Occupational Exposure Value has been established for one or more of the ingredients (see Section 8).
Note:	This document has been prepared in accordance with standards for workplace safety, which require the inclusion of all known hazards of the product or its ingredients regardless

of the potential risk. The precautionary statements and warnings included may not apply in all cases. Your needs may vary depending upon the potential for exposure in your workplace.

Section 3: COMPOSITION/INFORMATION ON INGREDIENTS

3.1 Substances

Substances Not applicable

3.2 Mixtures

Hazardous

Chemical name	Weight-%	REACH Registration Number	EC No	Classification according to Regulation (EC) No. 1272/2008 [CLP]	Specific concentration limit (SCL)	M-Factor	M-Factor (long-term)
Sucrose 57-50-1	< 10		200-334-9	No data available	Not Listed	No data available	No data available
SODIUM CHLORIDE 7647-14-5	< 10		231-598-3	No data available	Not Listed	No data available	No data available
Potassium phosphate 7778-77-0	< 1		231-913-4	No data available	Not Listed	No data available	No data available
POTASSIUM CHLORIDE 7447-40-7	< 1		231-211-8	No data available	Not Listed	No data available	No data available

NonHazardous

Chemical name	Weight-%	REACH Registration Number	EC No	Classification according to Regulation (EC) No. 1272/2008 [CLP]	Specific concentration limit (SCL)	M-Factor	M-Factor (long-term)
Water 7732-18-5	*		231-791-2	No data available	Not Listed	No data available	No data available
ALC-0315 2036272-55-4	< 2		Not Listed	No data available	Not Listed	No data available	No data available
PF-07305885 -	<1		Not Listed	No data available	Not Listed	No data available	No data available
PF-07302048 -	< 1		Not Listed	No data available	Not Listed	No data available	No data available
PEGA / ALC-0159 -	< 1		Not Listed	No data available	Not Listed	No data available	No data available
Disodium phosphate dihydrate 10028-24-7	< 1		Not Listed	No data available	Not Listed	No data available	No data available
Cholesterol 57-88-5	< 1		200-353-2	No data available	Not Listed	No data available	No data available
1,2-Distearoyl-sn-glycero-3-phosphocholine 816-94-4	< 1		212-440-2	No data available	Not Listed	No data available	No data available

Full text of H- and EUH-phrases: see section 16

Acute Toxicity Estimate

Chemical name	Oral LD50	Dermal LD50	Inhalation LC50 - 4 hour - dust/mist - mg/L	Inhalation LC50 - 4 hour - vapor - mg/L	Inhalation LC50 - 4 hour - gas - ppm
Water 7732-18-5	89838.9	No data available	No data available	No data available	No data available
Sucrose 57-50-1	29700	No data available	No data available	No data available	No data available
SODIUM CHLORIDE 7647-14-5	3000	10000	No data available	No data available	No data available
Potassium phosphate 7778-77-0	3200	No data available	No data available	No data available	No data available
POTASSIUM CHLORIDE 7447-40-7	2600	No data available	No data available	No data available	No data available
Cholesterol 57-88-5	No data available	2000	No data available	No data available	No data available

Additional information

- Not Assigned
* Proprietary
Non-hazardous ingredients provided for completeness. Ingredient(s) indicated as hazardous have been assessed under standards for workplace safety. In accordance with 29 CFR 1910.1200, the exact percentage composition of this mixture has been withheld as a trade secret.

Section 4: FIRST AID MEASURES

4.1. Description of first aid measures

Inhalation Remove to fresh air. Seek immediate medical attention/advice.

Eye contact Rinse thoroughly with plenty of water for at least 15 minutes, lifting lower and upper eyelids. Consult a physician.

Skin contact Remove contaminated clothing. Flush area with large amounts of water. Use soap. Seek medical attention.

Ingestion Never give anything by mouth to an unconscious person. Wash out mouth with water. Do not induce vomiting unless directed by medical personnel. Seek medical attention immediately.

4.2. Most important symptoms and effects, both acute and delayed

Most important symptoms and effects No data available

4.3. Indication of any immediate medical attention and special treatment needed

Note to physicians None.

Section 5: FIRE-FIGHTING MEASURES

5.1. Extinguishing media

Suitable Extinguishing Media Dry chemical, CO2, alcohol-resistant foam or water spray.

5.2. Special hazards arising from the substance or mixture

Specific hazards arising from the chemical	Fine particles (such as mists) may fuel fires/explosions.
Hazardous combustion products	Formation of toxic gases is possible during heating or fire.

5.3. Advice for firefighters

Special protective equipment for fire-fighters	Firefighters should wear self-contained breathing apparatus and full firefighting turnout gear. Use personal protection equipment.

Section 6: ACCIDENTAL RELEASE MEASURES

6.1. Personal precautions, protective equipment and emergency procedures

Personal precautions	Personnel involved in clean-up should wear appropriate personal protective equipment (see Section 8). Minimize exposure.
For emergency responders	Use personal protection recommended in Section 8.

6.2. Environmental precautions

Environmental precautions	Place waste in an appropriately labeled, sealed container for disposal. Care should be taken to avoid environmental release.

6.3. Methods and material for containment and cleaning up

Methods for containment	Prevent further leakage or spillage if safe to do so.
Methods for cleaning up	Contain the source of spill if it is safe to do so. Collect spill with absorbent material. Clean spill area thoroughly.
Prevention of secondary hazards	Clean contaminated objects and areas thoroughly observing environmental regulations.

6.4. Reference to other sections

Reference to other sections	See section 8 for more information. See section 13 for more information.

Section 7: HANDLING AND STORAGE

7.1. Precautions for safe handling

Advice on safe handling
Restrict access to work area. No open handling permitted. Minimize generating airborne mists and vapors. If solvent based liquid, ground and bond all bulk transfer equipment. Use appropriate engineering controls to maintain exposures below the B-OEB taking all applicable routes of exposure into consideration. A change area to facilitate 'good laboratory/manufacturing' decontamination practices is recommended. Avoid inhalation and contact with skin, eye, and clothing. When handling, use appropriate personal protective equipment (see Section 8). Wash hands and any exposed skin after removal of PPE. Releases to the environment should be avoided. Review and implement appropriate technical and procedural waste water and waste disposal measures to prevent occupational exposure or environmental releases. Potential points of process emissions of this material to the atmosphere should be controlled with dust collectors, HEPA filtration systems or other equivalent controls.

General hygiene considerations	Handle in accordance with good industrial hygiene and safety practice.

7.2. Conditions for safe storage, including any incompatibilities

Storage Conditions	Store at < -70 °C in properly labeled containers. Keep away from heat, sparks, and flames.

7.3. Specific end use(s)

Specific use(s)	Vaccine.

Section 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

8.1. Control parameters

Exposure Limits
Refer to available public information for specific member state Occupational Exposure Limits.

Sucrose	
ACGIH TLV	10 mg/m³
Bulgaria	10.0 mg/m³
Estonia	10 mg/m³
France	10 mg/m³
Ireland	10 mg/m³ STEL: 20 mg/m³
Latvia	5 mg/m³
Spain	10 mg/m³
OSHA PEL	15 mg/m³ 5 mg/m³ (vacated) TWA: 15 mg/m³ total dust (vacated) TWA: 5 mg/m³ respirable fraction
United Kingdom	TWA: 10 mg/m³ STEL: 20 mg/m³
SODIUM CHLORIDE	
Latvia	5 mg/m³
Russia	MAC: 5 mg/m³
Potassium phosphate	
Russia	MAC: 10 mg/m³
POTASSIUM CHLORIDE	
Bulgaria	5.0 mg/m³
Latvia	5 mg/m³
Russia	MAC: 5 mg/m³

Pfizer OEB Statement:	The Biotherapeutic Occupational Exposure Band (B-OEB) is an acceptable daily intake (ADI) range, based on available hazard data with appropriate safety factors applied. Engineering control measures should be utilized to bring exposures into the relevant B-OEB; supplementary administrative controls and personal protective equipment are to be used to achieve exposure control to the bottom of the band.
SODIUM CHLORIDE	
Pfizer Occupational Exposure Band (OEB):	OEB 1 (control exposure to the range of 1000ug/m³ to 3000ug/m³)
ALC-0315	
Pfizer Occupational Exposure Band (OEB):	OEB 3 - Contact Hazards Unknown (control exposure to the range of 10ug/m³ to < 100ug/m³)
POTASSIUM CHLORIDE	
Pfizer Occupational Exposure Band (OEB):	OEB 1 (control exposure to the range of 1000ug/m³ to 3000ug/m³)
PF-07305885	
Pfizer Occupational Exposure Band (OEB):	B-OEB Default (control exposure to the range of 10 µg/day to <100 µg/day)
PF-07302048	
Pfizer Occupational Exposure Band (OEB):	B-OEB 5 (control exposure to <10 µg/day)

8.2. Exposure controls

Engineering controls

Engineering controls should be used as the primary means to control exposures. Use process containment, local exhaust ventilation, biosafety cabinet, or other engineering controls to maintain airborne levels within the B-OEB range. It is recommended that all large scale operations should be fully enclosed. Air recirculation is not recommended.

Environmental exposure controls	No information available.
Personal protective equipment	Contact your safety and health professional or safety equipment supplier for assistance in selecting the correct protective clothing/equipment based on an assessment of the workplace conditions, other chemicals used or present in the workplace and specific operational processes. Refer to applicable national standards and regulations in the selection and use of personal protective equipment (PPE).
Eye/face protection	Wear safety glasses as minimum protection (goggles recommended). (Eye protection must meet the standards in accordance with EN166, ANSI Z87.1 or international equivalent.).
Hand protection	Wear impervious disposable gloves (e.g. Nitrile, etc.) as minimum protection (double recommended). (Protective gloves must meet the standards in accordance with EN374, ASTM F1001 or international equivalent.).
Skin and body protection	Wear impervious disposable protective clothing when handling this compound. Full body protection is recommended (scale dependent). Wear impervious protective clothing when handling this compound. (Protective clothing must meet the standards in accordance with EN13982, ANSI 103 or international equivalent.).
Respiratory protection	Under normal conditions of use, if the applicable Biotherapeutic Occupational Exposure Band (B-OEB) is exceeded, wear an appropriate respirator with a protection factor sufficient to control exposures to below the B-OEB (e.g. particulate respirator with a full mask, P3 filter). (Respirators must meet the standards in accordance with EN136, EN143, ASTM F2704-10 or international equivalent.).
General hygiene considerations	Handle in accordance with good industrial hygiene and safety practice.

Section 9: PHYSICAL AND CHEMICAL PROPERTIES

9.1. Information on basic physical and chemical properties

Physical state	Liquid
Color	milky white
Odor	No information available.
Odor threshold	No information available
Molecular formula	Mixture
Molecular weight	Mixture

Property	**Values**
pH	7.4
Melting point / freezing point	No data available
Boiling point / boiling range	
Flash point	No information available
Evaporation rate	No data available
Flammability (solid, gas)	No data available
Flammability Limit in Air	
Upper flammability limit:	No data available
Lower flammability limit:	No data available
Vapor pressure	No data available
Vapor density	No data available
Relative density	No data available
Water solubility	No data available
Solubility(ies)	No data available
Partition coefficient	No data available
Autoignition temperature	No data available

Decomposition temperature	No data available
Kinematic viscosity	No data available
Dynamic viscosity	No data available
Particle characteristics	
Particle Size	No information available
Particle Size Distribution	No information available
Explosive properties	No information available

9.2. Other information
No information available

9.2.1. Information with regard to physical hazard classes
No information available

9.2.2. Other safety characteristics
No information available

Section 10: STABILITY AND REACTIVITY

10.1. Reactivity
Reactivity No data available.

10.2. Chemical stability
Stability Stable under normal conditions.

Explosion data
Sensitivity to Mechanical Impact No data available.
Sensitivity to Static Discharge No data available.

10.3. Possibility of hazardous reactions
Possibility of hazardous reactions No information available.

10.4. Conditions to avoid
Conditions to avoid Fine particles (such as mists) may fuel fires/explosions. As a precautionary measure, keep away from heat sources and electrostatic discharge.

10.5. Incompatible materials
Incompatible materials As a precautionary measure, keep away from strong oxidizers.

10.6. Hazardous decomposition products
Hazardous decomposition products No data available.

Section 11: TOXICOLOGICAL INFORMATION

11.1. Information on hazard classes as defined in Regulation (EC) No 1272/2008

General Information: * Toxicological properties have not been thoroughly investigated. The following information is available for the individual ingredients.

Known Clinical Effects: Based on clinical trials in humans, possible adverse effects following intravenous exposure to this compound may include: injection site pain, muscle pain, headache, fever, chills, tiredness, joint pain, abnormal redness of skin (erythema), and sleep disturbances. Serious allergic reactions, including anaphylaxis, have been reported.

Acute Toxicity: (Species, Route, End Point, Dose)
Sucrose
Rat Oral LD 50 29,700 mg/kg

SODIUM CHLORIDE
Rat Sub-tenon injection (eye) LC50/1hr > 42 g/m³
Rat Oral LD 50 3 g/kg

Mouse Oral LD 50 4 g/kg
Rabbit Dermal LD 50 > 10 g/kg

POTASSIUM CHLORIDE
Rat Oral LD50 2600 mg/kg

Potassium phosphate
Rat Oral LD50 3200 mg/kg
Rabbit Dermal LC50 > 4640 mg/kg

Chemical name	Oral LD50	Dermal LD50	Inhalation LC50
Water	> 90 mL/kg (Rat)	-	-
Sucrose	= 29700 mg/kg (Rat)	-	-
SODIUM CHLORIDE	= 3 g/kg (Rat)	> 10000 mg/kg (Rabbit)	> 42 g/m³ (Rat) 1 h
Potassium phosphate	= 3200 mg/kg (Rat)	-	-
POTASSIUM CHLORIDE	= 2600 mg/kg (Rat)	-	-
Cholesterol		> 2000 mg/kg (Rat)	-

Irritation / Sensitization: (Study Type, Species, Severity)
SODIUM CHLORIDE
Skin irritation Rabbit Mild
Eye irritation Rabbit Mild
POTASSIUM CHLORIDE
Eye Irritation Rabbit Mild

Repeated Dose Toxicity: (Duration, Species, Route, Dose, End Point, Target Organ)
PF-07302048
4 Week(s) Rat Intramuscular * 10 µg LOAEL Skin, Blood forming organs, Blood, Skeletal muscle, Lymphoid tissue, Spleen
Repeated Dose Toxicity Comments: PF-07302048: * Doses were administered once a week.

Reproduction & Development Toxicity: (Duration, Species, Route, Dose, End Point, Effect(s))
PF-07305885
Fertility & Embryonic Development - Females Rat Intramuscular 30 µg NOAEL No effects at maximum dose, Not teratogenic
Potassium phosphate
Reproductive & Fertility Rat No route specified 282 mg/kg/day NOAEL No evidence of impaired fertility or harm to the fetus
Reproductive & Fertility Mouse No route specified 320 mg/kg/day NOAEL No evidence of impaired fertility or harm to the fetus

Genetic Toxicity: (Study Type, Cell Type/Organism, Result)
Potassium phosphate
Bacterial Mutagenicity (Ames) *Salmonella* Negative

Carcinogenicity See below
Cholesterol
IARC Group 3 (Not Classifiable)

Data for the Drug Product

Reproduction & Development Toxicity: (Study Type, Species, Route, Dose, End Point, Effect(s))

Fertility & Embryonic Development - Females	Rat	Intramuscular	N/A	Not specified	No effects at maximum dose

11.2. Information on other hazards

11.2.1. Endocrine disrupting properties

Endocrine disrupting properties No information available.

11.2.2. Other information

Other adverse effects No information available.

Section 12: ECOLOGICAL INFORMATION

Environmental Overview: Environmental properties have not been investigated. Releases to the environment should be avoided.

12.1. Toxicity

Aquatic Toxicity: (Species, Method, End Point, Duration, Result)

POTASSIUM CHLORIDE

Gambusia affinis (Mosquitofish) LC50 96 hours 920 mg/L
Lepomis macrochirus (Bluegill Sunfish) LC50 96 hours 2010 mg/L
Daphnia Magna (Water Flea) EC50 48 hours 825 mg/L
Scenedesmus subspicatus (Green Alga) EC50 72 hours 2500 mg/L

NO RESULTS

12.2. Persistence and degradability

Persistence and degradability No information available.

12.3. Bioaccumulative potential

Bioaccumulation No information available.

12.4. Mobility in soil

Mobility in soil No information available.

12.5. Results of PBT and vPvB assessment

PBT and vPvB assessment

Chemical name	PBT and vPvB assessment
SODIUM CHLORIDE	The substance is not PBT / vPvB PBT assessment does not apply
Potassium phosphate	The substance is not PBT / vPvB PBT assessment does not apply
POTASSIUM CHLORIDE	The substance is not PBT / vPvB PBT assessment does not apply
Cholesterol	The substance is not PBT / vPvB

12.6. Endocrine disrupting properties

Endocrine disrupting properties No information available.

12.7. Other adverse effects

No information available.

Section 13: DISPOSAL CONSIDERATIONS

13.1. Waste treatment methods

Dispose of waste in accordance with all applicable laws and regulations. Member State specific and Community specific provisions must be considered. Considering the relevant known environmental and human health hazards of the material, review and implement appropriate technical and procedural wastewater and waste disposal measures to prevent occupational exposure and environmental release. It is recommended that waste minimization be practiced. The best available technology should be utilized to prevent environmental releases. This may include destructive techniques for waste and wastewater.

Section 14: TRANSPORT INFORMATION

The following refers to all modes of transportation unless specified below.

Not regulated for transport under USDOT, EUADR, IATA, or IMDG regulations.

(CBI = CONFIDENTIAL BUSINESS INFORMATION)

Section 15: REGULATORY INFORMATION

15.1. Safety, health and environmental regulations/legislation specific for the substance or mixture

SEE "LEGEND" PAGE 12

Water	
CERCLA/SARA Section 313 de minimus %	Not Listed —
California Proposition 65	Not Listed —
TSCA	Present PROPRIETARY (P)
EINECS	231-791-2
AICS	Present P CBI
Sucrose	
CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
TSCA	Present P CBI
EINECS	200-334-9
AICS	Present P CBI
SODIUM CHLORIDE	
CERCLA/SARA Section 313 de minimus %	Not Listed —
California Proposition 65	Not Listed —
TSCA	Present P CBI
EINECS	231-598-3
AICS	Present P CBI
ALC-0315	
CERCLA/SARA Section 313 de minimus %	Not Listed —
California Proposition 65	Not Listed —
EINECS	Not Listed —
Potassium phosphate	
CERCLA/SARA Section 313 de minimus %	Not Listed —
California Proposition 65	Not Listed —
TSCA	Present P CBI
EINECS	231-913-4
AICS	Present P CBI
POTASSIUM CHLORIDE	
CERCLA/SARA Section 313 de minimus %	Not Listed —
California Proposition 65	Not Listed —
TSCA	Present P CBI

EINECS	231-211-8
AICS	Present P CBI
Standard for Uniform Scheduling of Medicines and Poisons (SUSMP)	Schedule 4

PF-07305885 P CBI

CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
EINECS	Not Listed

PF-07302048 P CBI

CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
EINECS	Not Listed

PEGA / ALC-0159 P CBI

CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
EINECS	Not Listed

Disodium phosphate dihydrate

CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
EINECS	Not Listed
AICS	Present P CBI
Standard for Uniform Scheduling of Medicines and Poisons (SUSMP)	Schedule 5

Cholesterol

CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
TSCA	Present P CBI
EINECS	200-353-2
AICS	Present P CBI
Standard for Uniform Scheduling of Medicines and Poisons (SUSMP)	Schedule 4

1,2-Distearoyl-sn-glycero-3-phosphocholine

CERCLA/SARA Section 313 de minimus %	Not Listed
California Proposition 65	Not Listed
EINECS	212-440-2

France
Occupational Illnesses (R-463-3, France)

Chemical name	French RG number	Title
SODIUM CHLORIDE 7647-14-5	RG 78	-
POTASSIUM CHLORIDE 7447-40-7	RG 67	-

European Union

Take note of Directive 98/24/EC on the protection of the health and safety of workers from the risks related to chemical agents at work

Authorizations and/or restrictions on use:
This product does not contain substances subject to authorization (Regulation (EC) No. 1907/2006 (REACH), Annex XIV) This product does not contain substances subject to restriction (Regulation (EC) No. 1907/2006 (REACH), Annex XVII)

Persistent Organic Pollutants
Not applicable

Ozone-depleting substances (ODS) regulation (EC) 1005/2009
Not applicable

Plant protection products directive (91/414/EEC)

Chemical name	Plant protection products directive (91/414/EEC)
Sucrose - 57-50-1	Plant protection agent
SODIUM CHLORIDE - 7647-14-5	Plant protection agent

Legend:
TSCA - United States Toxic Substances Control Act Section 8(b) Inventory
EINECS/ELINCS - European Inventory of Existing Chemical Substances/European List of Notified Chemical Substances
AICS - Australian Inventory of Chemical Substances

15.2. Chemical safety assessment

Chemical Safety Report No information available

Section 16: OTHER INFORMATION

Key or legend to abbreviations and acronyms used in the safety data sheet

Data Sources:	Pfizer proprietary drug development information. Publicly available toxicity information.
Reason for revision	Updated Section 1 - Identification of the Substance/Preparation and the Company/Undertaking. Updated Section 3 - Composition / Information on Ingredients. Updated Section 11 - Toxicology Information. Updated Section 15 - Regulatory Information.
Revision date	19-Mar-2021
Prepared By	Pfizer Global Environment, Health, and Safety

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