

# BREAKING: New Zealand Government report admits you may fall ill or die after Pfizer mRNA injection, but advises people not to worry

Rhoda Wilson

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**A new report from New Zealand’s drug safety authority, Medsafe, states that “by chance” some people will get a new illness or die shortly after receiving a Pfizer Covid injection. But according to Medsafe, it’s nothing to worry about.**

**Contrary to what Medsafe says, there are many reasons to be concerned. Currently, all-cause deaths are 15% above what is usually seen in New Zealand. And a time series analysis of New Zealand (“NZ”) data supports a relationship between mRNA vaccination and death.**

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By [Dr. Guy Hatchard](#)

On 14 December 2022 Medsafe (NZ Medicines and Medical Devices Safety Authority) released its 46th report into the safety of Covid vaccines entitled ‘[Adverse events following immunisation with COVID-19 vaccines](#)’. The report covered safety signals up to 30 November 2022.

This report contained new advice about the risk of death following mRNA vaccination. Medsafe’s assessment began as follows:

**By chance, some people will experience new illnesses or die from a pre-existing condition shortly after vaccination, especially if they are elderly.** Therefore, part of our review process includes comparing natural death rates to observed death rates following vaccination, to determine if there are any specific trends or patterns that might

indicate a vaccine safety concern.

The report comes after months of speculation concerning record levels of excess all-cause mortality in New Zealand affecting all ages, currently running at 15% above historical levels.

After dropping the bombshell news, Medsafe goes through an entirely bogus and unscientific process designed to reassure the public that there is nothing to worry about. Medsafe compares the number of deaths reported to CARM (Centre for Adverse Reactions Monitoring) within 21 days of vaccination to the background rate of deaths from natural causes. In doing so, it omits to mention (but does so elsewhere) that CARM reports are voluntary and massively underreported by an estimated factor of 20 times. As a result, there is nothing at all reassuring about this safety report.

### **Are there other reasons to be concerned? Yes, many:**

- 1.** Medsafe reports *“There have been no deaths reported for the Vaxzevria or Nuvaxovid vaccines.”* So why are they happening after the Pfizer vaccine?
- 2.** Autopsies are not routinely performed in New Zealand following deaths proximate to vaccination. A recently published German study [‘Autopsy-based histopathological characterisation of myocarditis after anti-SARS-CoV-2-vaccination’](#) reports 16% of deaths within 20 days of mRNA vaccination exhibit definitive causal symptoms of acute myocarditis, a known adverse effect of Pfizer Covid vaccination. So why is there no concerted effort here in NZ to investigate by routinely performing autopsies?
- 3.** The Ministry of Health has consistently refused/omitted to record vaccine status on death certificates or make CARM reporting mandatory. This makes it very difficult to scientifically and reliably investigate any causal relationship between mRNA vaccination and death or serious illness. On the 17<sup>th</sup> December 2021, the director of the Covid immunisation programme wrote to me on behalf of Dr. Ashley Bloomfield, Director General of Health, saying *“An accurate measurement of all adverse events is not required”*.

In light of yesterday’s Medsafe admission, that’s damning. Incredibly Dr. Bloomfield has just been appointed the inaugural chair of a new public policy impact institute at the University of Auckland, proposing to translate and apply research into policies that directly impact communities – but he doesn’t subscribe to accuracy??? Most people do, especially academics.

- 4.** Medsafe argues that temporal correlation between deaths and vaccination does not prove a causal relationship between them. They, along with epidemiologist Professor Michael Baker, suggest that Covid infection or pre-existing health conditions are more likely to be causally connected to deaths following vaccination. There are in fact other relevant analyses which can determine whether there is a relationship between mRNA vaccination and proximate deaths. Among these, powerful techniques of time series analysis can discover whether deaths are consistently occurring during specific intervals of time after vaccination. This would provide strong support for a causal relationship.

Among the world’s nations, New Zealand is in a unique position to undertake this sort of analysis. In 2021 NZ had very few Covid infections (almost none) but the majority of the population were vaccinated over a period of eight months. Therefore, deaths recorded during much of 2021 in New Zealand cannot be ascribed to any effect of Covid infection.

Preliminary data from 2021 has been analysed to investigate the proposition that mRNA vaccination resulted in deaths. This shows there is a significant ( $p=0.045$ ) relationship between number of vaccines administered by week and weekly deaths at a lag of one week. In other words, there is a statistically significant increased chance of dying within a few days of vaccination. [Download the study HERE](#). Despite the preliminary nature of the data in this study, the findings of this study are consistent with the findings of German autopsies. Therefore, there should be more rigorous study of stored data to further test these findings

There are other simple methods to analyse death data. For example, taking the date of inoculation for each individual as a notional point in time around which all death data can be assessed for entire cohorts of individuals. This would reveal whether death rates before and after inoculation differ.

5. The time series analysis does not preclude the possibility that other deaths at longer time intervals after an inoculation date may be occurring as a result of mRNA vaccination. Unprecedented rates of all-cause mortality suggest this is likely to be the case. Unfortunately, the New Zealand Ministry of Health is not releasing data on causes of hospitalisation by category of illness. There is evidence we have previously reported based on US defence personal data and insurance statistics, and on UK ONS data, indicating that incidence of neurological disorders, cancers, cardiac events, and strokes has increased.

Medsafe's position on vaccine safety has clearly shifted during the two months since it last published a safety report, but has it realised the importance of more reliable causal assessments? Apparently not. The NZ public is being kept in the dark about vaccine safety as it has been for the last two years. Bland assurances of safety continue without foundation in fact.

## Can mRNA vaccination be a trigger event for death if you are already sick or elderly?

The wording of the 14 December Medsafe warning is strange and ambiguous: “***..some people will experience new illnesses or die from a pre-existing condition shortly after vaccination, especially if they are elderly***”. So, are the elderly especially liable to die after vaccination because of vaccination or because they are elderly? We aren't told.

Aside from the obviously elevated rates of excess all-cause deaths, anecdotal reports from rest home staff suggest this is the case. Emergency vehicles and helicopters are answering more frequent calls. Hospitals are overwhelmed and unable to cope. Whistle-blowers among nurses are talking about overflowing cardiac wards. [A top UK cardiologist has suggested that the evidence of harm is overwhelming and irrefutable](#). Funeral home workers in NZ and overseas have spoken publicly about strange rubbery clots in arteries which have been confirmed by experienced pathologists in the USA. Statistically improbable increases in life insurance claims data have been noted. Sudden unexplained deaths have a high profile in the media. The message is consistent – something unprecedented and very concerning is going on.

Despite having multiple sources of data and methods of analysis available to it. Medsafe has relied for two years on a single obviously flawed method of comparing CARM data to background rates, despite admitting CARM data is underreported. How strange is that? This deficiency is fatal to Medsafe's claims of safety. It is scientifically unjustifiable and it wouldn't meet publication criteria. There is no possible justification for omitting to use more reliable forms of causal investigation. Medsafe has avoided public accountability by refusing to debate the issues publicly, omitting publication of key health data, massaging published data, and unforgivably accusing critics of spreading disinformation. These approaches are worthy of a dictatorship but not a modern democracy.

## About the Author

Guy Hatchard, PhD, was formerly a senior manager at Genetic ID a global food testing and safety company (now known as FoodChain ID). You can subscribe to his websites [HatchardReport.com](http://HatchardReport.com) and [GLOBE.GLOBAL](http://GLOBE.GLOBAL) for regular updates by email.

The image is a screenshot of the Medsafe website. At the top, the Medsafe logo is displayed with the text "New Zealand Medicines and Medical Devices Safety Authority". Below the logo is a navigation menu with categories: Medicines, Devices, Safety, Compliance, Publications, Consultations, Committees, and About Medsafe. A secondary menu includes Vaccine Approval, Safety Monitoring, Treatments, Medical Devices, Questions and Answers, and Policy Statements. The main content area shows a breadcrumb trail: Home > COVID-19 > Safety Monitoring > Overview of Vaccine Reports > Report #46 - 30 November 2022. The title of the report is "Adverse events following immunisation with COVID-19 vaccines: Safety Report #46 - 30 November 2022", published on 14 December 2022. A red circle is drawn around the title, with the handwritten text "People are dying, but don't worry" written in red ink over it. At the bottom of the screenshot, a dark blue banner contains the text: "New Zealand Government report admits you may fall ill or die after Pfizer mRNA injection, but advises people not to worry".

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