Staggering New Data From Health New Zealand and Others

Vaccine injury and the serious long term adverse health prospects

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Today, we report two new sources of alarming information about COVID-19 vaccine injury. **One from Health New Zealand data and the other from the New Zealand health insurance industry.** We ask how the government could have either missed these or deliberately ignored them. We then go on to discuss network theory and physiology. We will show how mRNA vaccines are able to have extensive and long lasting effects.

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Health New Zealand Emergency Department data

An OIA (freedom of information) request to Health New Zealand asked for *"The number of people under the age of 40 presenting to Emergency Departments (A&E) throughout New Zealand hospitals with Chest Pain or Heart Issues by year?"* The Health New Zealand answer (OIA reference: HNZ00061156) contains shattering information:

Year | Number presenting to Emergency Departments with chest pain

2019 2219

2020 4406

2021 13063

2022 21416

2023 20005

2024 (to June) 14639

The definition of chest pain for the purposes of this data includes right sided chest pain, chest wall pain, chest

pain, musculoskeletal chest pain, chest pain on breathing, acute chest pain, chest pain on exertion, assessment of chest pain, anterior chest wall pain, atypical chest pain, history of chest pain, costal margin chest pain, non-cardiac chest pain, cardiac chest pain, dull chest pain, left sided chest pain, central chest pain, and ischaemic chest pain.

For the benefit of our overseas readers, these figures need to be read in the context of COVID-19 incidence in New Zealand. Because of border closures, quarantine, and lockdowns, New Zealand had close to zero Covid cases until February 2022. In contrast, Pfizer mRNA COVID-19 vaccination became available in February 2021 for older people and those at risk. General availability for those under 40 years started towards mid 2021. Legislation making COVID-19 mRNA vaccination compulsory for those in various state employment sectors (vaccine mandates) was enacted in November 2021. The mandates were also adopted by the vast majority of private employers.

With this timeline in mind, the close association between COVID-19 mRNA vaccination and chest pain and/or heart disease among younger people becomes very clear. The surge in Emergency Department chest pain admissions began well before the COVID-19 infection took hold in New Zealand but immediately after the COVID-19 mRNA vaccination programme began. The incidence of chest pain and heart disease took off in 2021 as more of the age group were vaccinated. Nor do the figures suggest a strong independent effect of lockdowns on chest pain and cardiac health.

Whilst the OIA figures are only by year and for the under 40s, 2021 official weekly figures for vaccination and mortality for all age groups combined, that we reported at the time, show a very close association. All cause death rates rose in tandem with mRNA vaccination.

The OIA figures suggest approximately ***a ten fold increase in chest pain and/or cardiac events among those under 40 probably associated with the administration of mRNA vaccines.***

Moreover the figures to June 2024 indicate the trend is still continuing.

These alarming figures are not marginal. They stand up and slap you in the face. They have been in the possession of Health New Zealand from the outset, but the public has heard nothing about them from official sources. Health New Zealand is still offering mRNA vaccines and telling the public the jabs are safe and effective. The serious implications are obvious. As we have been asking repeatedly, the government must first pause mRNA vaccinations and then publish the health outcomes of the last few years by date, age, vaccination status, and disease category. Only then can the longer term effect of the mRNA vaccines be known in detail. Instead, the government is not just hiding the figures and continuing to promote the mRNA vaccines, but also prosecuting a whistle blower who leaked mortality data.

- How many parents have taken their children in for COVID-19 mRNA vaccination relying on the safe and effective narrative of Health New Zealand and the government when all along Health New Zealand was sitting on these truly alarming figures?

- How many young adults have casually accepted COVID-19 vaccination, unaware that those offering them knew they could be very dangerous?
- How many working age Kiwis were coerced after November 2021 into taking the jab on pain of losing their job, profession and home?
- How many New Zealanders are still suffering the devastating adverse effects of COVID-19 mRNA vaccine injury years later?

All this happened when Health New Zealand should have realised, or possibly did know very well, what was going on from their own data and from overseas sources early in 2021. When finally on 15 December 2021 Health New Zealand wrote privately to District Health Boards admitting that mRNA vaccines could cause myocarditis, they said the incidence was as few as 3 cases in 100,000 vaccinations. Their own data, as reported above, told a completely different story.

If these were all single individuals, the OIA figures would show that in the under 40 age group in New Zealand in 2021 1 out of every 130 individuals reported to an Emergency Department with chest pain or cardiac events. In fact,

individuals with more serious cases would have been presenting multiple times, therefore this ratio will be higher, but not by orders of magnitude.

The majority were apparently sent home with ibuprofen and told to stop worrying (???). They were not made aware that overseas studies indicated their symptoms could be the start of long term illness and vulnerability to cardiac issues, as we reported in our March 2022 article "Study Finds Persistent Heart Abnormalities Among Child Vaccine Recipients".

In 2022, chest pain incidence increased by a further 64% among the under 40s to a total of over 20,000 cases and continued at that level in 2023. These are not all the same people week after week and year after year, suggesting the long term rate of incidence of chest pain requiring a visit to an Emergency Department is staggeringly high.

The 15th December 2021 letter was signed by Ashley Bloomfield, New Zealand Director General of Health now honoured as Sir Ashley Bloomfield and currently directing the global pandemic

response plan at WHO (World Health Organisation). The letter was also signed by Dr Andrew Connolly, Chief Medical Officer, Dr Juliet Rumball-Smith, GM Clinical Quality & Safety COVID-19 Vaccine & Immunisation Programme, and by Astrid Koornneef, Director, National Immunisation Programme. From the above OIA, it is clear that these people carry the heavy responsibility of failing to investigate the extent of vaccine injury, misinforming the public, GPs, and the DHBs, and endangering public health.

In addition to this, there has been a persistent public narrative that the potential risks of COVID-19 vaccination are limited and generally mild. This is a false narrative. It is counterfactual to the known pre-pandemic ten year 25% mortality risk of acute myocarditis. In fact, mRNA COVID-19 vaccination poses significant cardiac mortality risks. A study conducted in Spain and just published by the prestigious journal Vaccine entitled "Association of SARS-CoV-2 immunoserology and vaccination status with myocardial infarction severity and outcome" concluded:

“The combination of Covid vaccination and natural SARS-CoV2 infection was associated with the development of severe heart failure and cardiogenic shock in patients with myocardial Infarction, possibly related to an increased serological response.”

The researchers examined outcomes from 950 heart attack patients from March 2020 through March 2023 in a Madrid hospital. They found COVID-19 vaccinated and previously COVID-19 infected patients had an over 50 percent higher risk of death or heart failure than unvaccinated people who had also been previously infected – and a 90 percent higher risk than those who were unvaccinated and previously uninfected.

These researchers in Spain simply did what we have been asking our government to do for four years. Monitor the health outcomes of patients, compare the data for the vaccinated with the unvaccinated and analyse the results. Given our alarming increase in Emergency Department stats, why would our government omit to do this?

The Spanish study goes a long way to explaining why there is the persistently high rate of Emergency Department admissions with chest pain and heart failure up to the present day as the OIA data shows. In other words, cardiac adverse effects of COVID-19 vaccination are not necessarily mild and often do not go away over time. In fact, the adverse cardiac effects of COVID-19 mRNA vaccination can be exacerbated by a subsequent COVID-19 infection. Moreover, as we have been reporting, COVID-19 mRNA vaccination also raises igG4 antibody levels which leaves the COVID-19 vaccinated more vulnerable to COVID-19 infection, a process known as immune imprinting. In other words, COVID-19 mRNA vaccination triggers a form of cardiac double jeopardy.

Alarm bells sounding among private health insurers

Our second source of information has been passed on to the Hatchard Report from within the New Zealand Private Health Insurance industry. Around 36% of the New Zealand population are covered by some form of private health insurance. Among these there are about

920,000 working adults (up to 65 years). According to our source, the incidence of heart disease and cancer has accelerated to record highs in the years since 2020. However the most concerning trend for our health insurance industry involves another condition.

Some health insurance policies include income protection coverage for working adults should they become sick and unable to work. In the event of an illness, the insured's income will be covered if they are absent from work as a result. For the majority of illnesses this coverage does not extend indefinitely because treatment for most conditions can get people feeling well enough to return to work. However there has been a recent significant and concerning blow out in the number of working adults suffering from cognitive decline—a condition sufficient to cause long term incapacity to work. Individual cases can cause insurers to continue to make income support payments over many years, costing millions of dollars per person.

To put it bluntly, this information may indicate there has been a significant

increase in the incidence of early onset dementia among working age adults.

A year ago we published an article "The Long Read: Mental Health Issues are Multiplying. Why?". We now have to ask if the alarming rises in anxiety, confusion and depression that we reported at the time have in some cases been developing into long term cognitive decline? The Health Insurance Industry is generally very secretive, the fact that they are now very concerned and seeking solutions says a lot about how serious this might be.

Networks and COVID-19 vaccine injury

The general public in New Zealand is so poorly informed on these issues, that people are still unable to connect the dots joining the well publicised crisis in our health system and COVID-19 vaccination. A lot of people accessing mainstream media sources are wondering why there are still people who have refused multiple COVID-19 vaccinations. To them it might seem incredible for anyone to suggest that a simple vaccination can cause

widespread harm. In fact traditional vaccination has always been associated with adverse effects, some of them very serious. Moreover, reductions in the rate of serious infectious diseases like smallpox preceded vaccination programmes and was largely achieved via public hygiene measures. However, whatever you might think about that, mRNA COVID-19 vaccines are not traditional vaccines in any sense.

How could a vaccination cause cancer, heart disease and dementia, that's ridiculous right? Apparently, though, mRNA vaccines are at high rates. How? To answer this question in simple terms we refer to network theories of immunity. Networks are connected by a communication system and are usually designed to achieve a shared purpose. Every person has around 37 trillion cells that each contain identical DNA (with the exception of red blood cells which have no DNA to expedite unimpeded circulation). Our cells are networked through multiple means of communication, chemical, electrical, vibrational etc., yet we have a single personal and genetic identity and our

cells share a single immune purpose to maintain health. Cells cooperate with one another to achieve this purpose. They do so through multiple trillions of communications and actions everyday which repair the integrity and uniformity of our DNA and repel foreign pathogens and toxins.

Cooperation is crucial to the functioning of networks. Individual units in a network must continue to work towards a shared purpose, otherwise a network could collapse. This is why botnets and viral software are so dangerous to computer networks. They repurpose the protocols of network members which can eventually spread and collapse the network viability. We have seen many cases of computer viruses over the last few years affecting the networks of various organisations and corporations.

mRNA vaccines cross the cell membrane (traditional vaccines do not) and repurpose their genetic functions. Thereby they affect the command and control functions of our physiology. In the case of COVID-19 vaccines, billions of cells are repurposed to produce the

spike proteins found on the surface of the COVID-19 virus. The purpose of the mRNA vaccine is to encourage the immune system to develop a response against COVID-19 spike proteins and therefore COVID-19 infection. Almost everyone now realises these mRNA vaccines are very ineffective at protecting from repeated COVID-19 infections, but the accompanying risks are not generally well known. In simple terms:

- The spike protein produced in massive quantities following COVID-19 vaccination, sometimes for months, is now recognised as a cardio toxin.
- The billions of cells repurposed by mRNA vaccines are no longer able to properly perform their immune functions and their role in the immune network which includes fighting cancer and protecting from pathogens. Thus opening a door for a wide range of illnesses.
- Our higher mental functions rely on unique, exact and specific characteristics of genetic functions which are disrupted by COVID-19 vaccines. Thereby the potential for mental illness is increased.

In sum, our cell-based immune network no longer has a single purpose. Our internal physiological communication

systems distribute the resulting imbalanced functions and proliferate health problems. It is as if our whole physiological network of genes, cells and organs has been invaded by a rogue agent. The network is fighting itself, as happens with autoimmune diseases. If the number and density of mRNA vaccine repurposed cells is sufficiently large our immune system can fail to clear up the mess. In this case, a wide variety of disease outcomes can result.

This has to stop now

This has not been a merely theoretical article. The Health New Zealand data and the other results and studies we have been reporting speak for themselves. The fact that Health New Zealand has not acknowledged the import of their own statistics is a huge failure of intelligence. It is all but unforgivable. Despite early warning signals, Health New Zealand has failed to take account of facts well known to biotechnology researchers and reported in the literature long before the pandemic began. Gene therapies, of which COVID-19 mRNA vaccination is a type, can have multiple physiological

adverse effects including whole system instability and collapse.

Health New Zealand have hidden behind an unjustified fiction that COVID-19 vaccination can only be blamed for a very limited, often mild and treatable known set of adverse reactions. In other words, they have excluded reported serious health outcomes following COVID-19 vaccination from any causal investigation. They turned their heads and looked away. In fact the data we have reported above illustrates just how far they have misled the public. In reality, the public have become unknowing participants in a deadly game of Russian roulette.

It is so far past time to recognise past mRNA COVID-19 vaccine harm and the growing dangers ahead. Especially as multiple mRNA vaccines are under development and soon to be offered to the public. Our government is planning to deregulate biotechnology, rushing like a moth to the flame. This has to stop now.