Irreparable Vaccine-induced Harm

COVID-19 vaccine surveillance and pharmacovigilance data

ROBERT W MALONE MD, MS

DEC 6

In my past professional life - probably a decade ago, I had a client named Dr. Charlton Brown. Dr. Brown, at the time, was CEO and co-innovator at Immune Targeting Systems Ltd (UK). I always enjoyed working with Charlton, as we share a certain curiosity for science/knowledge and a dry wit. It turns out, that Charlton has been part of the medical freedom resistance and has been working to get the word out about the risks of mRNA vaccines. Up until his email to me earlier this week, I had no idea.

This isn't the first time that people from my "former" professional life have emailed me to let me know that they are supportive of what I have been doing. In fact, I had a former colleague from my time at the Salk Institute in the 1980s write to me to express their support for me this week. These emails always lift my spirits as sometimes this seems like a very lonely fight, although the people writing in the comments section of this Substack also let me know that Jill and I are not alone - and this community often saves me from my own dark musings about the state of the world.

I have no idea how many scientists and physicians are quietly, sometimes secretly questioning the public health policies in this country and globally. But I do know that dissidents of the new normal are slowly finding their voice and

are speaking out.

Anyway, Dr. Brown emailed me ask if I could share this document with people who might find it useful. As a trained scientist, Dr. Brown has conducted a deep analysis of the mRNA vaccines and origins of the virus and has created an "evidentiary document" (analysis) that is incredibly powerful.

Published below is Dr. Brown's open letter sent to the prime minister and all ministers in New Zealand. Be sure to click on the link to read and save his full analysis for future reference.

Link to the **Open Letter & Evidentiary Document sent to the New Zealand Prime Minister and all Ministers: COVID-19 negative vaccine effectiveness and harm evidence in New Zealand and overseas (Results, Call to Action)**

From: Dr. Charlton Brown

Dear: Rt Hon Jacinda Ardern, Prime Minister, Hon Andrew Little, Minister of Health, Hon Dr. Ayesha Verrall, Minister of COVID-19 Response, and Hon Peeni Henare and Hon Aupito William Sio, Associate Ministers of Health

In this Open Letter and evidentiary document, I share my research results on overseas government and Ministry of Health (MoH) COVID-19 vaccine surveillance and pharmacovigilance data indicating irreparable vaccine-induced harm. Furthermore, I share important evidence that SARS-CoV-2 originated from gain-of-function research, remind you that no evidence exists for an animal-to-human origin, and highlight that its potential source lay beyond

Wuhan, China. A series of requests for investigations are made below linked to this evidence, including the statistical *biases* evident in the Ministry of Health and other healthcare agencies' calculable unvaccinated COVID-19 case rates. These biases essentially eliminated the negative vaccine effectiveness harm signal from ready public view. This evidentiary document is provided by a former European corporate venture capital-funded CEO/vaccine innovator ("Vaccines for Mutating Viruses"), veterinarian with 36 years of vaccine use experience, and a private researcher. It is supported by 525 unique data, scientific, and other citations.

According to **New Zealand, England, Scotland, and Canada healthcare agencies and Global surveillance data (77 nations), these vaccines failed to prevent SARS-CoV-2 infection as initially touted.** Significant negative vaccine effectiveness and vaccine failure were evident with the emergence of antigenically distinct strains (i.e., Delta, Omicron). The vaccine industry experienced antibody-dependent enhancement of virus infection (ADE) and vaccine-associated enhanced disease (VAED) with three other different coronaviruses and their spike protein vaccine prototypes in the last 30 years, giving my study results a predictable context. Furthermore, one year of US lot-numbered COVID-19 vaccine-associated deaths and hospitalizations equaled 32x (Comirnaty 15.4x) and 20x (Comirnaty 10.5x) of all US vaccine-associated deaths and hospitalizations, respectively. These adverse outcomes were highly skewed and peaked across vaccine lots and were associated with a minority of lots sent to a larger number of US States. **This data highlights that there was an urgent need for investigation by the US and other regulatory and healthcare agencies before expanded population use.**

A vast chasm exists between the vaccine safety and efficacy experienced in 2021-2022 and the falsifiable 95% vaccine efficacy and safety proclaimed by governments with Comirnaty's first Emergency Use Authorization in 2020

(USA). **This document reviews critical pharmacotoxicology and clinical safety package deficiencies evident in overseas regulatory reviews. This helps explain why Pfizer then struggled to cope with the sheer volume of Comirnaty adverse event reports in the first 90 days post-launch**. **This was uncharacteristic of a safe vaccine**. Numerous vaccine-associated enhanced disease mechanisms are evident by which vaccine spike proteins can cause disease or exacerbate comorbidities common to severe COVID-19 outcomes. These mechanisms place upregulated furin and angiotensin-converting enzyme-2 receptors (ACE2) and prevalent co-morbidities in tissues and organs common to all three center-stage. At the same time, SARS-CoV-2's spike protein provides its uniquely encoded furin cleavage site for the furin to cleave its S1 and S2 sub-units and activate its ACE2-receptor-mediated infectivity and pathogenicity.

Of grave concern for global public health is a gain-of-function origin to SARS-CoV-2 is indicated by its spike protein incorporating human infectivity and pathogenicity enhancing features unprecedented in nature while synthetic biology left its fingerprints. Furthermore, there is no evidence supporting a Wuhan Huanan market zoonosis because no virus progenitor or animal host was ever identified. There are two reasons for detailing a coronavirus gain-of-function origin to SARS-CoV-2. **Firstly**, the negative vaccine effectiveness evident in governments' COVID-19 surveillance data could have been enhanced by a genetically modified SARS-CoV-2. **Secondly**, the world will be left vulnerable to future pandemics if there was no accidental release from the Wuhan Institute of Virology. At least two other potential SARS-CoV-2 origins exist beyond Wuhan, with one of these potentially involving a WHO, Five Eyes, and NATO-spearhead member nation connected with Ukraine.

The US Department of Defense (DoD) and National Institutes of Health (NIH)

funding of EcoHealth Alliance (EHA, $69 million) and its connections one-degree-removed were scrutinized because **EHA's leader led a failed attempt to *cover up* SARS-CoV-2's gain-of-function origin**. EHA directed research that genetically modified bat SARSr-CoVs that could not infect humans so that they could. EHA's $14.2 million funding application to the DoD in 2018 showed its intent to insert a codon-optimized furin cleavage site (FCS) into bat SARSr-CoVs. A uniquely encoded Arginine-doublet containing FCS now sits between SARS-CoV-2's spike protein S1 and S2 sub-units, which has no precedent in known viruses and may have infringed patents. Besides EHA's long-standing collaborations with two coronavirus gain-of-function research epicenters in the USA and China, it had another with Metabiota. Metabiota's Series-A lead investor was a Hunter Biden part-owned investment firm. The DoD-funded Metabiota operated in Pentagon Biolabs in Ukraine and US-funded Biolabs in Cameroon and researched corona-, monkeypox-, influenza-, and Ebola viruses. Metabiota has implemented major DoD and Homeland Security contracts across Central Africa while its surveillance role in Sierra Leone's Ebola outbreak in 2014 created significant controversies.

You are requested to investigate:

- (1) this New Zealand and overseas evidence for negative vaccine effectiveness, vaccine failure, and toxic vaccine lots,
- (2) the statistical biases evident in the MoH and other healthcare agencies' calculable unvaccinated COVID-19 case rates, which essentially eliminated the negative vaccine effectiveness signal,
- (3) the role of COVID-19 vaccination in *exacerbating* comorbidities most frequently associated with serious-severe COVID-19 outcomes,
- (4) SARS-CoV-2's gain-of-function origin while internationally championing a punitive global ban on gain-of-function R&D, and

- (5) the conduct of the WHO during COVID-19 linked to seven critical points detailed in section 2.7.

Would you please ensure New Zealanders are updated on their recently acquired life-long health risks and that informed consent guidelines associated with COVID-19 vaccination be urgently amended?

Would the government please prioritize clinical research into COVID-19 antibody-dependent enhancement of virus infection, vaccine-associated enhanced disease, and antigenic imprinting in the New Zealand population?

Thank you.

Yours sincerely

Dr. Carlton Brown - *BVSc (1986, Massey University), MBA (1997, London Business School). Former CEO and co-innovator at Immune Targeting Systems Ltd (UK), "Vaccines for Mutating Viruses."*

- Dr. Brown's Linked-in Profile
- Dr. Brown's Orcid Profile
- Download the evidentiary document
- Download "Toxic COVID-19 Vaccine Lots (VAERS)"
- Download "Negative vaccine effectiveness and vaccine failure associated with COVID-19 vaccination"

Link to full letter to New Zealand officials:

Evidentiary Document_COVID19NationalLevelHarm (squarespace.com)