



Hospital staff gagged over Covid vaccine injuries

Description

WE ARE becoming more aware of gagging orders affecting reporting of adverse effects following Covid vaccination. Apparently hospital administrators are keen to avoid any publicity that might suggest increased incidence of cardiac events and other vaccine side effects. Their motivations for this are unclear, but we have previously noted a lack of NZ data for specific conditions. I have received a number of anecdotal reports from hospital staff and patients around the country concerning high rates of hospitalisation and death attributable to vaccine injury.

Whilst scare stories of serious Covid infection outcomes are given wide publicity, silencing of hospital staff effectively hides the prevalence of adverse effects from the public. This prevents the public from reaching informed conclusions about the relative safety of Covid vaccination.

A UK [coroner's court](#) recently found that a 26-year-old graduate who died from a blood clot in his brain following an AstraZeneca injection was given incorrect and out-of-date information about the risks – a situation we face in NZ every day where saturation advertising claims safety and efficacy contrary to available data.

Women are being denied informed consent by gagging orders on health professionals and the deliberate withholding of data. In March a paper called [Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship](#) found 'a significant risk associated with Covid vaccination among women of reproductive age and during pregnancy'.

It also reported that in September 2021 the American Board of Obstetrics & Gynecology (ABOG) had threatened their 22,000-plus constituents with disciplinary action, including revocation of licences and certifications if they questioned the safety of the Covid 'vaccination'. This gagging order occurred in the absence of reliable data indicating safety for pregnant or menstruating women. Such discussions are also deleted from social media platforms.

The unprecedented character and extent of injury to menstruating women was reported last month in a paper called [Covid-19 and the surge in Decidual Cast Shedding \(DCS\)](#). DCS, a synchronised detachment of the entire layer of endometrium from the uterus, is historically a rare gynaecological

event, with fewer than 40 cases reported in the medical literature over the last 109 years. The paper reports 292 cases of DCS following vaccination. It appears to be associated with blood changes caused by Covid vaccination, but virtually no investigation has been undertaken until now, despite very high volumes of self-reported menstrual irregularities.

A [Pfizer adverse effects document](#) reissued on May 2 2022 reveals that between 82-97 per cent of pregnant women whose outcome was reported in the Pfizer post-marketing data lost their babies. (NB 270 women received the mRNA injection during pregnancy but 238 cases were apparently not followed up.) Forty-five per cent of the 270 pregnant mothers reported adverse clinical events, and more than 60 per cent of these events were rated as serious. These are facts which Pfizer withheld from the public until ordered to release them by a US judge.

These recent findings highlight systematic attempts to hide the extent and serious nature of Covid vaccination injury to women. Over the next few months we expect that more scientific assessments will begin to reveal the long-term effects of Covid vaccination, not just for women but for a large range of serious conditions.

Continuing attempts to hide or delay the publication of data or suppress the discussion of scientific findings unfavourable to vaccine safety, and the censure of medical professionals who wish to offer informed consent, amount at the very least to a conspiracy of silence, and at the worst to an attempt to pervert the course of justice.

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The writer is in New Zealand

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