Irreparable Vaccine-induced Harm

COVID-19 vaccine surveillance and pharmacovigilance data

Robert W Malone MD, MS
24 hr ago

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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

dis l are speaking out.

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the n "evidentiary document"
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Pub inister and all ministers
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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.

Acc althcare agencies and
Glo revent SARS-CoV-2
infe tiveness and vaccine
fail ıct strains (i.e., Delta,
Om ent enhancement of virus
infe ED) with three other
diff ypes in the last 30 years,
givi e year of US lot-numbered
CO ıaled 32x (Comirnaty 15.4x)
and and hospitalizations,
resp peaked across vaccine lots
and mber of US States. This
dat ı by the US and other
regulatory and healthcare agencies before expanded population use.

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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

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bec . There are two reasons for oV-2. Firstly, the negative vac eillance data could have bee lly, the world will be left vul ase from the Wuhan Ins 2 origins exist beyond Wu yes, and NATO-spe

The of Health (NIH) funding of E one-degree-removed were scru *up* SARS-CoV-2's gain-of-fun ied bat SARSr-CoVs that cou n 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,

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- even critical points

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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"

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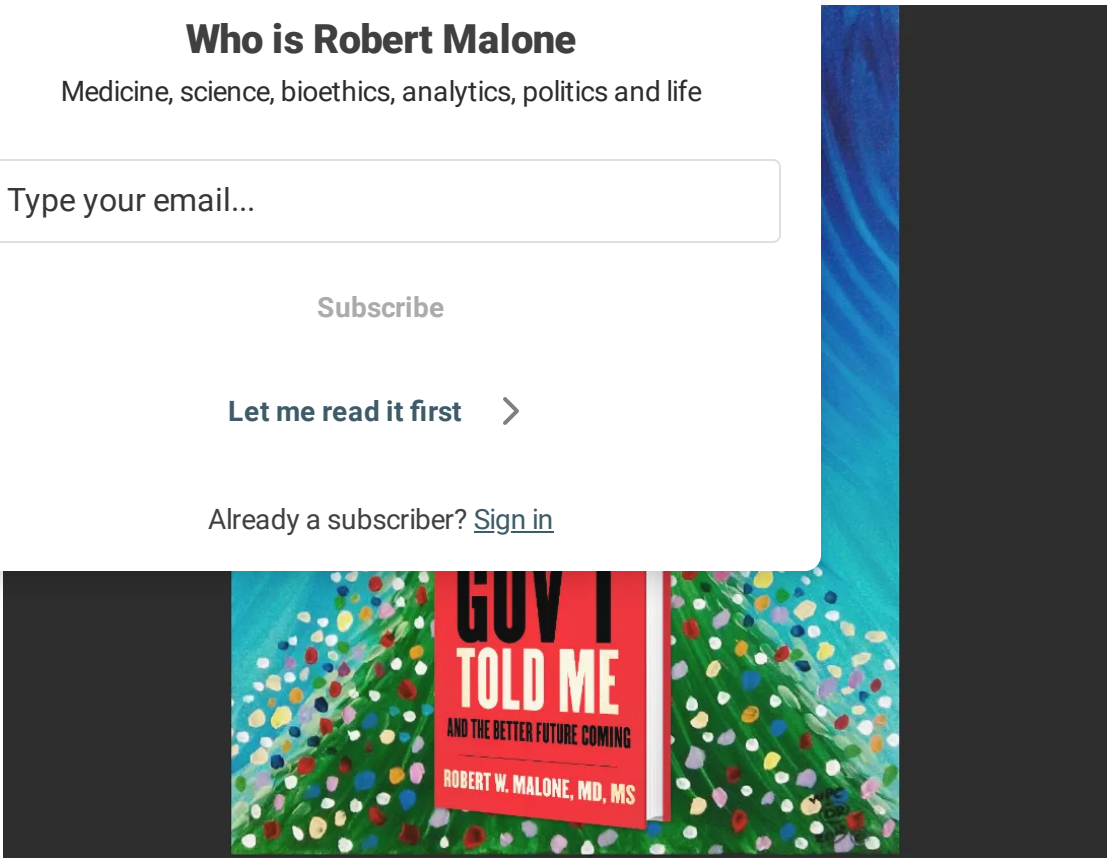

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Mark Brody Writes Mark's Newsletter 23 hr ago

Tightly argued and compelling. What governments won't tell you (unless they are lying) is that they aren't really interested in vaccine efficacy or safety. They are only interested in advancing the agenda of the globalists and by pointing out the fallacies underlying their plan, including the pandemics fake science and the global warming fake science we are just flies in the ointment to them. They'd thank us to go away and bury our data demonstrating the nonsense they are promulgating because they really have abandoned any interest and nearly

s the enemy. Not everyone in
vernment has gone off the
e truth is extremely

s to Dr. Brown for writing this

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