

## AN OPEN LETTER TO CHARLIE MITCHELL

Hello Charlie,

I read your article on Dr Simon Thornley and observed your positioning of this eminent and well-respected epidemiologist with those who dare to question the current narrative from the “single source of truth”, almost as though to infer there was a tainted whiff that emanated from these courageous people, that would brush off onto this outstanding doctor who dares to speak out in a world gone mad — the madness aided, in the main, by complicit media.

In your article, you mention that Dr Thornley considers the catastrophic damage as a result of the lockdowns worse than the virus. His statement was brushed aside as of little consequence, but perhaps you haven’t strayed far enough to see for yourself the degree of suffering that has occurred as a result of locking down a population of 5 million, for it seems Dr Thornley makes a good point.

### THE LOCKDOWN

Perhaps you haven’t heard of the parents who were unable to get their child to hospital in time, or talked to the man who collapsed on his bike in Wellington. No New Zealander came to his aid, because they were tuned in to the media and thrown into a maelstrom of fear of a virus that has a recovery rate in excess of 99.6%. No, they were obeying the distancing orders to the letter — except for one, a paramedic off-duty, who dived straight in, resuscitated him and saved his life. Maybe you didn’t hear of the young mother walking with her three-year-old on an easy track during LD, who slipped and fell. No one came to her aid, due to the strict COVID distancing rules dictated from the pulpit of ‘truth’ and dutifully disseminated by stuff et.al. Someone called an ambulance, at least. Yet when the ambulance crew picked up the mother, (who had a fractured vertebrae) they left the toddler in the hands of strangers. Can you imagine the trauma that would have caused to mother and child? Even for a moment? How did the ambo crew know if those people were trustworthy? They did not, but they refused to take the child in the ambulance. “COVID”. They knew about this virus, for reporters had faithfully reiterated the propaganda from this “pulpit of truth”.

Perhaps you didn’t know of any expectant fathers during LD, who were, due to the ridiculous LD rules, forbidden from being present during the birth of their baby. A shared experience of a lifetime missed forever. The mother of the baby without her #1 support. A joyous and exciting and challenging time they were separated.

You wouldn't have heard of those diagnosed with serious illnesses who needed immediate attention and for whom, when the lockdown lifted and the backlogs were cleared, it was too late. Nor would you have possibly heard of those who had been on waiting lists for over a year and were on the brink of going in for much-needed surgery, only to have their life-saving operation cancelled, relegating them to some other long-distant day.

And think for a moment how it would be to hear of your beloved mother or father dying alone, forbidden to see them or to say goodbye, unable to hold them, to hug them or to tell them you loved them, to squeeze their hand and let them know you were there for them, to that very last moment.

Possibly you didn't have an elderly loved-one in a retirement home who was locked in their residence day-after-day, forbidden to see their friends and family, except possibly once a week and even then, they didn't 'see' them as they were only permitted to come in for 30 minutes, with around the same sort of hazmat gear you would typically use while attending to an Ebola patient.

Well, if you had interviewed them, they would have told you that the pain of being cut off from those they loved, was far more torturous than living in fear and they would have taken the "risk" in a heartbeat, for seeing their loved ones is what keeps them alive, not incarcerating them like criminals.

Perhaps you didn't hear about Queenstown and the epidemic of suicides in this tourist town as businesses crashed and burned — businesses built up with love, energy and passion, that they poured their hearts into, 24/7. Kiwis lost their houses because they couldn't afford the mortgage or the rent any longer, Kiwis lost their jobs, their families, their marriages, and their loved ones. Not from the virus, but from the lockdowns.

Perhaps you didn't see the mental anguish and breakdowns — the little companies built from nothing but passion, buffeted as they were by increasing compliance costs, rates, taxes and inspections, and three-yearly audits costing many thousands of dollars that not even a neuro-surgeon has to endure. These requirements were already like an ever-tightening noose around their necks, yet still they got out there, made a go of it and made New Zealand tourism and adventure great. But the one hurdle they couldn't quite conquer was that deft sleight of hand from the Ministry of "Kindness" that cut 90 to 100% of their clients off, for over a year and counting — along with not being able to procure staff when lockdowns lifted anyway. Why? Because the government is paying people not to work. Around 121,000 Kiwis are "work-ready", on the unemployment benefit.

Because big government only wishes to deal with big business and they are intentionally kicking small business-owners, the magic of New Zealand and the soul of our country, to the kerb in their relentless trampling of them to feed their insatiable desire for control over everything and everyone.

Thousands of small businesses have had to close and those that remain open — well, possibly you missed those plucky small business owners in tourism and hospitality, still doing all they can to salvage what is left of their business, to keep the doors open, while desperately trying to find staff, while the government takes a sledgehammer to all they hold dear, yet, in their largesse, splashes about millions to favoured ones.

Possibly, it is difficult for the media to grasp the level of pain out here still, propped up as they are by the taxpayer, still receiving their regular income, working as though nothing has really occurred because the country is “past that now”.

From what I have seen, Doctor Simon Thornley is bang on when he assesses the devastating damage the lockdowns have caused (and continue to cause) along with the scars people still carry, unhealed, because of them.

As a New Zealand Registered Nurse (retd), I have seen a great deal of suffering, but this enforced nationwide suffering is on an unprecedented scale and has touched every single life in this country — except perhaps for those (including media) paid by government.

When I was a nurse we used to quarantine the ill, not the well. It seemed like a far more sensible approach. Why would you lock healthy people up in their homes and order them to wear masks and destroy their businesses and the economy and ban products that have long been on the market that helped people recover?

When the Spanish ‘Flu swept our country in 1918 people died within days. Fit, healthy men and women contracted it and rapidly died. One of my ancestors died from it. He was just 27, married with a four-year-old daughter, 18-month son and with a beloved wife who was seven months pregnant. He died in 10 days. His wife, who had nursed him at home until he was taken to hospital the day before he died, couldn’t go to his funeral as she went into premature labour. It was a tragedy. Yet within weeks, Kiwis were out bathing at the beach as though nothing had happened. The pandemic was over within 6 to 8 weeks. Natural Herd Immunity had been attained, without the requirement for the country to be injected with genetically-modified ingredients tested on a population, with the outcome unknown.

Doesn't it strike you as odd that we lockdown for 23 "associated" deaths from COVID but we don't lockdown for 500 deaths from influenza each year? You'll have noticed that there are almost no deaths from influenza in the last year.

Doesn't it make more sense to focus on naturally making our immune systems stronger? No word from the government on that though. Or Professor Baker.

#### THE "VACCINE"

It appears there is a global push these days to redefine words that have an inconvenient definition for the messenger who wishes to convey mis-information. The word "vaccine" is one. To the lay person, this usually means that if one was injected with a minute amount of a disease the recipient's immune system would be able to fight that and overcome it by building up anti-bodies that would recognize and attack the invader in the future, thus protecting the person from that disease. So far, so good.

But the word "vaccine" is currently being used for an experimental, genetically-modified injection, of which the long-term side-effects are completely unknown, particularly in the case of genetically modified content. Nor does it contain small amounts of COVID for the immune system to fight against and overcome. It is not, by definition, either medically or legally, a vaccine.

It was *mis-labelled* as a vaccine to get it through all the safety-guards set up for new and experimental technologies. *'This is a medical device designed to stimulate the human cell into becoming a pathogen creator. It is not a vaccine.'* (Dr David Martin)

It would have been great if your article had exposed the redefining of key words like this, to suit the current narrative.

Your readers may have been interested to know that vaccines are a *"legally defined term . . . under public health law . . . under CDC standards and FDA standards, and a vaccine specifically has to stimulate both an immunity within the person receiving it, but also has to disrupt transmission . . ."*

It has been made clear that the mRNA strand going into the cell of the injected person is NOT to stop transmission. It is a treatment, but we are not told that because public health authorities would then ask what other treatments there are.

The above statements have been taken from here:

Ref: <https://www.bitcute.com/video/6LYagqLH5SGa/>

And before you seek out an easy search under “sceptics” or Bill Gates-employed-teenage-fact-checkers working from home, please would you look into what these professionals are saying? Perhaps they could be right? And if it is, what would you do? Would you be permitted to go against the current narrative?

The experimental COVID injection was intentionally labelled as a “vaccine” to enable it to be pushed through the permission process. It was a deft sleight of hand because it immediately reduced the argument about the treatment to “pro-vaxers” and “anti-vaxers”, just like your article has done. It removes the attention from the shocking side-effects of this experimental injection, removes the requirement for lay-people to inspect what is in this injection and blocks the way for them to be fully informed.

How can the public be fully informed when there doesn't appear to be any easy access to what the contents are or their purpose? If Medsafe have those details they don't appear to have made them widely known. I would consider that imperative for informed consent).

#### HERD IMMUNITY

Another term that has been re-defined by WHO is “herd immunity”.

They originally had a one-paragraph definition for herd immunity that said it is the *“indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.”*

The Nov. 13 version, however, focused entirely on vaccination and said *“herd immunity’, also known as ‘population immunity’, is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.”*

There were subsequent accusations that the WHO had done this in secret, but I didn't consider this to be the case as our government ministers, after November 13, were using the second definition, *which is incorrect* as they are suggesting the only way to gain immunity is through this experimental injection *and they have taken out any reference to our immune systems building up antibodies and overcoming disease naturally in that way.*

Stuff tends to ridicule those who question the “vaccine” — something that has become (in media circles) as tantamount to the Holy Grail.

I am not sure why.

Why *wouldn't* a rational person question the contents of an injection that is not, by definition, a vaccine, but a synthetic payload? It contains something quite different from what has traditionally constituted a vaccine. According to Taber's Medical Dictionary a vaccine is defined as;

*“any suspension containing antigenic molecules derived from a microorganism given to stimulate an immune response to an infectious disease. Vaccines may be made from weakened or killed microorganisms; inactivated toxins; toxoids derived from microorganisms; or immunologically active surface markers extracted or copied from microorganisms.”* Ref: <https://openlibrary.org/books/OL30536972M/Taber's>

Cyclopedic Medical Dictionary

Why wouldn't a rational person question a drug:

1. That is still in the experimental phase with clinical trials scheduled to be completed in 2023: <https://clinicaltrials.gov/ct2/show/study/NCT4368728>
2. That was granted provisional consent from Medsafe despite 58 unanswered concerns: <https://www.medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf>
3. That should actually be classified as a gene therapy as it introduces an mRNA payload into a human being:  
[https://en.wikipedia.org/wiki/Gene\\_therapy](https://en.wikipedia.org/wiki/Gene_therapy)
4. Pfizer has no knowledge of long-term side effects.
5. An associate editor of the British Medical Journal has pointed out that the clinical trials are not even designed to show whether they will prevent transmission or save lives and when the government's information states it may not prevent transmission or stop a person from contracting the virus.  
<https://www.bmj.com/content/371/bmj.m4037>  
(Many are asking why bother with the injection then, particularly when it is for a virus that has yet to be isolated and which has a recovery rate in excess of 99.6%.)
6. When the government has grossly under-reported information about the side effects New Zealanders are experiencing after having had the “vaccine”.
7. When Pfizer state in their literature that they have no idea of what the effects will be on those under 16 because it has not been tested on them. Yet our government has stated it intends to inject our children under 16 and is even contemplating children under 12 having this injection as well. In my view,

that is criminal, particularly as we have been advised children are unaffected by this apparent virus.

8. Why wouldn't Kiwis question the safety when the multi-billion dollar pharmaceutical corporations are not willing to stand by their product and accept no liability?
9. Why wouldn't Kiwis question vaccine manufacturers like Pfizer who have paid out billions of dollars because of fraud and shocking side-effects to some of their key products. One of those payouts was the largest in history, at 2.3 billion and an additional one billion dollars for false claims. I understand there was also a payout of 23.85 million in regard to kickbacks. So, why wouldn't Kiwis question a product from a corporation when they bring in an experimental drug, call it a "vaccine" and allege it is safe when people would be in less danger if they had the virus?

*"<https://abcnews.go.com/Business/pfizer-fined-23-billion-illegal-marketing-off-label/story?id=8477617>*

*<http://pharmaceutical-kickbacks.com/pfizer-to-pay-23-billion-in-largest-healthcare-fraud-settlement-in-governments-history/>*

*<https://duckduckgo.com/?q=list+of+pfizer+lawsuits&t=hd&va=u&ia=web>*

Then Moderna, another pharmaceutical corporation that, until now, has not had one successful product on the market until their experimental injection.

10. I have also just learned that the WHO has decided that anyone who has had the injection and is later tested for COVID should have the PCR test set at 28 cycles, not 45. However, those who have not had the injection are still to be tested at 45 cycles. (You'll be aware that the inventor of the test has always stated it should not be used as a diagnostic tool and never at cycles as high as 45 as there are far too many false positives. Doesn't it make you wonder what is going on here?)

I find it disturbing that writers such as yourself have actively promoted an experimental injection seemingly on the false assumption that it is "safe and effective" and this message is only coming from one source. The New Zealand government and their clique of advisors seriously overestimated the threat of COVID-19. Yet now you expect the same people to be trusted with a rushed "vaccine" rollout when the side effects are unknown and when known remedies

have worked, but were banned by the government?

<https://mailchi.mp/ronpaulinstitute.org/texasCovid?e=d2abdfe038>

Does it not bother you that anyone who dares to question edicts coming from the ‘pulpit of truth’ are immediately ridiculed and shut down? Since when is Dr Baker the “Font of All Knowledge”?

It is part of our democratic right to hear both sides, both views, particularly when it comes to a genetically-modified experimental injection.

You mention Sweden as being in dire straits, yet Sweden, if you look at their yearly statistics of deaths, are hovering around the same number of deaths they had in the early part of this century.

Where we ARE seeing spikes of COVID, is in the highly- “vaccinated” populations like the Seychelles. How is this explained?

Professor Baker questions how Dr Simon Thornley could look at the same information as he does and come to such a different view? Setting aside the financing of those who are all for the pro-experimental jab, just looking at that question brings me to the conclusion that the science is not settled (good science never is) and so please acknowledge that, be truthful about that and please, let *us all hear both sides*.

We need to know, and make our own decisions on who is correct and who isn’t, yet the media just report whatever the government dictates and when that happens most of us know we are not being told the truth by them, their messengers, or their paid media. And we also know that one of the main cornerstones of democracy is rapidly crumbling.

You don’t genuinely question the views of Baker and Thornley, instead, your article retreats into thinly-veiled slurs, such as “baroque theories”, a “magnet for conspiracy theorists and fringe political figures”, and “*Thornley was mostly exiled by the press and disregarded by his colleagues*” while Baker and others became “*fixtures in the mainstream media and were showered with formal and informal accolades*”. Really? Why do you think that was? And is that anything to judge the messenger by? Showering someone with accolades who is paraded out onto the national stage preaching gloom and doom and fear at every opportunity and hissing at another eminently well-qualified epidemiologist who has a different view? Does it mean something to you that someone is “showered with accolades”? It means nothing to me, and increasingly means nothing to many



thousands of New Zealanders who have lost any trust in government or their complicit media.

But somebody with enough GUTS to stand up and state his professional view on this topic, despite the tsunami of ridicule he has to face as a result, is the man I would listen to right now and give a fair hearing to, in order to see if what he is saying makes sense, because he is clearly and courageously speaking out at a time it is dangerous to do so, and when all but about 40 doctors have ducked for cover — because if they do stand up and speak out they know they will be shunned, censored, pilloried, their academic prospects will be shot and they will find their livelihoods in danger.

Does that seem right to you?

Well, those are the courageous men and women and many thousands of Kiwis like me are listening to right now, because, after extensive research into this, they are the ones that make sense to me. And they are risking everything to communicate their educated viewpoint.

You cite 3.3 million deaths in your article but give no reference for this or how those statistics were accumulated. You present this number as an indisputable fact, when surely you are aware of the problem of whether they died *because of* COVID-19, or simply *with a* "positive" PCR test?

There is factual evidence that in the UK if you had COVID and recovered but died within six months of that recovery, then your death, even from an MVA, was recorded as “dying from COVID”.

America’s frontline doctors reported as eye-witnesses, that hospitals there were paid \$35,000 USD per patient to record the patient “died of COVID”.

Countries who had high ‘death rates’ from COVID were later found to have the same numbers of deaths overall for their countries as in previous years.

The corruption on these statistics is mind-boggling. Even our government did it. Every single “death” from COVID had serious co-morbidities. One lady in her 90s contracted COVID and was admitted to a hospital from her retirement home and recovered and was discharged back to the retirement home. SIX months later, at about 96, she died. At 96 you’d think she would be allowed to peacefully pass on without being used politically, wouldn’t you? But no, the MOH, stated that even though she hadn’t contracted COVID in that last six months, they decided to list it as “a COVID death” because she had it six months before. Really?

It is my view that there will be many side effects and deaths from this experimental injection, (happening already offshore and already to some extent here, but only 1% have been reported and no news of this is in our msm). These will be blamed on “a mutant variant”, or those who are not “vaccinated” and then there will be witch-hunts. Tragically, people, crazed with fear, will clamour for the gene therapy thinking it will help them, when it will do the opposite. They may begin to attack the innocent, when it is the gene therapy and its repercussions that is responsible.

There are figures in history that have been ridiculed. Dr William Harvey, who was the first to discover the circulatory system in the body; Dr Ignaz Semmelweis, who found basic hygiene would lower mortality rates. There are many, many more. I can find them if you are interested, but I won't continue on past this many pages, as it's enough for both of us I'm sure!

Stuff purchased *The Press* and you work for stuff. The Latin phrase on the masthead of *The Press* is Nihil utile quod non honestum (Nothing is useful unless it is honest). How true that is.

On a brighter note, I did like the quote from Dr Thornley at the end of your article. His authenticity is clear.

You're an intelligent guy Charlie. Your job is to investigate, not follow the dictated rhetoric. Ask yourself honestly what is going on here. Please, before it is too late for all of us.

As for me, I stand beside the 40 or more courageous doctors who seek to bring us the truth and to alert us to the dangers of these experimental jabs despite being censored, harassed and professionally and personally attacked. I am very proud to stand with these outstanding New Zealanders and say, No, I do not consent.

Sent with the best of intentions,

(M. HOBBS)

WRITER

#### ADDITIONAL REFERENCES:

1. The Government Gazette on Comirnaty: It contains the 58 conditions Medsafe placed on our "provisional consent". They have consented to use an

unapproved vaccine (not FDA approved) on these "provisions". Many questions about safety, purity and efficacy. New Zealanders won't have the answers for another couple of months by which time it will be too late for millions of Kiwis. <https://www.medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf>

2. <https://concernedcitizensnz.com/resources>

3. [https://concernedcitizensnz.com/pdf-view?filename=%2F%2Fs3.amazonaws.com%2Fappforest\\_uf%2Ff1621218676680x100211892971238560%2FMedsafe%2520Risk%2520Management%2520Plan%2520Outlined%2520after%2520the%2520Medsafe%2520%2528MARC%2529%2520meeting%2520minutes%2520from%25202021.pdf](https://concernedcitizensnz.com/pdf-view?filename=%2F%2Fs3.amazonaws.com%2Fappforest_uf%2Ff1621218676680x100211892971238560%2FMedsafe%2520Risk%2520Management%2520Plan%2520Outlined%2520after%2520the%2520Medsafe%2520%2528MARC%2529%2520meeting%2520minutes%2520from%25202021.pdf)

MARC Minutes in regard to safety concerns:

12. NZ Medicines Adverse Reaction Committee (MARC) meeting minutes Jan 2021.docx