To: Disability Rights Commission

From: Emanuel E. Garcia, M.D.

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Introduction

My name is Emanuel Ernest Garcia. I received my Doctor of Medicine from the University of Pennsylvania School of Medicine in Philadelphia in 1986, the same year in which I was inducted into the Alpha Omega Alpha Honor Medical Society. In 1993 I was Certified by the American Board of Psychiatry and Neurology and I continued the practice of psychoanalysis, psychotherapy and psychiatry in Philadelphia until 2006.

In 2006 I emigrated to New Zealand and took up a position as a Consultant Psychiatrist with the Hutt Valley DHB. Soon thereafter I was appointed Clinical Director of Mental Health Services. I count among my most important accomplishments the extreme reduction of seclusion for psychiatric inpatients. Afterwards I directed my energies as a Consultant Psychiatrist in the Community where I pioneered psychiatric liaison with Primary Care, thus reducing stigma and enhancing accessibility of psychiatric services to underserved patients. In October 2021 I retired from CCDHB, into which HVDHB had been merged. No patient has ever initiated any complaint against me during my entire career.

In 2021 I severed my connection with the Medical Council of New Zealand because I believe that they have betrayed their duty to the public by encouraging policies that are counter to the ethical and professional standards of good medical practice. This organisation has attempted to intimidate and silence physicians who have provided informed consent to patients and who raised legitimate scientific and therapeutic matters for discussion. They have, in brief, undermined the doctor-patient

relationship and attempted to impose dictatorial directives in violation of the right to freedom of expression, which includes the freedom to seek, receive and impart information and ideas of all kinds.

I thank the Commission for the opportunity to present today on fundamental issues of health, medicine and human rights.

The New Zealand Response to the Coronavirus Crisis

Like most everyone I followed the emergence of the coronavirus crisis with great attention. I grew concerned. For one, the draconian measures that restricted fundamental human rights were never supported by science. Desperate measures demand justification, yet the only justification we received was an admonition to place our trust in the Ministry of Health. At the time I raised objections and called for evidence and disputed the goal of viral elimination as unrealistic and impossible to achieve (as it turns out I was correct) in a series of letters to Parliament and in video discussions. I noted that lockdowns, masks and distancing carried great risks – not only with respect to human rights incursions but risks with respect to the physical and psychological well-being of the citizenry: routine screenings for disease were deferred, as were surgeries, schooling was disrupted, businesses lost, incomes diminished, and mobility curtailed during a so-called emergency. Services for the disabled were severely affected. Furthermore, there was no discussion whatsoever about the early treatment of those individuals here who contracted COVID.

As data poured in from around the world that showed an infection fatality rate of COVID in line with a seasonal flu, and as concerned physicians began to introduce promising early treatments for those who contracted COVID, New Zealand remained fixed upon the goals of viral elimination and universal vaccination.

The COVID inoculations were developed at 'warp speed' and introduced under emergency use. Soon vaccination was adopted as New Zealand's 'one size fits all' response to COVID, notwithstanding the glaring lack of mid-term and long-term safety, the novel genetic technology employed by the Pfizer inoculation and the relatively protected status of the country surrounded as it is by water with closed borders. Discussions of natural acquired immunity were relegated as trivial and even 'dangerous'. In June 2021 doctors were instructed by their Colleges and the Ministry of Health that failure to promote the injections could result in disciplinary action, thus effectively extirpating informed consent and silencing all but a few practitioners into the dereliction of basic medical duty.

We know now and we knew before that lockdowns were not only unethical but also ineffective and unhealthy; that forced vaccination is contrary to the NZ Bill of Rights and the Nuremberg Code, and that the persistent refusal of organisations to encourage true scientific debate runs counter to honesty and transparency in medicine, public health policy and government, and is in violation of the right to freedom of expression. The introduction of vaccine mandates for health practitioners was not founded upon science, and the rationale for this introduction was never openly debated. Much-needed health practitioners were terminated for deciding not to take inadequately tested gene-therapy inoculations that neither prevented transmission nor infection and which, in addition, have proved to have caused a significant number of adverse events and deaths both worldwide and here in New Zealand. In fact, mass vaccination has now been linked to a catastrophic development of worsening disease and worsening overall health. Vaccine mandates for health practitioners represent a form of coercion that is not consistent with a Parliamentary democracy.

As the 'vaccinations' – and I place this word in quotations because the inoculations do not serve as traditionally understood vaccines at all – were encouraged I note that exemptions became

virtually impossible to obtain – neither religious nor medical – and in fact exemptions that had already been provided by physicians who, in accordance with good medical practice, assessed their patients' specific individual needs, were retrospectively revoked, in violation of the very fulcrum of good medical practice, the inviolability of the doctor-patient relationship.

The COVID inoculations have amassed a record worldwide and in New Zealand of an astonishing number of adverse events, including death. These events have rendered many New Zealanders disabled, yet, in a supreme irony, those who have been disabled by an inoculation touted as safe and effective have been further disabled by discriminatory policies that have fostered social isolation and worsenng access to basic health and social services. The government's lack of transparency about these adverse events, its refusal to require the reporting of these events and to pursue, through mandated autopsies, causal relationships between the administration of the inoculations and mortality is nothing less than gross malfeasance. But perhaps most damning and disturbing of all is the government's rollout of the inoculations for children as young as five years of age up through adolescence, those populations least likely to become affected by COVID and far more likely to be seriously injured, as indeed reports of myocarditis, pericarditis and sudden death have demonstrated.

One of the most basic human rights, as outlined in the New Zealand Bill of Rights and the Nuremberg Code, is the right of human beings to decide what can or cannot be introduced into their bodies. The coercive tactics of the government vis-à-vis COVID 'vaccination' represent a fundamental breach of this fundamental right.

Furthermore, the introduction of a traffic light system which imposed a vaccine 'pass' led inexorably to discrimination and segregation, an exclusion of an entire segment of the population

from their rights to associate socially and to participate in very basic aspects of society and receive services to which they are inherently entitled (and for which, through their taxes, they have paid).

We find ourselves now in a position wherein those issues I warned about have come to pass: the corona respiratory virus cannot be eliminated; hastily developed novel 'vaccines' would prove highly problematic (in fact they are not able to prevent transmission nor infection of the very agent they are supposed to protect us against, nor can they be shown conclusively even to reduce the severity of illness as is often maintained); and the neglect of early treatment is contrary to basic medicine.

Summary

New Zealand, thanks to its geographic situation with natural sea borders, has been a relatively protected environment with respect to the coronavirus. Instead of taking advantage of such protection to monitor developments overseas, to employ science and *to make the preservation of human rights central to its health policy response*, the government took every measure to impose restrictions and to eliminate ANY scientific debate about the merits of their approach. There has been no attempt to assess systematically the many negative consequences of their mandates – and I can attest to the increase in the population of mentally impaired New Zealanders through the development of anxiety, depression, worsening substance abuse and even suicide; *nor has there been a requirement to conduct autopsies in the aftermath of sudden death in those who have received the COVID inoculations*. Instead, adverse events and deaths have been, literally, swept under the rug.

I have spent my life serving patients who, by dint of mental and/or intellectual disturbances and disabilities, are least likely to be able to stand up for their rights and who are most dependent upon

authorities – whether they be medical or governmental – to make informed decisions. I wish to conclude by quoting a few lines from the Cartwright Inquiry (Chapter 7, Ethics and Patient Rights):

"A patient who enters hospital for examination or treatment will usually be nervous and feel out of her depth. She may be surprised by how little information is offered about her diagnosis and management. Frequently she will ask very few questions of the nursing or medical staff. Occasionally, she will be outraged when she learns that treatment or procedures have been undertaken without her knowledge or consent. Overwhelmingly, however, she will trust the medical, nursing and administrative staff to have one overriding goal: her health and welfare.

"The ancient oath of Hippocrates contained this concept as its first principle. In the Declaration of Geneva 1948, that principle was reaffirmed as 'the health of my patient will be my first consideration'."

I and my colleagues in the New Zealand Doctors Speaking Out for Science (www.nzdsos.com) would be happy to participate in a civil, courteous and open debate with the government and its ministries on each of the scientific and ethical points alluded to in this submission: there is an enormous amount of evidentiary data that has essentially been disregarded, hidden or misrepresented. These data are critical and essential. To date the government has ignored our pleas for transparency and dialogue, opting instead to represent itself, incredibly enough, as a 'single source of truth.' This position is as ludicrous as it is harmful.

Thank you.

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