

22 November 2021

Chuck Schooner

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Ref: H202115489 & H202115755

Tēnā koe Chuck

Response to your request for official information

Thank you for your requests to the Ministry of Health (the Ministry) under the Official Information Act 1982 (the Act) on 3, 8, 11, 12, 13 and 15 November 2021. Your requests were consolidated under section 18(A) of the Act and provided at Appendix 1.

On 17 November 2021, you agreed to refine your request to the following. I will respond to each part of your request in turn.

- *Why have the data reports completed by Medsafe appear to be more favourable in relation to "Observed versus Expected Deaths" in the recent report.
Safety Report #31 Observed Deaths within 21 Days - 2,501 deaths
Safety Report # 32 Observed Deaths within 21 Days - 623 deaths
Please define "Safe" in relation to this vaccine?
Would the following be classed as safe based on statistics from the US VAERS website
17,000 deaths - safe?
26,000 disabled - safe?
10,179 cases of bells palsy - safe?
10,304 cases of myocarditis - safe?
8,408 heart attacks - safe?
2,631 miscarriages - safe?*

This is the actual data reported. While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information they do not hold or provide or prove an opinion. Your questions and the statements that support them appear designed to engage in a debate about the Government's COVID-19 vaccination programme, rather than a request for official information. The Act does not support requests where an opinion, comment, argument, or hypothetical statement is put to the Ministry for response, couched as a request for information. This part of your request is therefore refused under section 18(g) of the Act on the grounds that the information sought is not held by the Ministry.

- *Who is responsible for doing due diligence of actual statistics prior to approving this vaccine - do Medsafe do any due diligence or do they rely on what Pfizer has told them?*

The statistics are performed using established methods and have been reviewed by the statisticians on the COVID-19 Vaccine Independent Safety Monitoring Board (CV-ISMB)

- *Why was a cost benefit assessment of this vaccine not been completed and why is one not being completed now?*
- *Given the above a basic cost benefit based on actual data - based on global data of a 99% survival rate of the virus only 746 people would be impacted by the virus yet the vaccine has killed or permanently injured 74,522. Would you agree the cure is worse than the disease? This is a basic cost benefit and it totally destroys any justification for the vaccine.*

Please State how the Ministry of Health Define Effective?

The definition of effective is determined by the measured outcomes in the clinical trial for a medicine.

Your questions and the statements that support them appear designed to engage in a debate about the Government's COVID-19 vaccination programme, rather than a request for official information. The Act does not support requests where an opinion, comment, argument, or hypothetical statement is put to the Ministry for response, couched as a request for information. These questions are therefore refused under section 18(g) of the Act on the grounds that the information sought is not held by the Ministry.

- *Recently it has come out that leaked information about the drug trials completed by Pfizer have all sorts of issues with safety, efficacy and the side effects that have been hidden. How can the MOH trust Pfizer? Especially for a vaccine that doesn't work as intended?*

There are several aspects of the New Zealand and international medicines regulatory systems that help to ensure the integrity of information submitted by sponsor companies in support of applications for the approval of new medicines. This includes the regular auditing of manufacturing and clinical sites for compliance with the requirements of Good Manufacturing, Clinical and Laboratory Practice, as well as independent testing of certain products. International regulatory authorities also collaborate and share information regarding the identification and investigation of any possible data integrity issues, such as through the International Conference of Medicine Regulatory Authorities (ICMRA).

- *If the vaccine can't stop you getting or transmitting virus does that fall into the definition of effective?*

Preliminary results from studies have shown that two doses of the Pfizer vaccine can substantially reduce transmission of the virus. For example, this study here:

<https://www.nejm.org/doi/full/10.1056/nejmoa2108891>.

The following link provides information on vaccine effectiveness and other health measures: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19/covid-19-about-delta-variant> is that vaccination reduces transmission and the severity of COVID if infected.

Please refer to the vaccination stats that reinforce this:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics#age-gender>.

These statistics show that the majority of the people who are infected with COVID-19 and/or in hospital are unvaccinated.

The Ministry also regularly updates the Science News page for up to date information regarding COVID-19 and the Vaccine: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news>.

- *If investigations aren't undertaken would you agree that you do not care about New Zealanders at all and this is past the point of caring about their health?*
- *Is the Ministry of Health aware that Merriam Webster changed the official definition of vaccine this year because mRNA technology did not fit into the definition. Do you think NZ would see vaccine take up if when they went to get the vaccine they were told the treatment was classed as a drug or gene therapy and not a vaccine?*
- *Do you believe that New Zealanders have actual "informed consent" when they go to get a vaccine?*
- *It is now acknowledged by Pfizer and experts that six months immunity might be provided? Would that be considered effective by MOH?*

While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information they do not hold or provide or prove an opinion. Your questions and the statements that support them appear designed to engage in a debate about the Government's COVID-19 vaccination programme, rather than a request for official information. The Act does not support requests where an opinion, comment, argument, or hypothetical statement is put to the Ministry for response, couched as a request for information. These questions are therefore refused under section 18(g) of the Act on the grounds that the information sought is not held by the Ministry.

Please be advised that should the Ministry receive further requests seeking comment or an opinion they may be considered vexatious and refused under section 18(h) of the Act.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases.

Nāku noa, nā



Jan Torres
Acting Manager OIA Services
Office of the Director-General

Appendix 1: Your original request:

Why has the data reports completed by Medsafe appear to be more favourable in relation to "Observed versus Expected Deaths" in the recent report. Did this have anything to do with Medsafe approving Pfizer vaccine again. Data that has changed is below.

Safety Report #31 Observed Deaths within 21 Days - 2,501 deaths Safety Report # 32 Observed Deaths within 21 Days - 623 deaths

I note this is reported in slightly different way but there are 1,878 deaths that have mysteriously disappeared. Can Medsafe state why deaths have mysteriously been reduced from earlier reporting?

Can Medsafe/Ministry of Health/Covid-19 Response Minister Please confirm how they define "Safe and Effective"?

New Zealand has the benefit of real time data overseas so is anybody at all monitoring overseas trends? By way of an example here is data from the US Governments VAERS website - government data by the way and this is not "misinformation".

*17,000 plus deaths reported dead direct from the vaccine - is anyone at Medsafe responsible for asking Pfizer why there are all these deaths in US?
800,000 injuries - has Medsafe investigated why there are so many injuries in the US before approving this vaccine in New Zealand - side effects in New Zealand each week continue to tick up - injuries in children no less - how are Medsafe okay with that when children prior to mass vaccination were hardly impacted
26,000 people with permanent disabilities in the US - would Medsafe consider this safe?*

How can this be overlooked by Medsafe?

How does Medsafe/Ministry of Health define effective?

Please note again real time data Waterford in Ireland that is 99.7% vaccinated previously had one of the lowest Covid rates (before mass vaccination) and now has one of the highest with what is almost a perfect vaccination rate.

How does Medsafe square that circle as to why highly vaccinated areas are seeing significant outbreaks in vaccinated. Is this not a worrying sign - similar trends in Israel, Gibraltar, UK. I would also ask Medsafe to immediately confirm if "unlinked" cases are in the vaccinated in New Zealand.

At what point does Ministry of Health/Medsafe wake up? It does look like all of the science around mRNA vaccines and it impacting the immune system are correct and we are likely to see more people sick in the next 6-9 months.

Number of persons/panel/investigators who assess if the deaths after administration are from the vaccine

- Please provide their individual qualifications*
- Please provide the amount of years they have been in practice*
- Please provide if this work is peer reviewed by an independent body*
- Please provide who employs them*

As per the statistics on the Medsafe website can you please state if you consider them to be effective and competent based on the following statistics.

94 total deaths

40 deaths unlikely related

38 deaths could not be assessed due to insufficient information

15 cases still under investigation

1 death from vaccine

Based on the above whoever is assessing these deaths it appears they can only successfully assess 50% of these deaths then surely that calls into question the usefulness of this group and an independent group needs to be appointed to investigate the 40 deaths this panel cannot figure out?

Because if these 40 deaths are in any way related to the vaccine this means the vaccine has done more damage than the virus - 2-1 for some basic math for you. You can't tell me we can't find a group that could actually assess these properly as it appears there is a competence issue involved here.

Can you please tell me why an independent group not related to MOH/Medsafe has not been appointed to assess these deaths as only being 50% successful at something as important as this is effectively negligence/misconduct. Because if an independent third party was appointed and able to assess even two of these cases as having died from the vaccine then surely that calls into question if Medsafe has done their due diligence when approving this vaccine again.

Where is the main information coming from with regard to the Covid-19 vaccine response? Real time data or information from Pfizer?

The Ministry of Health states the vaccine is effective yet can't point to how long a person might have immunity for.

New Zealand has the benefit of seeing all of the overseas trends before things eventuate in New Zealand and we should be able to tailor a proper response yet YOU are failing with every metric due to the real time data now available. Even your own statistics you are refusing to look at.

- Are the Ministry of Health aware Dr Anthony Fauci is on TV saying vaccines do not work as intended and immunity wanes relatively quickly (given he has ties to vaccine this should raise flags). Given this information would the Ministry of Health agree a vaccine passport which might be relevant for two months is pointless?

- If the Ministry of Health can't tell you how long you have immunity and real time data is coming out saying it might be a few months only this would mean the vaccine is not effective at all? Would the Ministry of Health agree? What does the Ministry of Health consider effective?

- Is the Ministry of Health aware that Merriam Webster changed the official definition of vaccine this year because mRNA technology did not fit into the definition. Do you think NZ would see vaccine take up if the treatment was classed as a drug or gene therapy?

- When the Ministry of Health approved this vaccine for the second time were you aware that on the VAERS website (government statistics) there were the following

- 17,000 deaths directly from vaccine

- 26,199 people disabled

- 10,179 bells palsy

- 10,304 cases of myocarditis

- 8,408 heart attacks

- 2,631 miscarriages

Did anybody at all do Due Diligence of actual statistics?

Medsafes own data shows this vaccine is doing large amounts of damage.

Given the obfuscation when OIA requests come in and the inability to properly answer basic requests New Zealanders no longer trust the competence of the people making decisions. Is this a fair statement?

You are gambling with peoples long term health - have some integrity and come out and say this vaccine is neither safe or effective. There is even data in the US that says the vaccine is killing 2 persons to the one person it might help.

Is it corruption or incompetence stopping Medsafe/MOH from doing the right thing?

We are now getting 100's of Covid cases per day in Auckland when Auckland is 85% fully vaccinated.

Please State how the Ministry of Health define effective?

Is it different to the following - Effective - producing a result that is wanted; having an intended effect.

It appears Auckland is starting to mirror all highly vaccinated countries overseas whereby highly vaccinated areas are seeing an uptick in Covid cases and also other "rare conditions". These rare conditions never existed prior to vaccination. Please date this request as I expect we will start seeing an uptick in ADE in coming months.

Please provide number of cases of ADE by year for the last 5 years 2016-2020.

Also provide ADE numbers 2021 and if the person was vaccinated.

Recently it has come out that leaked information about the drug trials completed by Pfizer have all sorts of issues with safety, efficacy and the side effects that have been hidden.

Given this publicly available information does Medsafe not want to look out for New Zealanders and halt the vaccine roll-out until this is thoroughly investigated?

If Medsafe does not do this - would you acknowledge that this is not about health at all and you don't care about New Zealanders and would rather put them at risk.

Is there anything planned by the MOH, Medsafe, PM, Director General of Health or Covid Response Minister for when 100 deaths not from the vaccine are tabulated. To date we are at 94 that aren't from the vaccine.

<https://www.medsafe.govt.nz/COVID-19/safety-report-34.asp>

Please provide if there will be a morning tea shout?

Will the six names be toasted at the morning tea?

What will the budget be for the morning tea?

Who will be in attendance?

Can the Ministry of Health please state if

- Any of these three deaths died within 21 days of either the first or second dose of Pfizer-*
- Can you confirm if these three persons were vaccinated*
- Can you confirm if any of these deaths has been recorded on the Medsafe vaccine reports as part of the 94 deaths*