133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

17 December 2021

AS Emet

By email: fyi-request-17872-d2147639@requests.fyi.org.nz
fyi-request-17673-9adc9d6f@requests.fyi.org.nz
fyi-request-17676-b7cb738f@requests.fyi.org.nz
fyi-request-17670-993a8403@requests.fyi.org.nz
fyi-request-17734-5c1b1c4e@requests.fyi.org.nz
fyi-request-17760-7c519141@requests.fyi.org.nz

Ref: H202116601
H202116783

Tēnā koe AS Emet

Response to your request for official information

Thank you for your email of 7 December 2021 in response to a letter on 1 December 2021 from the Ministry of Health (the Ministry) asking you to rescope the five requests under the Official Information Act 1982 (the Act) received from you between 23 and 29 November 2021.

Rather than repeat your consolidated request verbatim, it is attached as appendix 1.

Under section 15(1AA) of the Act the Ministry sought to rescope your five requests because they contained almost 130 questions in total and would likely be refused under section 18(f) as requiring substantial research and collation. In seeking to rescope your request, the Ministry asked you to:

- Review a range of publicly available information available at reputable scientific websites as well as information that has been proactively published by the Government, the Ministry, Medsafe and the Institute of Environmental Science and Research (ESR);
- Recognise that there is no requirement under the Act for agencies to create new information, compile information they do not hold, provide or prove an opinion or respond to hypothetical questions; and
- Focus on those substantive questions you are seeking answers for.

Your revised request contains an estimated 100 questions and while you have said you have not made them your requests to create “undue burden,” you have reiterated that your request includes any information held by all “persons, boards, councils, committees, subcommittees, organisations, bodies, or individuals advising on such matters, or otherwise exerting influence in any capacity”. While you have said this was merely to clarify your request and not to create any additional or undue burden, the Ministry can only interpret a request in the way it is written and placing such a wide net on it invariably invokes section 18(f). As the Ministry noted in its letter of 1 December 2021, those requirements have been compounded by the outbreak of the Delta variant of COVID-19 which has required the Ministry to divert significant resources to responding to the global pandemic. Therefore, your request is refused under section 18(f) on the grounds that responding would require substantial collation and research.

Furthermore, the Ministry considers your rescoped request, while slightly reduced in size, continues the themes of the five earlier requests and has not considered the points noted above. For example, the repeated references to "COVID-19 inoculations" are an attempt to imply that approved mRNA COVID-19 vaccines contain the corona virus and therefore cause disease. These questions are based on misinformation. As the Ministry emphasises on its website, mRNA vaccines such as the Pfizer Comirnaty vaccine do not contain any of the virus that causes COVID-19 or any other live, dead or deactivated viruses. There is more information at: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-how-vaccine-works#mrna.

Likewise, despite the Ministry pointing you to considerable publicly available information, you asked questions about adverse reactions and the effect of the Comirnaty vaccine on pregnant women. A cursory examination of either the websites of the Ministry or Medsafe would have found information such as this:

- www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-health-advice/covid-19-vaccine-pregnancy-and-breastfeeding
- www.health.govt.nz/system/files/documents/pages/csu-13-sept-2021-vaccination-in-pregnancy-is-not-associated-with-miscarriage.pdf
- www.medsafe.govt.nz/safety/Alerts/covid-19-vaccination-in-pregnancy.asp
- www.health.govt.nz/our-work/immunisation-handbook-2020/5-coronavirus-disease-covid-19#23-4 (especially sections 5.2.2., 5.4.4. and 5.5.9. and the scientific references in these sections).

Additionally, many of your questions are asking the Ministry to either compile information it does not hold or to provide or prove an opinion. Asking the Ministry to comment on or itemise the information about the use of zinc sulphate or inhalation chambers in the 1918 influenza pandemic is not a request for official information. As noted in the Ministry's letter of 1 December 2021, the Act does not support requests where statements are put to an agency subject to the Act for comment, couched as requests for official information. Therefore, your request is also refused under section 18(g) of the Act on the grounds that the information is not held by the Ministry.

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.

Nāku noa, nā

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

Appendix 1

In response to your references H202116601 and H202116783,

I am consolidating the previous requests for information, submitted between 23 and 29 Nov 2021:
* COVID-19 inoculations, safety, efficacy, necessity
* MOH policy roles under COVID-19
* Vaccine Pass
* COVID-19 inoculations, long-term safety and efficacy
* All cause mortality, by age and inoculation status

I hope that the Ministry will understand that the volume of these requests are not meant to impose undue burden, but rather it reflects an urgency which has been created by legislative dictate which was rushed through under highly irregular circumstances, invoking critique from The Human Rights Commission and various NGOs, including Amnesty International, stating "We are deeply concerned to see limited scrutiny of yet another piece of legislation with significant human rights implications." - https://scanmail.trustwave.com/?c=15517&d=8sCu4bUJ32KVUxzjF7gXJN9jdsvrade_bQMO2BCOfw&u=https%3a%2f%2fwww%2eamnesty%2eorg%2enz%2famnesty-international-statement-covid-legislation-bill

Further, it is my understanding that requests for information under The Official Information Act are inherently inclusive of "all persons, boards, councils, committees, subcommittees, organisations, bodies, or individuals advising on such matters, or otherwise exerting influence in any capacity", and there is an obligation to forward requests to any persons or bodies which you reasonably believe to hold relevant information, and advise accordingly. As such, this has been stated only to clarify, not to create any additional or undue burden.

In no particular order, the questions are being consolidated below:

Does The Ministry of Health posses any long-term safety data for any COVID-19 inoculations?

Does The Ministry of Health posses any long-term efficacy data for any COVID-19 inoculations?

In the absence of long-term safety and efficacy data, on what basis can these products/treatments be claimed to be "safe" and "effective"? If such claims as "safe" and "effective" are implicitly inclusive of long-term safety and efficacy data, what long-term data substantiates such claims? If such claims as "safe" and "effective" exclude long-term claims of safety and efficacy, how is that exclusion effectively being communicated to policy-makers, media, healthcare providers, the general public, and other parties?

In the absence of long-term safety and efficacy data, is it reasonable or unreasonable to consider these products/treatments "experimental"? On what scientific and medical basis would such a definition be determined? If The Ministry of Health has not considered this, please explain why.

Regardless of terminology, how does such absence of long-term safety and efficacy data affect healthcare providers' legal and ethical obligations to facilitate informed consent? How does this affect healthcare providers' legal and ethical obligations to empower their patients to exercise their rights of informed consent? How does this affect patients' rights regarding informed consent? If The Ministry of Health has not considered this, please explain why.

What claims or disclaimers have been made by manufacturers and/or their representatives of COVID-19 inoculations' efficacy in regards to prevention of infection, transmission, "long-COVID", or death?

What claims have been made by manufacturers and/or their representatives of COVID-19 inoculations in regards to quantifying any claimed forms of efficacy? How are such claims presented or interpreted in terms of "absolute risk reduction"? How are such claims presented or interpreted in terms of "number needed to vaccinate to prevent one infection"?

What claims or disclaimers have been made by manufacturers and/or their representatives regarding COVID-19 inoculations' unknown risks? What additional unknown risks have been identified by The Ministry of Health? How has The Ministry of Health assessed these unknown risks? How has The Ministry of Health's policies and positions accounted for, and hedged against, these unknown risks? Are such assessments, positions, and policies supported by evidence-based risk/benefit and cost/benefit analyses? Or, are such assessments, positions, and policies supported by something other than evidence-based risk/benefit and cost/benefit analyses?

What claims or disclaimers have been made by manufacturers and/or their representatives regarding COVID-19 inoculations' duration of efficacy?

What information does The Ministry of Health hold regarding research indicating that any efficacy of COVID-19 inoculations fades over the course of months, then becomes "negative efficacy"? If The Ministry of Health is not keeping abreast of such research, then whose role is it to ensure that New Zealand is using the best and most current data to make evidence-based decisions that best serve public health goals, as stated and generally understood?

What information does The Ministry of Health hold regarding research indicating that increased exposure to COVID-19 inoculations (eg via booster shots) may increase the incidence, rate of incidence, and/or severity of adverse reactions? If The Ministry of Health is not keeping abreast of such research, then whose role is it to ensure that New Zealand is using the best and most current data to make evidence-based decisions that best serve public health goals, as stated and generally understood?

What information does The Ministry of Health hold regarding non-sterilising/non-neutralising "leaky vaccines" (such as currently available COVID-19 inoculations) selecting for more vaccine-evasive and/or more pathogenic viral mutations? If this issue has not been reviewed by The Ministry of Health, why not? If The Ministry of Health is not keeping abreast of such research, then whose role is it to ensure that New Zealand is using the best and most current data to make evidence-based decisions that best serve public health goals, as stated and generally understood?

What information does The Ministry of Health hold regarding innate immunity and naturally acquired immunity to COVID-19? If this issue has not been reviewed by The Ministry of Health, why not? If The Ministry of Health is not keeping abreast of such research, then whose role is it to ensure that New Zealand is using the best and most current data to make evidence-based decisions that best serve public health goals, as stated and generally understood?

What New Zealand data is The Ministry of Health monitoring, to ensure that COVID-19 inoculations are "safe and effective" in New Zealand, as claimed? eg, is The Ministry of Health monitoring data relating to age stratified all-cause mortality, excess mortality, and suicides on the basis of inoculation status? Is The Ministry of Health monitoring data relating to age-stratified diagnoses and deaths relating to myocarditis, pericarditis, heart attacks, strokes, excess deaths, sudden deaths, thrombocytopenia, embolisms, thromboses, or other clotting disorders, pregnancies and miscarriages, and other adverse reactions of concern or known to be associated with COVID-19 inoculations, and correlating such data to inoculation status? If this type of data is being monitored, I would very much like to see it. If this type of data is not being monitored by The Ministry of Health, then why is this type of data is not being monitored? Whose role is it to monitor such data? How can The Ministry of Health ensure the effectiveness of public health policies in New Zealand if The Ministry of Health is not continuously monitoring

the most relevant and current data? If this type of data is not being monitored, what basis is there for asserting that COVID-19 inoculations are safe and effective in New Zealand?

What balance of evidence, both for and against, supports policies of classification, segregation, and discrimination of people on the basis of COVID-19 inoculations (eg a "Vaccine Pass")? What evidence-based risk/benefit and cost/benefit analyses support such polices? Are such policies supported by evidence-based risk/benefit and cost/benefit analyses? Or, are such policies supported by something other than evidence-based risk/benefit and cost/benefit analyses?

What balance of evidence, both for and against, supports the position that "When everyone is vaccinated, this helps to end the pandemic."? - https://scanmail.trustwave.com/?c=15517&d=8sCu4bUJ32KVUxzjF7gXJN9jdsvrade_bQME2UCDeA&u=https%3a%2f%2fcovid19%2egovt%2enz%2fcovid-19-vaccines%2fget-the-facts-about-covid-19-vaccination%2fnz-vaccine-facts%2f - How does such evidence account for evidence of limited efficacy, limited duration of efficacy, absence of long-term safety and efficacy data, and unknown risks? How does such evidence account for countries which have experienced their worst outbreaks after record-breaking levels of inoculations? Are such positions supported by evidence-based risk/benefit and cost/benefit analyses? Or, are such positions supported by something other than evidence-based risk/benefit and cost/benefit analyses?

What balance of evidence, both for and against, supports policies of "booster shots"? What evidence-based risk/benefit and cost/benefit analyses support such polices? Are such policies supported by evidence-based risk/benefit and cost/benefit analyses? Or, are such policies supported by something other than evidence-based risk/benefit and cost/benefit analyses?

What balance of evidence, both for and against, supports policies of coercion and other undue pressures for people to have COVID-19 inoculations? What evidence-based risk/benefit and cost/benefit analyses support such polices? Are such policies supported by evidence-based risk/benefit and cost/benefit analyses? Or, are such policies supported by something other than evidence-based risk/benefit and cost/benefit analyses?

What balance of evidence, both for and against, supports a position that safety, efficacy, and necessity of COVID-19 inoculations preempt/preclude certain human rights, including rights to honest and fully informed consent to medical treatment, rights to informed refusal of medical treatment, and human rights to refuse medical treatment with or without reason, including reasons of religious or ethical belief? Are such policies supported by evidence-based risk/benefit and cost/benefit analyses? Or, are such policies supported by something other than evidence-based risk/benefit and cost/benefit analyses?

What contingency plans have been considered, if COVID-19 inoculations may prove to be unsafe, ineffective, unnecessary, and/or otherwise harmful to public health? If such contingency plans have not been considered, why not?

As it relates to COVID-19, is The Ministry of Health tasked with providing evidence-based policy advice to the government, the media, and the public? How is The Ministry of Health empowered to defend an evidence-based position, and push back with an evidence-based position, under pressure from government public health policies which are not evidence-based?

As it relates to COVID-19, to what extent has the government abided by, or not abided by, evidence-based advice from The Ministry of Health?

As it relates to COVID-19, To what extent, and in what capacity, and by what means have public health dictates by government influenced The Ministry of Health in advising the media and the public, in ways that may be influenced more by ideology or dictate than by scientific and medical evidence? What government policy-based public health advice has The Ministry of Health

provided to the media and the public, when such advice is not evidence-based? To what extent has The Ministry of Health abided by, or not abided by, such policy advice when it is not evidence-based?

How does The Ministry of Health manage conflicts between evidence-based policies and government imposed policies? What policies and practices are in place to manage conflicts between evidence-based policies and government imposed policies?

What safe-guards (policies, practices) are in place to prevent a feedback loop between The Ministry of Health and government developing a relationship that rewards, incentivizes, or otherwise reinforces government policy dictates at the expense of evidence-based policies? By what metrics are such safe-guards assessed? How is The Ministry of Health performing in this regard?

What safe-guards (policies, practices) are in place to protect The Ministry of Health from "regulatory capture" (eg via advisory committees, industries, private interests) from developing, promoting, or otherwise reinforcing policies that are not evidence-based? By what metrics are such safe-guards assessed? How is The Ministry of Health performing in this regard?

What is the purpose of a "Vaccine Pass" system? How is a "Vaccine Pass" system expected to benefit public health? How can a "Vaccine Pass" system benefit public health, by doing the exact opposite of the recent position paper's recommendations (Ministry of Health position statement on pre-consultation testing of unvaccinated individuals in healthcare settings, 19 Nov 2021), and doing it on a much larger scale?

What evidence-based cost/benefit analysis supports the use of a "Vaccine Pass" system for such claimed purposes? What evidence-based risk/benefit analysis supports the use of a "Vaccine Pass" system for such claimed purposes? If evidence-based cost/benefit analyses and evidence-based risk/benefit analyses do not support the implementation of this system for such claimed purposes, then why is this system being implemented?

To the extent that COVID-19 inoculations may be effective, then what public health benefit can be served by a "Vaccine Pass" system?

To the extent that COVID-19 inoculations may not be effective, then what public health benefit can be served by a "Vaccine Pass" system?

What balance of evidence, both for and against, supports any classification and/or segregation of any kind between inoculated and uninoculated persons?

Does The Ministry of Health hold any information indicating that the current COVID-19 inoculations are "neutralising vaccines" or "sterilising vaccines", in the sense that they effectively prevent infection and transmission of SARS-Cov-2/COVID-19? nb, this is not to be confused with inoculations stimulating the production of "neutralising antibodies".

What information does The Ministry of Health hold regarding the nature of "leaky vaccines" to allow infection, allow transmission, facilitate asymptomatic disease transmission, and select for both more vaccine-evasive viral mutations and more pathogenic viral mutations? If The Ministry of Health is not keeping abreast of such research, then whose role is it to ensure that New Zealand is using the best and most current data to make evidence-based decisions that best serve public health goals, as stated and generally understood?

What balance of evidence, both for and against, does The Ministry of Health rely on to primarily/exclusively favour "leaky vaccines", rather than evidence-based prevention and early treatment protocols, such as those published by FLCCC - https://scanmail.trustwave.com/?c=15517&d=8sCu4bUJ32KVUxzjF7gXJN9jdsvrade_bQYFjEPeeA&u=https%3a%2f%2fcovid19criticalcare%2ecom%2fcovid-19-protocols%2f - which appear to

be both safer and more effective than any COVID-19 inoculations. If it is not the role of The Ministry of Health to research and advocate for the safest and most effective prevention and treatment protocols, in the midst of a pandemic, whose job is it?

Is The Ministry of Health opposed to treatment protocols such as those published by FLCCC? Is The Ministry of Health aware of such treatments being discouraged in any way?

Is The Ministry of Health aware of any COVID-19 treatment studies demonstrating that Ivermectin, as a primary treatment, is unsafe or ineffective, when used (1) in clinically relevant doses and (2) as an early treatment? If The Ministry of Health is not keeping abreast of such research, then whose role is it to ensure that New Zealand is using the best and most current data to make evidence-based decisions regarding safe, effective, readily available, and cost effective COVID-19 treatments that best serve public health goals, as stated and generally understood?

What information does The Ministry of Health posses in relation to the use of zinc sulfate and/or inhalation chambers, used in New Zealand during the 1918 Influenza Pandemic?

What lessons has The Ministry of Health learned, subsequent to that use of zinc sulfate and inhalation chambers, and their mandated uses during the 1918 Influenza Pandemic? How can the public be assured that gross errors of public health policy, public health mandates, pandemic response, and rushed treatments are not being repeated? If The Ministry of Health has not considered this, please explain why.