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1 December 2021

AS Emet

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Ref: H202116601
H202116783

Tēnā koe AS Emet

Response to your request for official information

Thank you for your requests under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 23 November 2021 (at 11.42am, 2.47pm and 4.18pm), 27 November 2021 and 29 November 2021 for information about government policy making and COVID-19 vaccines, treatments and related information.

The Ministry initially consolidated the first three requests from Tuesday 23 November 2021 into one request and the Ministry was considering consolidating the requests from 27 and 29 November 2021 into another response.

However, as these five requests are for the same or similar information and have come in quick succession, the Ministry is considering them as one request where each subsequent request has effectively amended an earlier request. Rather than repeat them verbatim, they are attached as appendices 1, 2, 3, 4 and 5.

I am seeking under section 15(1AA) of the Act to rescope as your combined request, which contains almost 130 questions. Additionally, you have directed that the scope of 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”. You further added that “if this request relates to information that you have reason to believe may be held by any other persons or bodies,” without identifying who these people are, you have asked the Ministry forward the request to them. The Ministry estimates that several thousand people could potentially come within the scope of these parts of your requests.

In its current form your requests would likely be refused under section 18(f) of the Act on the grounds that it would require substantial research and collation. 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 outbreak. We are simply unable to quiz every employee, contractor or committee member as to whether they have read or hold any information relevant to your questions.

Under section 15(1AA) of the Act, the Ministry therefore asks you to identify those substantive questions you are seeking answers for. When rescoping your request, the Ministry asks you to consider three points.

The first point concerns the nature of requests under the Act. While the law allows New Zealanders to request official information from Ministers and government agencies, there is no requirement under the Act for the Ministry to create new information, compile information it does not hold, provide or prove an opinion or respond to hypothetical questions. Many of your questions – which are essentially a form of cross-examination – appear to be an attempt to engage in a debate about the Government's response to the COVID-19 pandemic and its vaccination programme rather than a request for information under the Act. The Act does support requests where an opinion, comment, hypothetical statement or leading question is put to the Ministry for response, couched as a request for information. Many of your questions fall into this category and are likely to be refused.

The second point is that many of your questions across your various individual requests are highly repetitive. Repeatedly asking the Ministry for the same or similar questions could be deemed frivolous or vexatious and refused under section 18(h) of the Act.

Finally, since the global pandemic began, the Ministry and other government agencies have proactively published a significant amount of information about COVID-19 that would answer many of your questions. I want to draw your attention to the following:

- Comprehensive information about New Zealand's COVID-19 response, including vaccination, alert levels, overseas travel and departure tests, is available on the Unite against COVID-19 website at: www.covid19.govt.nz.

- The Department of the Prime Minister and Cabinet is the lead agency for the All-of-Government response to the COVID-19 pandemic and has published information about its work at: https://dpmc.govt.nz/our-business-units/covid-19-group.

- COVID-19 case numbers are published daily by the Institute of Environmental Science and Research (ESR): https://nzcoviddashboard.esr.cri.nz/#!/ ESR has also published a wide range of other information about the SARs CoV-2 virus and its response work: www.esr.cri.nz/our-expertise/covid-19-response/.

- The Ministry also publishes COVID-19 case data (www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-current-cases), COVID-19 Situation Reports (www.health.govt.nz/about-ministry/information-releases/general-information-releases/covid-19-situation-reports-january-november-2020) and COVID-19 vaccination data (www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data).

- New Zealand's Medicines and Medical Devices Authority, Medsafe, has published a range of information on the approval of COVID-19 vaccines, including adverse events following immunisation at: www.medsafe.govt.nz/index.asp.

- Medsafe has also published information about thrombosis (www.medsafe.govt.nz/Consumers/educational-material/Thrombosis-with-Thrombocytopenia-Syndrome.pdf), pregnancy (www.medsafe.govt.nz/safety/Alerts/covid-19-vaccination-in-pregnancy.asp), and myocarditis and pericarditis (www.medsafe.govt.nz/safety/Alerts/comirnaty-myocarditis-alert.htm) among a range of topics.

- The Ministry has published responses to requests under the Act that cover many of the issues you have raised at, including around PCR testing and the isolation of the COVID-

19 virus: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

- Additionally, a range of peer reviewed scientific research about the COVID-19 virus has been published on *PubMed* by the National Center for Biotechnology Information at the National Institutes of Health in the United States at: https://pubmed.ncbi.nlm.nih.gov.

- The Ministry has published a review of a range of scientific information on COVID-19-related topics at: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news.

- The Immunisation Handbook (chapter 5) contains a range of information and references to scientific literature about COVID-19 and COVID-19 vaccines. It is available at: www.health.govt.nz/our-work/immunisation-handbook-2020/5-coronavirus-disease-covid-19.

I look forward to your response and would appreciate a reply by **8 December 2021.**

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 – request received on 23 November 2021 at 11.42am

In a 19 Nov 2021 position statement - https://www.health.govt.nz/system/files/documents/pages/ministry_of_health_position_statement_on_the_management_of_unvaccinated_individuals_in_healthcare_settings.pdf - The Ministry of Health indicated that the risk of COVID-19 infection/transmission is more dependent on prevalence of disease in the community, and less dependent of any person's inoculation status, and further notes, "there is currently no evidence that the application of an alternative pathway based solely on vaccination status, or the routine incorporation of unvaccinated asymptomatic individuals into a high-risk pathway is justified", and states (in bold), that "asymptomatic infection is the issue, not the vaccination status of the patient."

Regarding "My Vaccine Pass",

What is the purpose of this "Vaccine Pass" system? How is this "Vaccine Pass" system expected to benefit public health? How can this "Vaccine Pass" system benefit public health, by doing the exact opposite of the recent position paper's recommendations, and doing it on a much larger scale?

What evidence-based cost/benefit analysis supports the use of this "Vaccine Pass" system for such claimed purposes? What evidence-based risk/benefit analysis supports the use of this "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?

If COVID-19 inoculations are effective, then what public health benefit can be served by this system?

If COVID-19 inoculations are not effective, then what public benefit purpose can be served by this system?

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

As noted explicitly - https://scanmail.trustwave.com/?c=15517&d=85yc4QzNvSYu07z5tGn1vJo9NFuYYt-qS7WMLJGcRA&u=https%3a%2f%2fcovid19%2egovt%2enz%2fcovid-19-vaccines%2fget-the-facts-about-covid-19-vaccination%2fnz-vaccine-facts%2f - and consistently repeated via press briefings and media outlets, The Ministry of Health claims that, "When everyone is vaccinated, this helps to end the pandemic."

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".

Does The Ministry of Health hold any information indicating that the current COVID-19 inoculations are "leaky vaccines", in the sense that they do not effectively prevent infection and transmission of SARS-Cov-2/COVID-19?

Is The Ministry of Health aware of the body of published research substantiating the concerns that "leaky vaccines" select for both more vaccine-evasive viral mutations and more pathogenic viral mutations? If not, why is The Ministry of Health not aware of such research?

To the extent that "leaky vaccines" allow infection, allow transmission, tend to facilitate asymptomatic disease transmission, and select for both more vaccine-evasive viral mutations and more pathogenic viral mutations, what body of evidence, both for and against, has The

Ministry of Health relied on to conclude that these products with no long-term safety or efficacy data can or should be used, for the stated goal to "end the pandemic"?

What balance of evidence, both for and against, does The Ministry of Health rely on to primarily/exclusively favour "leaky vaccines", rather than prevention and early treatment protocols, such as those published by FLCCC - https://scanmail.trustwave.com/?c=15517&d=85yc4QzNvSYu07z5tGn1vJo9NFuYYt-qS7CNeZLBRA&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?

Appendix 2 – request received Tuesday 23 November 2021 at 2.47pm

This request extends to all persons, boards, councils, committees, subcommittees, organisations, bodies, or individuals advising on such matters, or otherwise exerting influence in any capacity. If this request relates to information that you have reason to believe may be held by any other persons or bodies, I trust that you will advise accordingly.

For products being marketed as "vaccines", what time period does The Ministry of Health consider the minimum period of time for safety and efficacy data to be considered "long-term data"? For products being marketed as "vaccines", what time period does The Ministry of Health consider a typical period of time for safety and efficacy data to be considered "long-term data"? What is the scientific and medical basis of this determination?

Does The Ministry of Health posses any long-term safety data for any COVID-19 inoculation? If so, what is that data?

Does The Ministry of Health posses any long-term efficacy data for any COVID-19 inoculation? If so, what is that data?

Have the manufacturers of any COVID-19 inoculation, directly or indirectly, provided to The Ministry of Health any claims or evidence of long-term safety and/or efficacy? If so, what claims or evidence have been provided?

Have the manufacturers of any COVID-19 inoculation, directly or indirectly, provided to The Ministry of Health any disclaimers of long-term safety and/or efficacy? If so, what disclaimers have been provided?

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 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.

In the absence of long-term safety and efficacy data, how can it ever be possible to determine that a pharmaceutical treatment is "safe" and "effective"? In the absence of long-term safety and efficacy data, can it ever be possible to determine that a pharmaceutical treatment is "safe" and "effective"? If The Ministry of Health has not considered this, please explain why.

• 〃During the 1918 flu pandemic in New Zealand, inhalation chambers were set up in towns and cities as ameans to boost immunity. The public were encouraged to attend these chambers and inhale a zinc sulfate mist, a process that was said to disinfect the lungs and throat and protect against infection. In reality, the inhalation of zinc sulfate caused damage to the lungs and throat, thereby making participants more susceptible to infection. ¶ In towns such as Ashburton, New Zealand for example, in order to be eligible to travel by train, people had to present documentation at the train station proving that they had been through the inhalation chamber.〃 - https://scanmail.trustwave.com/?c=15517&d=xMic4Wj1dAF6UmLIWGaRXEHfLXyPO-7huOdLxBvGMQ&u=https%3a%2f%2fen%2ewikipedia%2eorg%2fwiki%2fZinc%5fsulfate%5f%28medical%5fuse%29%23Misuse

• ASHBURTON GUARDIAN, VOLUME XXXIX, ISSUE 9451, 14 NOVEMBER 1918, PAGE 4 - https://scanmail.trustwave.com/?c=15517&d=xMic4Wj1dAF6UmLIWGaRXEHfLXyPO-7huL0RyBzBMQ&u=https%3a%2f%2fpaperspast%2enatlib%2egovt%2enz%2fnewspapers%2fAG19181114%2e2%2e12%2e1

• INHALATION - Vapour chambers - https://scanmail.trustwave.com/?c=15517&d=xMic4Wj1dAF6UmLIWGaRXEHfLXyPO-7huOQWnx2Rag&u=https%3a%2f%2fwww%2enzgeo%2ecom%2fstories%2finhalation%2f

• Inhalation chamber during the 1918 influenza pandemic - https://scanmail.trustwave.com/?c=15517&d=xMic4Wj1dAF6UmLIWGaRXEHfLXyPO-7huOcSzU-SZA&u=https%3a%2f%2fnzhistory%2egovt%2enz%2fmedia%2fsound%2finfluenza-inhalation-chamber

Appendix 3 – request received 23 December 2021 at 4.18pm

I am aware of an OIA Request made on 9 Nov 2021, requesting the following information:

“What are the weekly age specific mortality rates by vaccination status (with respect to COVID-19 vaccines) for all deaths in New Zealand per 100,000 people for 2021?

The following categories of vaccination status are of interest:
- unvaccinated
- within 21 days of first dose
- 21 days or more after first dose
- second dose”

I can see that The Ministry of Health has responded to that request, citing section 18(g) of the

Official Information Act 1982, claiming that the Ministry does not hold the information in this way and is not required to generate it.

As a point of reference, this type of information, from the UK, has been made publicly available by the UK's Office for National Statistics.

I am following up to seek this data from The Ministry of Health.

* Is The Ministry of Health aware of any persons, boards, councils, committees, subcommittees, organisations, bodies, or individuals, whether or not based in New Zealand, whether or not subject to OIA Requests, which may have this data?

* Has The Ministry of Health considered maintaining this data? If The Ministry of Health has considered maintaining this data, why has it chosen not to? If The Ministry of Health has not considered maintaining this data, why has that not been considered?

* How can The Ministry of Health serve its purpose and role of promoting and protecting the interests of public health during this pandemic if this type of data is not maintained? Does The Ministry of Health not consider this type of data important for making evidence-based public health recommendations?

* How can The Ministry of Health ensure that inoculations are "safe" and "effective" in New Zealand, if this type of data is not maintained? What other data is maintained by The Ministry of Health that can serve a purpose comparable to, or better than, this data? If The Ministry of Health maintains data that can serve a purpose comparable to, or better than this data, please provide such data.

* What justification does The Ministry of Health have for not maintaining this data, after these inoculations have been used in New Zealand for almost a year? On what basis does The Ministry of Health consider this data to be not worth maintaining? Does The Ministry of Health assert that not maintaining this data somehow benefits public health?

* Are there any influences whatsoever which have deterred The Ministry of Health from maintaining this data? If so, what are those influences?

* Is it correct or incorrect that such data should be reasonably cheap and easy to compile and maintain by The Ministry of Health, using its own data and/or Department of Internal Affairs data?

Appendix 4 – request received on Saturday 27 November 2021

I am seeking information relating to the role of The Ministry of Health in the present response to COVID-19, and all matters under the guise of COVID-19 response and management.

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?

To what extent, and in what capacity, and by what means does The Ministry of Health provide evidence-based public health policy advice to the government, the media, and the public? What evidence-based public health policy advice has The Ministry of Health provided to the government and media? To what extent has the government abided by, or not abided by, such evidence-based advice?

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 dictate than 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 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 New Zealand data is The Ministry of Health monitoring, to ensure that COVID-19 inoculations are "safe and effective", as claimed? eg, is The Ministry of Health monitoring data relating to age stratified all-cause mortality 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 diagnoses of concern relating to 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, then why is this type of data is not being monitored? How can The Ministry of Health confidently 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?

Is it the role of The Ministry of Health to be actively monitoring this type of data, to ensure that inoculations in New Zealand are of net public health benefit? If that is not part of The Ministry of Health's role, whose role is it?

Appendix 5 – request received Monday 29 November 2021

This request extends to all persons, boards, councils, committees, subcommittees, organisations, bodies, or individuals advising on such matters, or otherwise exerting influence in any capacity. If this request relates to information that you have reason to believe may be held by any other persons or bodies, I trust that you will forward this request to them and advise accordingly.

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?

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 position does The Ministry of Health hold regarding research indicating that duration of efficacy of COVID-19 inoculations is on the scale of months? How has that position changed over time, and based on what information? What position 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", leaving people more vulnerable to poor outcomes, compared to never having been inoculated? 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 position 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 claims or disclaimers have been made by manufacturers and/or their representatives of COVID-19 inoculations in regards to such inoculations selecting for more vaccine-evasive and/or more pathogenic viral mutations?

What position 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? What balance of evidence, both for against such a position, has been reviewed by The Ministry of Health? 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 position does The Ministry of Health hold regarding innate immunity and naturally acquired immunity to COVID-19? What balance of evidence, both for and against, has formed such a position? 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 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 confidently 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=pL-k4dziNVnm3bZEUvbYkYrE3LjfUNdgY2O0Cn9l5A&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 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 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, 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?

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?