



25 OCT 2024

Chris McCashin

Email: fyi-request-27558-fdb02d8b@requests.fyi.org.nz
Ref: SROIA-294

Dear Chris,

Response to your request for information, SROIA-294

Thank you for your request under the Official Information Act 1982 (the Act) on 27 September 2024. You requested:

"There are hundreds of emails with those key words between Health NZ staff - Health NZ have lied / refused to provide information per other OIA requests and have said there is nothing available yet this response confirms they are hiding swathes of internal correspondence yet have provided about ten pages to another requestor.

Therefore I would like to revise this request - please provide all of the information in Mr Reti's email only with those key words

Please provide this at the earliest convenience given this is now a life and death matter. It is now and has been for sometime clear those vaccines are killing and a national hero has exposed this whilst you people attempt to hide it."

For context, your request above refers to a previous request you made under the Act (reference SROIA-173) for emails and formal advice containing the following three phrases:

- *Barry Young*
- *Steve Kirsch*
- *Whistleblower data*

Please find attached as Appendix 1 the emails identified within scope of your request. Please note, some information has been withheld under the following sections of the Act:

- section 6(c), as its release would likely prejudice the maintenance of the law, including the prevention, investigation, and detection of offences, and the right to a fair trial;
- section 9(2)(a), to protect the privacy of individuals;
- section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency; and
- section 9(2)(g)(ii), to maintain the effective conduct of public affairs through the protection of Ministers, members of organisations, officers, and employees from improper pressure or harassment.

Where information is withheld under section 9 of the Act, this office has carefully considered the public interest in disclosing the information within scope of the request against the need to withhold it. We do not consider that the public interest in disclosure of the information outweighs the need to withhold it at this time.

I trust this satisfies your request. 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.

Yours sincerely

A handwritten signature in black ink, appearing to be 'MA', written over a light grey rectangular background.

Ministerial Advisor
Office of Hon Dr Shane Reti

From: [Shane Reti \(MIN\)](#)
To: s 9(2)(a)
Subject: [SRC-089]
Date: Thursday, 7 December 2023 8:43:31 am
Attachments: [image001.jpg](#)
[image004.jpg](#)

Kia ora s 9(2)(a)

On behalf of Hon Dr Shane Reti, Minister of Health, thank you for your email of 4 December 2023.

The Minister has noted your concerns and has asked the Te Whatu Ora – Health New Zealand to respond to you directly about the issues you have raised. Please be assured that you will receive a formal response in due course.

Ngā mihi



Office of Hon Dr Shane Reti
Minister of Health
Minister for Pacific Peoples

Email: [x@xx](#)
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: s 9(2)(g)(ii)
Sent: Wednesday, 6 December 2023 2:22 PM
To: s 9(2)(a)
Subject: SRC-089

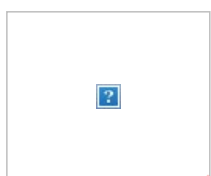
Kia ora s 9(2)(a)

Thank you for reaching out to Minister Reti, he appreciates people taking the time to share their feedback, concerns and ideas.

I have passed your correspondence to Minister Reti's Health team for their consideration.

Thank you once again for taking the time to write; it is appreciated.

Ngā mihi nui



s 9(2)(g)(ii)

Private Secretary (Transition) | Office of the Hon Dr Shane Reti MP

Minister of Health
Minister for Pacific Peoples

s 9(2)(a), s 9(2)(g)(ii)
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: s 9(2)(a)
Sent: Monday, 4 December 2023 11:19 AM
To: Shane Reti (MIN) <x.xxxx@xxxxxxxxxx.xxxx.xx>
Subject:

Hon Dr Shane Reti, Minister of Health

As I am sure you are aware, a whistleblower has brought light to some very concerning data regarding COVID vaccinations in New Zealand. Looking at this data one can quickly see that an inordinate number of New Zealanders have died following their COVID vaccination.

The Ministry of Health have admitted this is their data and have now arrested the whistleblower, which further confirms this

data was theirs and is factual. This data has gone out to the world. Steve Kirsch has analysed it and concluded that it can only be the COVID vaccine that has caused these deaths.

It would be great if you could prove him wrong. Can you provide an explanation other than the one many people are coming to?

All-cause mortality in New Zealand appears to be up around 17% in the last two years. Can you provide an explanation for that horrifying increase in unexplained deaths?

The world is watching, this is your test of leadership. Are you going to represent international interests like Jacinda Ardern's tyrannical government? Or will you fulfil your election promises to NZ and instigate a CRIMINAL investigation into these deaths?

Here is the initial video for your perusal. I am sure you have access to the raw data as it comes directly from the Ministry of Health.

s 6(c)

Kindly action my request. I am sure I'm not the only New Zealander who is horrified by this data.

Kind regards

s 9(2)(a)

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

From: s 9(2)(g)(ii)
To: s 9(2)(g)(ii) Shane Reti (MIN); s 9(2)(g)(ii)
Cc: hnzCorrespondence
Subject: RE: SRC-660: Communication on covid vaccination issues (DREP - HNZ00038224 (SRC-660) - s 9(2)(a) - Re-establishing Communication on COVID Vaccinations - CRM:0316320)
Date: Tuesday, 27 February 2024 2:34:00 pm
Attachments: [image001.png](#)
[image002.jpg](#)

Thanks for confirming s 9(2)(g)(ii)

I've closed this case on our side. Cheers.

Fa'afetai lava,

s 9(2)(g)(ii)

**Official Information Act and Ministerial (Correspondence)
Office of the Chief Executive**



īmēra: s 9(2)(g)(ii)
Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: s 9(2)(g)(ii)
Sent: Tuesday, 27 February 2024 1:19 pm
To: s 9(2)(g)(ii) Shane Reti (MIN) <S.Ret@ministers.govt.nz>; s 9(2)(g)(ii)
Cc: hnzCorrespondence <hnzcorrespondence@health.govt.nz>
Subject: RE: SRC-660: Communication on covid vaccination issues (DREP - HNZ00038224 (SRC-660) - s 9(2)(a) - Re-establishing Communication on COVID Vaccinations - CRM:0316320)

Thanks s 9(2)(g)(ii)

Yep, I agree with that. Please close this off, we will also change to an NFA.

s 9(2)(g)(ii)

From: s 9(2)(g)(ii)
Sent: Tuesday, February 27, 2024 11:23 AM
To: Shane Reti (MIN) <S.Ret@ministers.govt.nz>; s 9(2)(g)(ii)
Cc: hnzCorrespondence <hnzcorrespondence@health.govt.nz>
Subject: RE: SRC-660: Communication on covid vaccination issues (DREP - HNZ00038224 (SRC-660) - s 9(2)(a) - Re-establishing Communication on COVID Vaccinations - CRM:0316320)

Kia ora team,

s 9(2)(g)(i)

s 9(2)(g)(i)

Can you confirm you will respond to this, please? Once confirmed, I'll close on our end – cheers.

Fa'afetai lava,

s 9(2)(g)(ii)

**Official Information Act and Ministerial (Correspondence)
Office of the Chief Executive**



Īmēra: s 9(2)(g)(ii)

Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

----- Original Message -----

From: Shane Reti (MIN) <s.reti@ministers.govt.nz>;

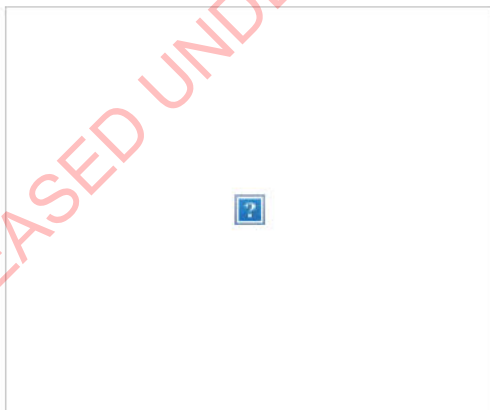
Received: Thu Feb 15 2024 10:46:39 GMT+1300 (New Zealand Daylight Time)

To: hnzMinisterial <hnzministerial@health.govt.nz>; HNz Ministerial
<hnzministerial@health.govt.nz>;

Subject: SRC-660: Communication on covid vaccination issues

Hi team,

Can you please process a DREP for this one



s 9(2)(g)(ii)

Office of the Hon Dr

Shane Reti MP

Minister of Health
Minister for Pacific Peoples

s 9(2)(a), s 9(2)(g)(ii)

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

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If you have received this message in error, please notify the sender immediately and delete this message.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

From: [Shane Reti \(MIN\)](#)
To: "Chris McCashin"
Subject: Part transfer of your request for information: SROIA-173
Date: Tuesday, 23 July 2024 10:56:15 am
Attachments: [image001.jpg](#)

You don't often get email from [xxxx](#). [Learn why this is important](#)

Kia ora Chris

Thank you for your request under the Official Information Act 1982 (the Act) to the Office of Hon Dr Shane Reti on 10 July 2024. You requested:

Please provide any and all emails, whatsapp messages, memos, notes, texts that include the following key words to health authorities, agencies, other politicians just any and all information that Mr Reti has been included on that discusses

- *Barry Young*
- *Steve Kirsch*
- *Whistleblower Data*

This is since Mr Reti came to office

On 17 July 2024, you clarified your request to :

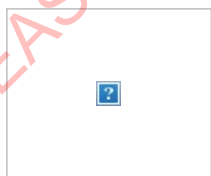
- *All of the emails provided fall within the scope - this means no emails should be blacked out where your office interprets them to be out of the scope of my request*
- *The notes, memos, advice include the analysis of the Pay-per-dose data done by Health Officials including Leigh Donoghue, his team, any experts engaged by Health New Zealand or Leigh including epidemiologists, and a review and analysis of the work done by Steve Kirsch*
- *Health New Zealand have stated the data is misinformation yet have not refuted the data, so I want any and all conclusions on the data including the personnel at Health NZ or the experts who have reviewed their data and what their conclusions are*

The below information you have requested is more closely connected with the functions of Health New Zealand – Te Whatu Ora. Therefore, this Office has decided to transfer your request under section 14(b)(ii) of the Act. You can expect a response from Health New Zealand in due course.

- *The notes, memos, advice include the analysis of the Pay-per-dose data done by Health Officials including Leigh Donoghue, his team, any experts engaged by Health New Zealand or Leigh including epidemiologists, and a review and analysis of the work done by Steve Kirsch*
- *Health New Zealand have stated the data is misinformation yet have not refuted the data, so I want any and all conclusions on the data including the personnel at Health NZ or the experts who have reviewed their data and what their conclusions are*

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: xxxx@xxxxxxxxx.xxxxxxxx.xx or by calling 0800 802 602.

Ngā mihi



Office of Hon Dr Shane Reti
Minister of Health
Minister for Pacific Peoples

Email: x.xxxx@xxxxxxxxx.xxxx.xx
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: s 9(2)(a)
To: shane.reti@parliament.govt.nz
Cc: [hnzCorrespondence](mailto:hnzCorrespondence;); Info_MOH; grant.mccallum@parliament.govt.nz; winston.peters@parliament.govt.nz;
s 9(2)(a)
Subject: Re: Japanese researchers say side effects of Covid vaccines linked to 201 types of diseases
Date: Tuesday, 30 January 2024 9:35:53 pm

Dear Shane,

After 3 full years of dosing people with COMIRNATY , there are a lot of [peer-reviewed papers](#) out there linking the experimental mRNA vaccines to vaccine injuries. I suggest to you that evidence against your claim of "safe and effective" is now overwhelming and incontrovertible.

As a GP and minister of health who presumably swore the Hippocratic Oath, I ask you please to review the evidence and require an honest investigation into vaccine harm in New Zealand.

Your ministry is in dereliction of duty in failing to follow up the consequences of enforcing the injection of this experimental medicine on the population. Every adverse event that occurred temporally after any dose of COMIRNATY should logically have been investigated as a potential vaccine injury until proven otherwise. Instead your ministry has routinely argued that "temporal correlation is not causation". That argument is wearing very very thin among the electorates who voted your government in.

By no means does correlation amount to causation, but causation by definition, will always present itself as correlation.

I should further point out that statistical correlation is, and has been, used as a tool in assessing the dose-response success of every medicine ever developed. It seems extraordinary that you now deny that it applies.

I live in rural Northland, not a metropolis like Whangarei, yet I am personally aware of people here who've been killed by COMIRNATY :

1. A s 9(2)(a) queued up with his brother for their first doses of COMIRNATY in 2021. Our s 9(2)(a) waited at the job station for 10 minutes before leaving, crossed the road and collapsed on the pavement. He recovered to go home after 10-15 minutes. His healthy s 9(2)(a) died within 24 hours of his job. Our s 9(2)(a) request for exemption was rejected and he had to take his second dose to keep his job. He survived to tell this story. As executor of his brother's will, he obtained the death certificate. The cause of death was stated to be ischaemic heart disease without any reference to the job he'd received only the previous day.
2. A s 9(2)(a) approached me as I was walking our dog in the Winter of 2022 and started to tell me his story. I didn't know this man and asked him why he chose to tell me it. He explained that he knew I'd been questioning the efficacy and safety of COMIRNATY . He said that a year earlier, he and his wife were jabbed on the same day with their first doses. His wife died that night and he was harmed so seriously that he couldn't deal with her death, take part in her funeral or look after himself let alone take care of everything that needs to be done when a spouse dies unexpectedly. He took three months to recover. When he tried to talk about COMIRNATY being the cause, his friends and family laughed at him, ridiculing him so nastily that he'd found himself totally alone ever since. I was the first person he'd been able to talk to about it.
3. A s 9(2)(a) died suddenly after her 2nd jab in December 2021 s 9(2)(a), according to a friend s 9(2)(a). Her death was not reported in the media. I understand that she excelled academically and athletically.

A common theme throughout these deaths is that the attending medical practitioners, the

coroner and the media seemed to strive to conceal any correlation between COMIRNATY and their deaths and oppose any investigation in that direction. Why? Were they afraid? Did your ministry deliberately direct them so, even threaten them?

Five close members of my family have been harmed by COMIRNATY, two of them coming close to death. No adverse event reports have been agreed to by their doctors. The dereliction of duty of the ministry of health under the previous government can only be repaired by carrying out the following:

1. Identify all adverse events that are temporally associated with a dose of Pfizer's COMIRNATY medicine (i.e. occurred after the dose)
2. Make it mandatory for doctors to record any such adverse event on a special database, backdated to March 2021.
3. Require an investigation into adverse events that doctors had previously been encouraged to suppress the recording of.
4. Reverse the decision by Astrid Koorneef to reclassify death as not being an adverse event. (She presumably did this to conceal deaths from being recorded on the adverse event register.)
5. In May 2021 the police sudden death form (POL47) was revised to require the deceased person's status for Pfizer's COMIRNATY medicine (no doses, 1 dose, 2 doses, etc and dates of those doses). Compile a database from all POL47 forms completed to date since May 2021, showing the deceased person's age, sex, comorbidities, circumstances of death and any other data that doesn't compromise the deceased personal identity.
6. Fully disclose the database involving 2.2 million people publicised by Barry Young for analysis. If you have reason to believe that [Barry Young's data is false](#), you should accept [Steve Kirsch's US\\$250k wager](#). (So far nobody has risen to his challenge.)
 - Although the average rate of death in Barry Young's data seem quite modest, at one death for every 1000 doses, he also identified several batches of Pfizer's COMIRNATY medicine that were far more lethal, with the worst batch resulting in 32% fatality. The inquiry should analyse those batches and investigate what could be causing those deaths.
7. For the sake of completion, fully disclose the equivalent data for the remaining population who'd received Pfizer's COMIRNATY medicine (other than the 2.2 million of Barry Young's database) including dates of doses and deaths but excluding their identities.
8. Compile a database from all death certificates of people who'd received one or more doses, including age, sex, the dates of doses, the date of death, comorbidities, circumstances of death and any other data that doesn't compromise the deceased's personal identity and the cause of death recorded by the attending doctor. Regardless of whether or not Pfizer's COMIRNATY medicine is mentioned on each death certificate, treat each death as a potential adverse event for investigation.
9. Require post mortems on all deceased persons who'd received one or more doses of Pfizer's COMIRNATY medicine to check for those causes that are now [known to be associated with Pfizer's COMIRNATY](#) medicine. Compile a database of the conclusions from post mortems.
 - Blood clots should be particularly looked for. Embalming undertakers have discovered [massive clots](#) that have never been seen before yet have failed to attract the interest of the coroners.
10. Repeal the [Coroners' Amendment Bill](#). This bill gave coroners the freedom to record a death as due to "unascertained natural causes", which offers them the temptation to avoid recording a death as a likely adverse event. Instead compel coroners to flag a death up for investigation if the deceased had received one or more doses of Pfizer's COMIRNATY medicine.

11. Halt all doses of Pfizer's COMIRNATY medicine pending conclusion of the inquiry.
12. Halt all advertising of Pfizer's COMIRNATY medicine including the exhorting of the New Zealand public to "take their boosters" pending conclusion of the inquiry.

Regards,
s 9(2)(a)

On 20/01/2024 13:22 NZDT s 9(2)(a)

wrote:

Dear Shane,

Here is [the article](#) from the [93-minute press conference](#).

I notice that the ministry of health continues to [push the population to get up to date with their boosters](#), apparently in the continued belief that Comirnaty is safe and effective. (You once told us that it was "perfectly safe and effective" so I suppose dropping the word "perfectly" is a minute step towards sanity and truth.)

Please explain the rationale of the ongoing vaccination campaign in light of the Japanese research.

Regards,
s 9(2)(a)

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

From: s 9(2)(a)
To: hnzCorrespondence
Cc: shane.reti@parliament.govt.nz; shane.jones@parliament.govt.nz; grant.mccallum@parliament.govt.nz; winston.peters@parliament.govt.nz; christopher.luxon@parliament.govt.nz; david.seymour@parliament.govt.nz
Subject: Re: Response to your email to the Minister of Health HN200051398 CRM:0440434
Date: Friday, 5 July 2024 8:32:47 pm
Attachments: image.png
image.png

You don't often get email from s 9(2)(a). [Learn why this is important](#)

Hi s 9(2)(a)(b)

Thank you for forwarding the attached letter from Nicola Birch, dated 4th July 2024. Please pass my comments on to her. Thank you Ms Birch for responding to my email.

- I notice at the bottom of page 1 of your letter that you cite "a recent study *The impact of Covid-19 vaccination in Aotearoa New Zealand: A modelling study*". I couldn't find out who the authors of the referenced model are and have the following questions:
 - Ref 2 cites S C Hendy. Is that Professor Shaun Hendy of Auckland University?
 - If so, is it his model that you're trusting?
 - Was his model of Covid-19 cases and deaths accurate (with respect to actual health outcomes)?
 - The worst case scenario of Hendy's model gave rise to [almost three times the number of deaths](#) of the worst case scenario of the Baker et al model. Was either model accurate?
- I am disappointed that 4½ years into the Covid-19 pandemic, the MoH is still trusting computer modelling instead of actual case and fatality data, such as the attached chart from Our World in Data.
- I am also disappointed that the MoH dismisses the whole swath of adverse events, including deaths, that are temporally associated with one or more doses of Comirnaty, with the statement that "*Risks associated with vaccination, along with any medicine, are continually weighed against the related disease. COVID-19 vaccines have continually shown to be safe and effective at reducing hospitalisations and mortality.*" I'm afraid my perception from experience is that the MOH conceals the evidence rather than "continually weighs" it.
 - Four (4) people that I know, or know of, in the relatively small community where I live have died suddenly within hours or days of their final dose of Comirnaty. One of these was my friend, the subject of your letter to me. I have not seen his death certificate, but I'd be very surprised if it were to mention that he'd had his last booster not more than 36 hours before he was found collapsed. The other three died overnight following their dose. Each next of kin for two of them told me that the death certificate made no mention of their having had a dose, which for them was their first dose.
 - Your words *continually weighed* sound dreadfully hollow to me. You seem to do quite the opposite.
 - Five (5) close relatives of mine; s 9(2)(a) at the time of her injury), s 9(2)(a), a s 9(2)(a) and two s 9(2)(a) have been severely harmed hours / days after a dose of vaccine. The injuries of three of them are life-threatening. The respective doctors refuse to acknowledge the temporal association of their doses with their injuries, let alone any suggestion of cause.
 - The apparent degree of fear in the medical fraternity worries me and many other New Zealanders. What could they be afraid of? The result of that fear is that Comirnaty being the credible cause of injuries and deaths is being concealed. Whether or not Comirnaty is the cause remains unproven because the MoH refuses to investigate it. In my opinion, the mass roll-out of an experimental medicine demands follow-up and investigation.
- There is a dichotomy between the way the MoH classified a Covid death and a vaccination death.
 - Covid deaths were counted as any deceased person who just happened to have Covid, as guided by the WHO. For example the [man shot dead in New Lynn](#) was a "Covid Death". He died with Covid but obviously not of Covid.
 - People dying shortly after receiving a dose of Comirnaty were, and still are, considered to have died by any cause other than Comirnaty.
 - The CDC considers anyone to be unvaccinated [until 7 days after their first dose](#). It follows that the two people I know of who died overnight after their first doses would've been deemed to be deaths of the unvaccinated. Similarly for all adverse events in those first 7 days.
 - This dichotomy obviously distorts the statistics. It would've been fairer for both cohorts to have been assessed by the same approach.
 - Concealing the deaths by vaccination in this way may keep the numbers low, but they show up in the excess death category. According to the [OECD](#), Excess deaths in New Zealand throughout 2023 and until week 16 of 2024, are running at 15.1%. Similarly from Our World in data as given in the attached chart. That's a lot of dead New Zealanders that demand investigation.
- In his letter to the July 2024 issue of the AJGP, Professor Robert Tindle wrote the following among other things:
 - Because COVID-19 vaccines were approved without long-term safety data and might cause immune dysfunction, it is perhaps premature to assume that past SARS-CoV-2 infection is the sole common factor in long COVID.
 - The spike protein 'exhibits pathogenic characteristics' – to say nothing of the 'class switch to IgG4 antibodies', which Professor Tindle thinks could lead to autoimmunity and cancer.
 - COVID-19 vaccine effectiveness appears to decline very rapidly (varyingly for infections, hospitalisations and even deaths) and can reach zero (no effectiveness), and beyond (negative effectiveness).
 - A study by Shrestha et al found each vaccine dose was associated with a higher number of infections, with those on zero doses faring best.
 - A study published in the *New England Journal of Medicine* found vaccine effectiveness dropping dramatically, including for severe COVID, with the previously infected and unvaccinated having lower infection rates than the never-infected double dosed.

- A British study revealed the effectiveness of one to two doses of AstraZeneca and Pfizer vaccines dropping to zero, and turning negative, after only two to three months.
 - All this makes it plausible that the COVID-19 vaccines have always had an effectiveness that was very low, zero, or even negative, with inadequate methods allowing for a highly exaggerated effectiveness initially – an exaggeration that is lessened with time.
 - It is, as Professor Tindle noted, possible that the vaccines could be causing immunosuppression.
 - With the ubiquitousness of the vaccines, and the fact that some vaccine mandates are still in place, to say nothing of the upcoming Senate inquiry into excess mortality,¹¹ I suggest we investigate this further.
6. I challenge the "safe and effective" epithet of your letter.
 7. The whistle-blower Barry Young reported many thousands of New Zealanders dying coincidentally following dose(s) of Comirnaty. His report has never been publicly investigated or denounced by any NZ authority. He continues to walk free although unemployed and the police have failed to charge him with any crime despite two appearances in court and a third appearance, said to be his "trial", scheduled for April 2025.
 - How could that possibly reassure the NZ public that the risks "are continually weighed"?
 - If he lied or was mistaken, why hasn't the MoH exposed this in a public investigation?
 - Those data are public data, so why does the MoH continue to conceal them?
 - What could the NZ police possibly need to consider in the 18 months delay for his trial for an unknown charge?
 - In lieu of any police charge, why hasn't he enjoyed the protection of the Whistle-blower Act?
 8. I really do hate to say this, but the only logical conclusion I can infer is that Barry Young was right, his data are accurate and the MoH is mortally afraid of the truth.

I believe that the government and the various ministries are enjoying a honeymoon period with the mainstream media who continue to leave necessary and obvious questions like the above unasked. Professional, investigative journalists should have been holding all of your feet to the fire, but they're not. The [fourth estate](#) is sadly missing in action, presumed dead. We don't have journalists worthy of the profession any more. Without them, you have only the likes of me to deal with and without the harsh, uncompromising glare of publicity. I'm trying to be respectful in my anguish over the harms done in the name of public health and I look forward to your response.



Kind regards,
s 9(2)(a)

On 04/07/2024 15:55 NZST hnzCorrespondence <hnzcorrespondence@tewhaturora.govt.nz> wrote:
Kia ora s 9(2)(a)

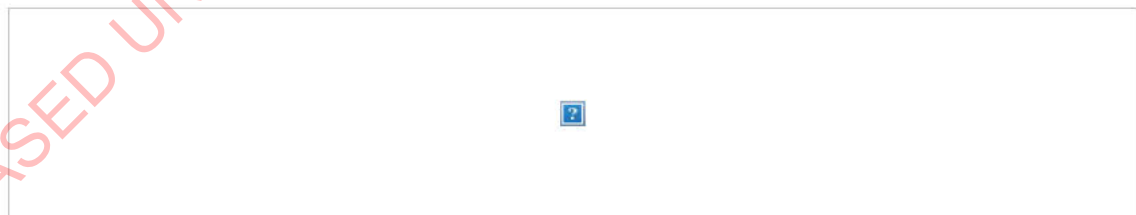
Thank you for your email of 22 May 2024 to Minister Reti regarding your concerns on the safety of the COVID-19 vaccine.

The Minister has asked that we respond to you. Please find our letter to you attached. Thank you for writing.

Ngā mihi nui

s 9(2)(g)(ii)

Office of the Chief Executive



Health New Zealand | Te Whatu Ora

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5 FEB 2024

30 January 2024

To the Hon Dr Shane Reti
Minister of Health
Parliamentary Office
1 Molesworth Street
Pipitea, Wellington 6011

Subject: Communication on covid vaccination issues

Good day Dr Reti,

It has been despairing over the past years to experience that free communication with people in the Ministry of Health has been blocked.

In particular on the issue of Covid vaccination communication in the form of constructive dialogue has been held off.

The Invitations from the New Zealand Doctors Speaking Out with Science and Steve Kirsch for instance were ignored.

Analysis of reasons for increased health disorders and for excess deaths is not undertaken.

This current state of affairs is very worrying for the people who have stayed informed about health disorders, premature deaths, for people who become affected and for anyone with concern for the health of the people in general.

This becomes a burning issue. How can a way be found to re-establish mature communication?

Could you please share with me your thoughts on the questions:

- Are you free to respond openly to this letter?
- Should this vacuum in communication should be overcome and - if so –
- In what way can that be done.

A postage paid, pre addressed envelope is included for your convenience

Kind regards,

s 9(2)(a)



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

From: [Shane Reti \(MIN\)](#)
To: s 9(2)(a)
Subject: SROIA-115: Transfer of your official information request
Date: Friday, 17 May 2024 3:51:10 pm
Attachments: [image002.jpg](#)

Kia ora

Thank you for your request for information asking for the following which is being considered under the Official Information Act 1982 (the Act):

1. *Can you supply me with a copy to the contract signed between the NZ Government and Pfizer please? I would like to see if this clause is in the New Zealand contract. If it is, which I suspect it will be, why is the NZ Government still pushing boosters when we know they don't stop transmission, they cause vaccine injury and have increased the number of deaths particularly in younger people?*
2. *I would also like to see the Ministry of Health data exposed by Barry Young, which belongs to NZ citizens and contains no personal information. Is this information being withheld from the public because it exposes a crime by the NZ Government against the citizens of NZ?*

Your request is more closely connected with the functions of Health New Zealand and Ministry of Health. For this reason, this Office has decided to transfer part 1 of your request to Ministry of Health and part 2 of your request to Health New Zealand in accordance with section 14 of the Act. You can expect a response from each agency in due course.

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: xxxx@xxxxxxxxx.xxxxxxxxxx.xx or by calling 0800 802 602.

Ngā mihi



Office of Hon Dr Shane Reti
Minister of Health
Minister for Pacific Peoples

Email: xxxx@xxxxxxxxx.xxxxxxxxxx.xx
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

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From: [Shane Reti \(MIN\)](#)
To: [@xxx](#)
Subject: SROIA-173: Refinement of your information request
Date: Wednesday, 17 July 2024 3:37:37 pm
Attachments: [image001.jpg](#)

You don't often get email from [@xxx](#). [Learn why this is important](#)

Kia ora Chris,

Thank you for your request for official information, received on 10 July 2024, for:

"Please provide any and all emails, whatsapp messages, memos, notes, texts that include the following key words to health authorities, agencies, other politicians just any and all information that Mr Reti has been included on that discusses

- Barry Young
- Steve Kirsch
- Whistleblower Data

This is since Mr Reti came to office"

As it currently stands, a significant amount of information is likely to fall within scope of your request. Requests that require substantial collation may be refused under section 18(f) of the Act. We want to work with you to avoid this and ensure we are able to provide a response that best meets your needs.

In order to provide you with the information requested, would you agree to refine the scope of your request to cover emails and formal advice (memos, briefings, etc.) received from officials, so that we can collate the information in a manner that is feasibly retrievable?

We would appreciate if you could let us know by **COB Monday 22 July 2024**.

Please note, under section 15 of the Official Information Act 1982, any clarification or amendments made to a request within seven days after the date it is received, that request may be treated as a new request and the time limit for the response restarts.

We look forward to receiving your response.

Ngā mihi



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