25 August 2021

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Department of the Prime Minister and Cabinet
Level 8
Executive Wing
Parliament Buildings
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Ministry of Health
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By email:

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Members of Parliament

To whom it may concern

Official Information Request –the SARS-CoV-2 virus ("COVID-19") and an Open Letter to the Members of Parliament

1. This letter has a dual purpose and is divided into two sections:

   (a) **Part 1**: A request under the Official Information Act 1982 ("**the Act**"); and
   (b) **Part 2**: An Open Letter to the Members of Parliament. Accordingly, I have copied in the members of parliament as per the email addresses in **Schedule 7**.

Part 1: Official Information Request

2. I am writing this letter in my personal capacity as a New Zealand citizen, and as such, I have the right to request all information (electronic, hard copy and commonly known knowledge) held by the Ministry of Health and its minister, deputy minister, director general of health, officers, committee members, employees, and contractors and the like ("**MOH**") as set out in **Schedule 1** through **Schedule 6** (inclusive).

3. My questions are not intended to be frivolous or disruptive.

4. However, when Ms Ardern states that:

> *"We will continue to be your **single source of truth**"*
>
> *"You can trust us as a source of that information. You can also trust us, the director general of health and the ministry of health, for that information. Do feel free to visit at any time to clarify any rumour you may hear. COVID-19 govt.nz. Otherwise, dismiss anything else. We will continue to be your **single source of truth**. We will provide you with information frequently. We will share everything we can, everything you [inaudible] else you see with a grain of salt."*

while distinguished scientists and doctors and those on the `*frontline*' are censored and discredited, any claim of transparency is tarnished. Lack of transparency leads to distrust.

5. I request the science, facts, and evidence in support of the Government's current narrative.

6. I acknowledge that I have many questions. However, as Ms Adern's asserts that the statements published and broadcast out of Wellington are the "…*single source of truth*…" it should not be difficult to locate and provide me with the requested information. The MOH has had 18 months to review the science, facts, and evidence.

7. I look forward to receiving a response within the statutory timeframe under the Act. I am happy to receive the response to my questions in parts and for the information to be emailed to me for environmental reasons.

Part 2: An Open Letter to the Members of Parliament

8. We are being bombarded with PR print, radio and television messages and told to trust the science. However, the science is conflicting, and the '*narrative*' is being driven by commercial, political and media interests, while highly credible scientists[1], even Nobel laureates, are censored.

[1] Four examples: https://2020news.de/en/dr-wodarg-and-dr-yeadon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/ and https://www.geertvandenbossche.org/ and COVID-19 | Fleming-Method (flemingmethod.com) and https://www.youtube.com/watch?v=QAHi3lX3oGM

9. Free and robust debate is at the heart of science, and preventing such debate is dangerous. An article in the **British Medical Journal**[2] highlights *how "Politicians and governments are suppressing science".* Is science being suppressed for political and financial gain?

10. There was a time when the tobacco industry, politicians and the media opposed the views of respected scientists. Then there was asbestos and thalidomide? Does history remember those scientists that raised concerns as anti-science?

11. Regardless, credible fear of the unknown medium and long-term side effects of the vaccine from doctors, scientists, nurses, and other health care professionals are being censored and dismissed as conspiracy theories.

12. Yet, the conspiracy seems to lie with the Government pushing the fear factor.

13. The **CDC**[3] has stated:

> *"For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.9 additional conditions or causes per death".*

14. `*Dying with COVID-19*' and `*dying from COVID-19*' are different.

15. Why has the MOH not responded to Dr. Peter Canaday's enquiry from 2020 as to whether 26 deaths in New Zealand died with COVID-19 or from COVID-19?

16. Why do you continue to lockdown the nation? Are you going to lock us down every year? Why did you not lockdown the nation with the recent RSV outbreak?

17. Set out below is the `*all-cause mortality'* rate in Europe for the previous five years:

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[2] Covid-19: politicisation, "corruption," and suppression of science | The BMJ

[3] https://www.cdc.gov/nchs/data/health_policy/covid19-comorbidity-expanded-12092020-508.pdf

18. Could the lockdowns in 2020 have contributed to delayed doctors' visits, operations, delayed diagnosis, delayed treatments, and increased suicide? Could a similar situation happen in New Zealand?

19. With Ms Adern's Orwellian statement that the Government is the "…*single source of truth*…" and the so-called `*Hate Speech*' laws on the horizon, New Zealanders need to understand what they are <u>permitted</u> to say in our democratic nation. Hence, the questions in my OIA request.

20. If the MOH is unwilling or unable to answer my questions set out in the OIA request, how can the Government accuse and potentially charge people for spreading misinformation regarding that topic? To do so perverts natural justice.

21. I have thought carefully about writing to the MOH, as I have seen what is happening to New Zealand doctors speaking up. I understand that it is likely that the MOH will try to discredit me for merely asking questions in a democracy. However, any such action will speak volumes to New Zealanders asking questions (which can only be described as a fast-growing movement) or those sitting on the fence.

22. I write to you for the children whose childhoods are being destroyed and their futures impacted with reduced services due to the increasing level of national debt, those critically ill and dying kiwis that cannot be with their loved ones, for my great uncles that died fighting for democracy, for the business owners that have been bankrupted or face closing their doors, for my fellow Kiwis that are afraid to talk to their neighbours or breathe fresh air and for civil liberties and free speech in general.

23. In addition, I write to you for my friend's sister that had an immediate reaction to the "*safe and effective*" injection and died of a blood clot three days later, my friend's uncle that has been in Tauranga hospital for over ten weeks after suffering from Guillain–Barré syndrome after taking the "*safe and effective*" injection, along with many other stories. Acceptable death rates, along with serious adverse reaction rates, are morally repugnant, especially when the Government has pushed the `*every life matters'* narrative regarding COVID-19 – doublespeak, perhaps?

24. Do you agree with the Australian Prime Minister's[4] statement that it is the deceased's fault if they die of any covid vaccine as it is an individual's responsibility to get informed consent and that vaccine deaths are simply part of the pandemic prevention?

25. I have unanswered questions which the Government's 0800 Helpline are unable, and seemingly unqualified, to answer. For example, they were unaware that the vaccine trial does not finish until 2023 or of the potential side effects. These are legitimate questions that must be asked, given the Government's unprecedented drive to push a vaccine (which does not prevent COVID-19 or reduce serious symptoms) on a healthy population.

26. Why are vaccines being touted as the solution when the disease is mild in most cases. Currently, the New Zealand radio advertisements describe COVID-19 as a common cold or flu.

27. Does it feel like history repeating? The Swine flu kept the world in suspense for almost a year. A massive vaccination campaign was mounted to put a stop to the anticipated pandemic. But, as it turned out, it was a relatively harmless strain of the flu virus.

28. Pharmaceutical companies have unsuccessfully attempted to bring a coronavirus vaccine to market for decades; all attempts failed due to efficacy (are we starting to see this overseas?) and safety concerns (we see severe adverse reactions, and the medium- and long-term safety data is not there).

29. Why should we take the vaccine if it does not prevent COVID-19 or transmission?

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[4] Teresa 2.0 on Twitter: "There you have it Australia. Our Prime Minister said that if you die from the vaccine, it's YOUR fault, because it's YOUR job to get Informed Consent from your GP, prior to getting vaccinated. He also went on to say that Vaccine deaths are simply a part of "Pandemic Prevention" https://t.co/k2QGsy0gCV" / Twitter

30. Dr. Geert Vanden Bossche, a vaccine maker, in his open letter[5] to the World Health Organisation (**WHO**), raised the issue of the covid vaccines and the detrimental consequences of further '*viral immune escape'*.

31. Why are we asking healthy children with a low risk of death or hospitalization to participate in a vaccine trial of an experimental mRNA vaccine? If we are vaccinating children entering puberty, what is the impact on fertility? We do not know.

32. Yet, the Government is forcing Kiwis into making binary decisions such as `*No Jab, No Job*', `*No mask, no food*' and destroyed `*My body, my choice*'.

33. The idea of vaccine passports is terrifying. Where does it stop? Will people with HIV need a tattoo on their heads to identify them as a risk. Will the vaccine passports stop at vaccines, or will such passports be extended to a communist social credit system, perhaps?

34. I am not an `*anti vaxer*', and I am more than happy to provide you with my son's vaccine records as evidence.

35. I am not selfish and exposing the autoimmune to risk. My husband has Chronic Lymphocytic Leukaemia with a chromosome expression which means the faster progression of Leukaemia and traditional chemotherapy does not work effectively. Accordingly, my husband is a participant in an ongoing trial, so there can be no argument that we are closed-minded to legitimate trials. My husband also has Granulomatosis with Polyangiitis (Wegner's autoimmune disease) and Addisons.

36. My husband is worried that this Government will force him to take the experimental vaccine, which was not tested on immune-compromised individuals, let alone any information on how the experimental vaccine will react with the cocktail of medicines he is on.

37. I have spent a significant volume of time researching the experimental vaccine because I love my husband, and we want to make the right decision for his health.

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[5] Open Letter to the WHO: Immediately Halt All Covid-19 Mass Vaccinations-Geert Vanden Bossche, DMV, PhD – Freedom Of Speech (fos-sa.org)

38. I request that you read and consider the questions in **Schedule 1** through **Schedule 6** (inclusive). I also invite you to watch Dr. Peter Canaday, a retired Doctor in New Zealand, webinar below.

https://odysee.com/@voicesforfreedom:6/peter-canaday-interview-19-august-2021:

39. I hope that one or more members of parliament will stand up and be on the right side of history. I and many others will support any member of parliament that stands up and starts asking these questions. The time is now.

40. I will be posting a copy of this letter to Change.Com.

Yours sincerely

K Murfitt

Schedule 1

Polymerase Chain Reaction Test

I request the following information concerning the polymerase chain reaction, which includes the Dorsten polymerase chain reaction test ("**the PCR Test**"):

(a) What is the current PCR Test cycle threshold for testing for COVID-19 in New Zealand?

(b) Has any other PCR Test cycle threshold for testing for COVID-19 been used in New Zealand? If so, please provide the details?

(c) Does the MOH hold any information supporting the statement that the greater the cycle threshold, the greater the `*signal to noise ratio*' regarding the PCR Test?

(d) Does the MOH hold any information which counters **Dr. Anthony Fauci**[6], director of the U.S. National Institute of Allergy and Infectious Diseases, statement that when a cycle threshold of 35 or more is used for the PCR Test that the chances of it being replication confident (aka. Accurate, false positive) is miniscule? If so, please provide the details.

(e) Does the MOH hold any information regarding **Dr. Kary Mullis's**, the inventor of the PCR test, statements on camera that the PCR Test PCR tests are ineffective in diagnosing infectious diseases alone? If so, please provide the details.

(f) Does the MOH hold any information that cycle thresholds which the MOH has recommended since March 2020 for COVID-19 have been used in the past to amplify the genetic material for diagnosis of other contagious diseases (i.e., non-COVID-19 diagnosis)? If so, please provide the details.

(g) Does the MOH hold any information that any overseas bodies are running higher cycle thresholds for the unvaccinated and lower thresholds for the vaccinated? Does the MOH hold any information that it will recommend a similar policy?

(h) Does the MOH hold any information that the package and/or the package insert for the PCR Test should not be used alone to diagnose COIVD-19?

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[6] H202008356.pdf (fyi.org.nz)

(i) Does the MOH hold any information that shows that the PCR Test can differentiate between COVID 19 and influenza? If so, please provide the details.

(j) Does the MOH hold any information which shows that the PCR Test can result in false-positive results for COVID-19? If so, please provide the details.

(k) Why is the MOH recommending PCR Tests for asymptomatic and healthy people with no symptoms? If so, please provide me with an example of another time where the MOH (or any other similar overseas body) has used the PCR Test (only) to diagnose asymptomatic and healthy people for another disease, and if the test was positive, recommending quarantining that person against their will?

(l) Is the MOH aware that the CDC has stated that a much lower cycle rate, less than 28 cycles, should be used to diagnose `break through' following the diagnosis of COVID-19 in a vaccinated person? Is the MOH recommending a similar practice?

(m) Is the MOH directing the diagnostic laboratories to use the purified or unpurified specimens (see the Isolation and Purification of COVID-19 section below) to verify the PCR Test?

(n) Is the MOH requiring diagnostic labs in New Zealand to test against certified reference materials (i.e., physical specimens) instead of using digital libraries with a computer genetic sequence to flag COVID-19?

(o) Any other information that the MOH holds that would make it questionable for the MOH to recommend the PCR Test to diagnose COVID-19?

(p) Does the MOH hold any information as to how many false-positive PCR Tests in New Zealand?

(q) Does the MOH hold any information that in June 2020, **John Ioannidis**, a professor of epidemiology and population health at **Stanford University**, published a paper[7] stating that the *"seroprevalence studies",* which measure infection rates using the

[7] https://www.who.int/bulletin/volumes/99/1/20-265892.pdf

presence of antibodies in blood samples, *"typically show a much lower fatality than initially speculated in the earlier days of the pandemic."* **John Loannidis** stated:

> *"61 studies and eight preliminary national estimates. Seroprevalence estimates ranged from 0.02% to53.40%. Infection fatality rates ranged from 0.00% to 1.63%, corrected values from 0.00% to 1.54%. Across 51 locations, the median COVID infection fatality rate was 0.27% (corrected 0.23%): the rate was 0.09% in locations with COVID population mortality rates less than the global average (<118 deaths/million), 0.20% in locations with 118–500 COVID deaths/million people and 0.57% in locations with>500 COVID deaths/million people. In people younger than 70 years, infection fatality rates ranged from 0.00% to 0.31% with crude and corrected medians of 0.05%."*

The median fatality rate found was significantly lower than some earlier estimates that suggested rates as high as over 3%. The fatality rate is only slightly higher than a typical influenza session.

(r) Does the MOH hold any information which shows that it did due diligence on **Professor Neil Ferguson** from the **Imperial College of London**? Does the MOH hold any conflict-of-interest information on Professor Neil Ferguson? Does the MOH hold any information that Professor Neil Fergusson's predicted death rates are inaccurate?

Schedule 2

The Vaccine

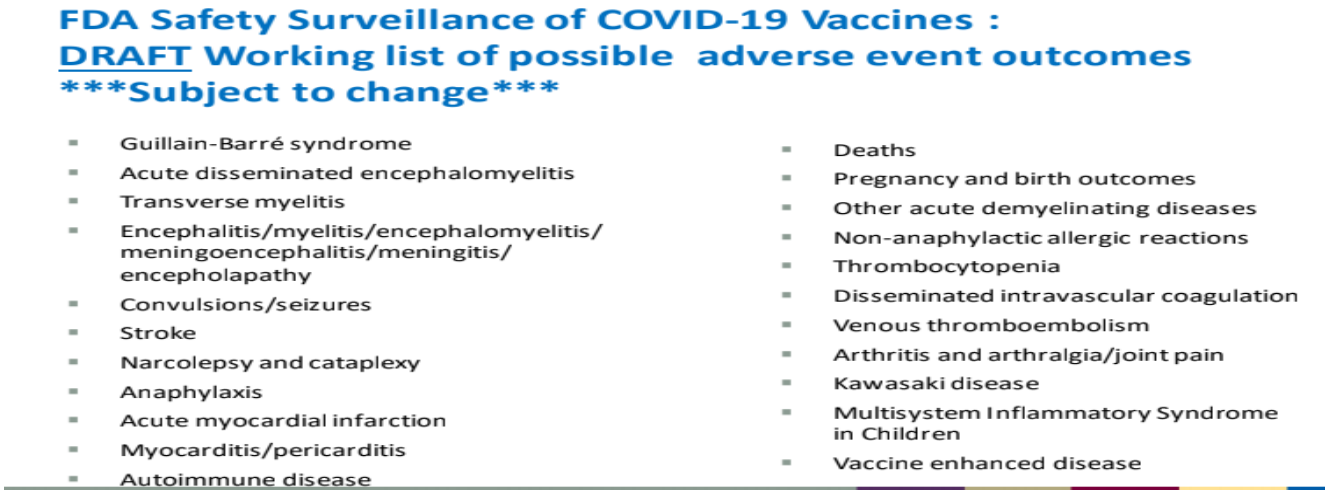
I request the following information concerning the COMIRNATY® messenger RNA (mRNA) based vaccine and other vaccines that are under provisional approval in New Zealand ("**mRNA Injection**").

(a) I request the benefit and risk assessment undertaken by the MOH regarding the provisional approval of the mRNA injection? If the MOH refuses to provide this information, please explain to me how I can make informed consent?

(b) Does the MOH advise the vaccine administrators to disclose that the mRNA Injection is currently being administered on a provisional licence as part of a two-year trial which will not be completed until 2023[8]?

(c) Does the MOH hold any information where the above information has not been disclosed to every person in New Zealand that has had the mRNA injection?

(d) Does the MOH hold a copy of the FDA ACIP Meeting on 30 October 2020 headed up *CBER Plans for Monitoring COVID mRNA Injection Safety and Effectiveness*[9], posted the information shown in the screenshot below:



(e) Does the MOH hold any information on the trials conducted on the elderly, the immune-compromised, pregnant women, and different ethnic groups before the mRNA is released to the public? If so, please provide the details.

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[8] https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine

[9] https://www.fda.gov/media/143557/download

(f) Does the MOH deny that the '*Minutes of the out of Session Medicines Adverse Reactions Committee Meeting 20 January 2020*'[10] as shown on Medsafe's website state (or stated if they have since been removed):

> *"The Committee discussed the clinical trial information available to date. The low numbers of participants who were very elderly, of ethnic minorities, and with various important comorbidities were noted. It was also noted that the study design does not provide robust safety data in a number of populations. Nor does it provide adequate information about duration of immunity/need for booster doses, prevention of transmission, prevention of asymptomatic disease or prevention of severe disease."*

(g) Does the MOH hold any information about the medium- and long-term safety of the mRNA Injection? If so, please provide the details.

(h) Does the MOH hold any information that the mRNA Injection trial (prior to the release of the mRNA Injection to the public) had been set up to detect if there will be a reduction in any serious outcomes from Covid 19 or whether the mRNA Injection has interrupt transmission of the disease? If so, please provide the details.

(i) Does the MOH hold any information which shows the statutory definition of "vaccine"? If not, how does the MOH define a "vaccine". Has this definition changed in the last five years and/or since the date of the first lockdown in New Zealand?

(j) Does the MOH hold any information regarding the prior animal studies for prior coronavirus vaccine attempts such as SARS-CoV-1? If so, please provide the details.

(k) Does the MOH hold copies of the following animal studies, articles, or publications?

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421
https://www.jstage.jst.go.jp/article/jvms/60/1/60_1_49/_article
https://pubmed.ncbi.nlm.nih.gov/22536382/
https://pubmed.ncbi.nlm.nih.gov/17194199/
https://pubmed.ncbi.nlm.nih.gov/18941225/

(l) Does the MOH hold any information that Pfizer and/or Bio Tech considers that there is an acceptable death rate for the mRNA injections? If so, please provide the details.

(m) Does the MOH hold any information which confirms that the **Pfizer** `*Fact Sheet for Recipients and Care Givers*'[11] states that:

> *"The Pfizer-BioNTech COVID vaccine is an unapproved vaccine that may prevent COVID. There is*

[10] MARC Minutes Out of Session Meeting - 20 January 2021 (medsafe.govt.nz)
[11] http://labeling.pfizer.com/ShowLabeling.aspx?id=14472&format=pdf

no FDA-approved vaccine to prevent COVID."

"[t]he duration of protection against COVID is currently unknown."

(n) Does the MOH hold any information which denies that **Merck** discontinued the development of the vaccine as it found that:

"…the immune responses were inferior to those seen following natural infection and those reported for other SARS-CoV-2/COVID vaccines[12]."

(o) Does the MOH hold any information that eminent vaccine authority **Dr. Peter Hotez**, dean of the **National School of Tropical Medicine at Baylor College of Medicine**, who was involved in developing a potential SARS (a type of coronavirus) vaccine, has issued stark warnings regarding the way the current Covid vaccines have been developed? Does the MOH deny that **Dr. Peter Hotez**[13] made the following statement:

"I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with."

(p) Does the MOH hold any information which may raise concern for giving the mRNA Injection to pregnant women? Does the MOH hold a copy of the following study published in the **New England Journal of Medicine**:
Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons | NEJM

(q) Does the MOH hold a copy of **Dr. Geert Vanden Bossche** (a vaccine maker), open letter[14] to the World Health Organisation in which he raises the issue of the covid vaccines and the detrimental consequences of further '*viral immune escape*'?

(r) Does the MOH hold any information on Antibody-Dependent Enhancement regarding the mRNA Injection? If so, please provide the details.

(s) Does the MOH deny that its Committee[15] made the following statements:

"…low prevalence of COVID infection in New Zealand means that vaccine-associated enhanced disease (VAED) may be less of a risk compared with other countries."

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[12] https://www.merck.com/news/merck-discontinues-development-of-sars-cov-2-covid-19-vaccine-candidates-continues-development-of-two-investigational-therapeutic-candidates/
[13] https://www.reuters.com/article/us-health-coronavirus-vaccines-insight-idUSKBN20Y1GZ
[14] Open Letter to the WHO: Immediately Halt All Covid-19 Mass Vaccinations-Geert Vanden Bossche, DMV, PhD – Freedom Of Speech (fos-sa.org)
[15] https://www.medsafe.govt.nz/profs/adverse/minutesOoS-20-jan-2021.htm?fbclid=IwAR1iIZ86hJ1doeAZlkfdsirpevhDwlAK0yt0r91Yf2igrXiwnax7qh4FBsk

"The most important known risk with Comirnaty [the Pfizer mRNA Injection] was considered to be reactogenicity. The rate of anaphylaxis may be higher than that of other vaccines. The Committee considered that being prepared for this risk and factoring this into messaging is important."

(t) Does the MOH hold a copy of any information about the information published in the **International Journal of Clinical Practice** in `*Informed consent disclosure to vaccine trial subjects of risk of COVID vaccines worsening clinical disease*"[16] where the authors concluded that:

"The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent."

(u) Was Pfizer required to study where the substances of the mRNA Injection distribute to in the body and how long it stays there (*Pharmacogenetics*), and/or what does it do when it is there (Pharmacodynamics)?

(v) Does the MOH hold any information raised by **Dr. Robert Malone**[17] that he and other scientists did not expect the Spike Protein from the vaccine to move from the muscle in the arm from where it was injected and travel to other parts of the body, causing harm? If so, please provide the details.

(w) Does the MOH hold a copy of **Dr. Yeadon** (former Vice President Respiratory & Chief Scientific Advisor, Pfizer) and **Dr. Wodarg** (lung specialist and former head of a public health department) filed an application with the **European Medicine Agency** for the immediate suspension of all SARS CoV2 vaccine studies, in particular the **BioNtech/Pfizer study** on BNT162b (EudraCT number 2020-002641-42)[18]?

(x) Does the MOH hold any information that **Dr. Byram Bridle**[19], a viral immunologist and associate professor at the **University of Guelph, Ontario**, made the following statement:

"We thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein. So by vaccinating people we are inadvertently inoculating them with a toxin …"

"We have known for a long time that the spike protein is a pathogenic protein. It is a toxin. It can cause

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[16] https://onlinelibrary.wiley.com/doi/full/10.1111/ijcp.13795

[17] https://www.youtube.com/watch?v=aMB1dRJNHe8

[18] https://dryburgh.com/wp content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_signed_with_Exhibits_geschwarzt.pdf

[19] https://www.lifesitenews.com/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin

damage in our body if it gets into circulation ..."

(y) How many reports of deaths and adverse reactions has MOH received?

(z) Does the MOH hold information that a 2010 federal US study performed by **Harvard** consultants on behalf of the **Agency for Healthcare Research and Quality** [20] found that any vaccine reports were:

"fewer than 1% of vaccine adverse events"

(aa) Does the MOH hold information that there is a genuine pandemic in New Zealand? If so, please provide the details.

(bb) Is the MOH aware that the New Zealand Government has granted Pfizer and BioNTech indemnity from any claims that may arise from the mRNA Injection use?

(cc) Does the MOH hold the projections by UK's modelling agency, **Statement from the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O)**, the third wave of COVID spike will hospitalise and kill 60 to 70% of those people who took both the mRNA Injection doses[21]?

(dd) Does the MOH hold any information which denies that Pfizer has incurred $4,660,896,333 in penalties since 2000[22]? If so, please provide the details.

(ee) Does the MOH hold any information regarding the Trial News article, a recent study published in the **Journal of Clinical Microbiology and Infection**[23], in which Israel-based scientists and researchers link a growing number of bad COVID-19 cases, including death, to fully vaccinated individuals in this eastern Mediterranean nation? BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel - Clinical Microbiology and Infection

(ff) Does the MOH hold any information that the Government is likely to purchase "booster shots"? If so, please provide the details.

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[20] https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
[21] SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2, 31 March 2021 - GOV.UK (www.gov.uk)
[22] https://violationtracker.goodjobsfirst.org/parent/pfizer
[23] BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel - Clinical Microbiology and Infection

(gg) Does the MOH hold a copy of the report in **The Lancet**[24] that people that have had two doses of the mRNA Injection have 5-6-fold lower amounts of neutralising antibodies, which suggests that further boosters will be necessary?

(hh) Does the MOH hold a copy of the article in Medicina, in which **Dr. Ronald Brown**, School of Public Health and Health Systems, University of Waterloo, Canada, consider the relative risk reduction and absolute risk reduction measures in the evaluation of clinical trial data in his article `O*utcome Reporting Bias in COVID Vaccine Clinical Trials*'

(ii) Does the MOH hold any information on the following articles:

https://www.researchgate.net/publication/346464618_Informed_consent_disclosure_to_vaccine_trial_subjects_of_risk_of_COVID-19_vaccines_worsening_clinical_disease/fulltext/5fc3873e458515b79784d097/Informed-consent-disclosure-to-vaccine-trial-subjects-of-risk-of-COVID-19-vaccines-worsening-clinical-disease.pdf?origin=publication_detail

Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens (nih.gov)
https://pubmed.ncbi.nlm.nih.gov/22536382/

https://www.regulations.gov/document/FDA-2020-N-1898-0246

https://www.bmj.com/content/371/bmj.m4347/rr-6

Vaccines | Free Full-Text | The Safety of COVID-19 Vaccinations—We Should Rethink the Policy | HTML (mdpi.com)
White Paper on Experimental Vaccines for Covid-19* (wsimg.com)
As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing | Reuters
Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus - PubMed (nih.gov)

SARS-CoV-2 mRNA Injections and Neurodegenerative Disease - Seneff (stephanieseneff.net)
mRNA Injections | Free Full-Text | SARS-CoV-2 Spike Protein Elicits Cell Signalling in Human Host Cells: Implications for Possible Consequences of COVID-19 mRNA Injections (mdpi.com)
SARS-CoV-2 spike protein alone may cause lung damage (medicalxpress.com)

https://principia-scientific.com/covid-vaccine-spike-protein-can-cause-multiple-organ-damage/

https://www.sciencedirect.com/science/article/pii/S096999612030406X
SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19 | Nature

https://www.researchgate.net/publication/346464618_Informed_consent_disclosure_to_vaccine_trial_subjects_of_risk_of_COVID-19_vaccines_worsening_clinical_disease/fulltext/5fc3873e458515b79784d097/Informed-consent-disclosure-to-vaccine-trial-subjects-of-risk-of-COVID-19-vaccines-worsening-clinical-disease.pdf?origin=publication_detail

https://med.nyu.edu/faculty/timothy-j-cardozo

[24] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01290-3/fulltext

https://medicine.tulane.edu/departments/pathology-laboratory-medicine-division-comparative-pathology/faculty/ronald-s-veazey-dvm
peds.2021-052478.full.pdf (aappublications.org)

https://principia-scientific.com/doctor-heart-failure-from-mrna-jabs-will-kill-most-people/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7978140/

Schedule 3

Children and the mRNA Injection

(a) In 2020, children were at very low risk of catching Covid 19. Does the MOH hold the referenced research paper[25] that looked at 7,780 cases which concluded that the death rate for children was 0.09% (although it is no doubt lower due to the issues with the PCR test and the policy counting deaths)? This means that children have a 99.91% survival rate. Why did the risk to children remain low until the push for the mRNA injection?

(b) Does the MOH hold a copy of the article where the editor with the **British Medical Journal**[26], one of the world's most respected peer-reviewed publications, has co-signed an article saying that the evidence shows the risks to children from Covid-19 vaccines outweigh the benefits, including any benefits regarding reducing infection for adults?

(c) Is the report published in **The Lancet** in March 2021[27] which discusses why Children and young people remain at low risk of COVID mortality misinformation? The Table below sets out age-specific data for seven countries showing estimated all-cause deaths for children compared to Covid-19 deaths:

	Population	All-cause deaths*		COVID-19 deaths†		COVID-19 deaths as percentage of all-cause deaths, %
		n	per 100 000	n	per 100 000	
USA						
0–4 years	19 810 275	23 844	120·36	67	0·34	0·28%
5–14 years	41 075 169	4990	12·15	67	0·16	1·34%
UK						
0–9 years	8 052 552	3793	47·10	7	0·09	0·19%
10–19 years	7 528 144	1109	14·73	22	0·29	1·98%
Italy						
0–9 years	5 090 482	1569	30·83	8	0·16	0·51%
10–19 years	5 768 874	772	13·38	10	0·17	1·30%
Germany						
0–9 years	7 588 635	2782	36·66	9	0·12	0·32%
10–19 years	7 705 657	1249	16·21	4	0·05	0·32%
Spain						
0–9 years	4 370 858	1369	31·31	8	0·18	0·58%
10–19 years	4 883 447	532	10·89	18	0·37	3·39%
France						
0–9 years	7 755 755	2916	37·60	7	0·09	0·24%
10–19 years	8 328 988	1068	12·82	4	0·05	0·38%
South Korea						
0–9 years	4 148 654	1519	36·61	0	0·00	0
10–19 years	4 940 455	814	16·48	0	0·00	0
Total	137 047 945	48 326	35·26	231	0·17	0·48%

The sources of these data are provided in the appendix (p 2). *Includes all deaths from approximately March 1, 2020, to Feb 1, 2021. †Includes all COVID-19 deaths reported from the start of the pandemic up to Feb 3, 2021 (USA), Jan 29, 2021 (UK), Jan 20, 2021 (Italy), Feb 9, 2021 (Germany), Feb 10, 2021 (Spain), Feb 11, 2021 (France), or Feb 3, 2021 (South Korea).

Table: **Age-specific data for seven countries showing estimated all-cause deaths compared with COVID-19 deaths**

[25] COVID-19 in 7780 pediatric patients: A systematic review - EClinicalMedicine (thelancet.com)
[26] BMJ Editor on Covid Vaccines for kids: risks outweigh benefits | Gript
[27] https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext

(d) Does the MOH hold any information as to why a 12- to 15-year-old could consent to the mRNA injection when anyone under 14 years old cannot be left at home alone, and those in the 12- to 15-year-old category cannot buy a lotto ticket, alcohol or vote as the Government understands that their brain is still developing until they reach their 20s?

Schedule 4

How Dangerous is COVID 19

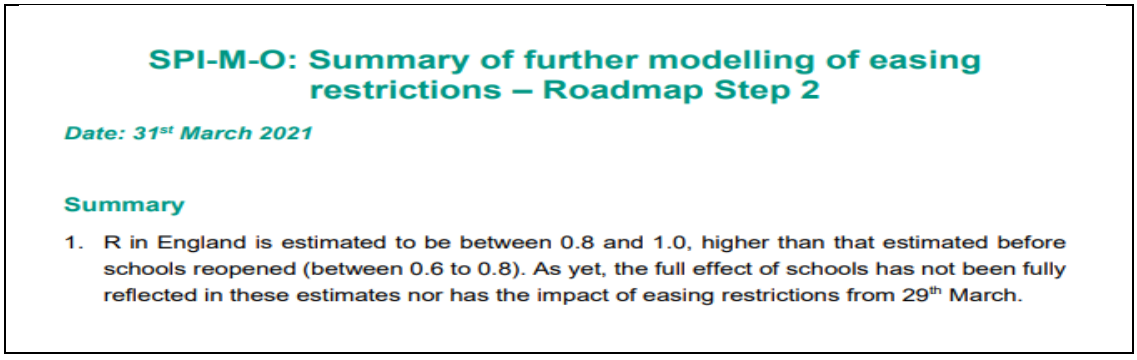
(a) What is the infection fatality rate for COVID-19?

(b) What is the case fatality rate for COVID 19?

(c) Is it misinformation to state that the survival rate of COVID-19 depends on your age group and the survival rate for all age groups is between 99.99% and 98.2%? If so, please provide details.

(d) Is it misinformation to share that while COVID-19 can be deadly to some people, but it is generally mild and treatable without vaccines? If so, please provide details.

(e) Does the MOH deny that that UK's modelling agency, **Statement from the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O)** (referenced above), believes that the infection rate is as follows:



SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2

Date: 31st March 2021

Summary

1. R in England is estimated to be between 0.8 and 1.0, higher than that estimated before schools reopened (between 0.6 to 0.8). As yet, the full effect of schools has not been fully reflected in these estimates nor has the impact of easing restrictions from 29th March.

(f) Does the MOH disagree that around 94% of COVID-19 deaths in the United States of America had an average of 2.5 comorbidities or more contributing to their death?

(g) Does the MOH hold information that New Zealand or any other Country has counted as a COVID death if they died for any reason within 28 days of a positive test?

(h) Does the MOH hold information that there is a difference between people who died "*with*" and not necessary "*from*" COVID-19?

(i) Does the MOH hold any information as to whether there is a correlation between obesity and the increased risk of hospitalisation and intensive care treatment? Does the MOH hold these studies:

https://onlinelibrary.wiley.com/doi/full/10.1111/obr.13128
https://care.diabetesjournals.org/content/43/7/1392.abstract
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7385759/
https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.26677
https://www.acpjournals.org/doi/full/10.7326/M20-3742
https://www.nature.com/articles/s41366-020-0648-x
https://www.sciencedirect.com/science/article/abs/pii/S1871402120301399

(j) Does the MOH hold any information that **CDC,** in their Morbidity and Mortality Weekly Report, dated 12 March 2021,[28] confirm that obesity increases the risk for severe COVID–associated illness. The study was conducted from a sample of 71,491 adults found that 27.8% of hospitalized COVID patients were overweight while 50.2% of patients were obese. Furthermore, the CDC has warned that having obesity may triple the risk of hospitalization due to Covid infection, noting: "*As [body mass index] increases, the risk of death from Covid increases*[29]."

(k) Does the MOH hold information that shows that it is usual in respiratory pandemics have done throughout history is morphed into a more transmissible and less virulent form?

(l) Does the MOH class the **Public Health England's**[30] Technical Briefing dated 18 June 2021 shows the case fatality rate among those with 28 days follow up as set out in the table below (for the period 1 February 2021 up to 21 June 2021) as misinformation? According to the Government's data, the Delta variant represented more than 75% of all cases in the U.K. since mid-May.

[28] https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm
[29] Obesity, Race/Ethnicity, and COVID-19 | Overweight & Obesity | CDC
[30] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997414/Variants_of_Concern_VOC_Technical_Briefing_16.pdf

Variant	Confirmed (sequencing) case number	Probable (genotyping) case number*	Total case number	Case Proportion*	Deaths	Case Fatality	Cases with 28 day follow up	Deaths among those with 28 day follow up	Case Fatality among those with 28 day follow up
Alpha	218,332	5,689	224,021	77.9%	4,259	1.9% (1.8 to 2.0%)	217,228	4,252	2.0% (1.9 to 2.0%)
Beta	871	55	926	0.3%	13	1.4% (0.7 to 2.4%)	858	13	1.5% (0.8 to 2.6%)
Delta	31,132	29,523	60,655	21.1%	73	0.1% (0.1 to 0.2%)	5,762	17	0.3% (0.2 to 0.5%)
Eta	441	0	441	0.2%	12	2.7% (1.4 to 4.7%)	428	12	2.8% (1.5 to 4.8%)
Gamma	170	42	212	0.1%	0	0.0% (0.0 to 1.7%)	155	0	0.0% (0.0 to 2.4%)
Kappa	422	0	422	0.1%	1	0.2% (0.0 to 1.3%)	404	1	0.2% (0.0 to 1.4%)
Theta	7	0	7	0.0%	0	0.0% (0.0 to 41.0%)	5	0	0.0% (0.0 to 52.2%)

(m) Does the MOH deny the information published in Public Health England's report distinguish the numbers for "*dying from COVID*" versus "*dying with COVID*"?

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) including all confirmed Delta cases in England, 1 February 2021 to 21 June 2021

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
with the same specimen and attendance dates)								
Deaths within 28 days of positive specimen date	Total	117	N/A	3	1	19	50	44
	<50	8	N/A	-	-	2	-	6
	>50	109	N/A	3	1	17	50	38

(n) Please provide us with the up-to-date scientific evidence that supports that lockdown stops the spread of COVID-19;

(o) Please provide us with any scientific evidence that masks stop a coronavirus, let alone COVID 19.

Schedule 5
Treatments for COVID 19

(a) Does the MOH hold any information that there are effective treatments for COVID-19? If so, please provide details.

(b) Does the MOH hold any information in that **Dr Peter McCullough,** the most highly cited physician on the early treatment of COVID-19, with more than 600 citations in the **National Library of Medicine,** stated in an interview with **Dr Reiner Fuelmich** (lawyer) that 85 percent of the U.S. deaths could have been prevented with a multi-drug treatment given in the early to mid-point of the disease[31]? **Dr Peter McCullough's** [32] testimony (19 minutes) to the United States senate looked at the veracity of early treatment protocols (2:20:27)?

(c) Does the MOH hold a copy of **Dr Peter McCullough's** article published in the **American Journal of Medical**[33] as set out in the references below?

(d) Does the MOH hold a copy of any information about a study published by **Dr Peter McCullough** in January 2021 in the **American Journal of Medicine** that found that early treatment of coronavirus patients with hydroxychloroquine lowered the mortality rate for the disease?

(e) Does the MOH hold a copy of any information about the **American Journal of Therapeutics** [34] published on 17 June 2021, a peer-reviewed meta-analysis of 15 trials that found that ivermectin reduced the risk of death compared with no ivermectin? The study found that ivermectin probably reduced deaths by 62% and possible transmission by 86%.

(f) Does the MOH hold any information that Vitamin D, Zinc and/or hydroxychloroquine is a treatment for COVID 19? If so, please provide details.

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[31] Dr. Peter McCullough on with Reiner Fuelmich June 11, 2021 (bitchute.com)
[32] https://www.youtube.com/watch?v=QAHi3lX3oGM
[33] https://www.amjmed.com/article/S0002-9343(20)30673-2/fulltext

[34] https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx

(g) Does the MOH hold a copy of any information about **The Journal of Clinical Endocrinology & Metabolism** [35] report that vitamin D deficiency is associated with higher hospitalisation risk from COVID?

[35] Vitamin D deficiency is associated with higher hospitalisation risk from COVID-19: a retrospective case-control study | The Journal of Clinical Endocrinology & Metabolism | Oxford Academic (oup.com)

Schedule 6
Isolation and Purification of COVID-19

I require information that shows the structure and composition of COVID-19 from a live sample of a human being that is symptomatic and tested positive for COIVD-19. For the sake of clarity, if you only hold information about the isolation and not the purification, then I require that information and vice versa.

I request the following information regarding the isolation and purification of COVID-19:

(a) Evidence that the MOH holds documentation that COVID-19 has been isolated.

(b) Evidence that the MOH holds samples (i.e. human blood, human secretions etc.) that have been taken from a living human being residing in New Zealand in 2020 and 2021 with COVID-19 symptoms ("Sample") and, the Sample has been purified (i.e., a suitably qualified virologist macerates, filters and ultracentrifuges the sample) without mixing any other tissue or products that contain genetic material to the Sample ("Examined Sample").

(c) Evidence that the MOH has isolated bacteriophages[36] from the Examined Sample ("**Identified Particles**").

(d) Evidence that the Identified Particles have been checked for uniformity by physical and/or microscopic techniques.

(e) Evidence that the structure, morphology, and chemical composition of the Identified Particles have been characterised.

(f) Evidence that the genetic makeup of the Identified Particles has been characterised by extracting the genetic material directly from the Identified Particles and using genetic-sequencing techniques, such as Sanger sequencing.

[36] Isolation, characterization and analysis of bacteriophages from the haloalkaline lake Elmenteita, KenyaJuliah Khayeli Akhwale et al, PLOS One, Published: April 25, 2019. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215734 — accessed 2/15/21

(g) Evidence that the Identified Particles are exogenous in the original Sample and not the normal breakdown products of dead and dying tissues[37].

(h) Evidence the Purified Virus is causally related to a disease (e.g., COVID 19).

(i) Evidence of the studies whereby the MOH exposed a group of healthy subjects (i.e., animals) to the Purified Virus in the way COVID-19 is thought to be transmitted ("**Causality Studies**").

(j) Evidence from the Causality Studies that the healthy subjects got sick with COVID-19, as confirmed by clinical and autopsy findings.

(k) Confirmation or denial that the MOH has used an unpurified specimen as evidence of COVID-19 existence and pathogenicity.

(l) If the MOH claims that there were not enough virus particles found in samples from patients to analyse to isolate COVID-19, then I require evidence as to why the MOH considers the virus is so dangerous or even lethal.

(m) If the MOH claims that COVID-19 is an intracellular parasite (it cannot be found outside of the cell), I require evidence as to why it considers how COVID-19 spreads from person to person.

(n) Confirmation or denial that the MOH is aware that the unpurified samples which may be obtained by laboratories state in their disclaimers that the sample should not be used to make vaccines because the majority of the genetic material in the sample is human host cell and bovine serum material.

(o) Evidence that there is a novel coronavirus which is called COVID -19.

    (a) Information that there is a weaponised computer simulation of a fragment that is modelled to be the spike protein analogous to what we have been told is the spike protein associated with Sars.

    (b) Any information regarding the World Health Organisation's declaration in or around 2008 that coronavirus was eradicated as a condition associated with SARs.

[37] "Extracellular Vesicles Derived From Apoptotic Cells: An Essential Link Between Death and Regeneration," Maojiao Li1 et al, Frontiers in Cell and Developmental Biology, 2020 October

(c) Whether there was knowledge around the litigation in or around 2016 about the license for lipid nanoparticle technology was capable of being extended to pathogens

Schedule 7

The email address of the Members of Parliament that I have copied this email to:

jacinda.ardern@parliament.govt.nz; kiritapu.allan@parliament.govt.nz; virginia.andersen@parliament.govt.nz; camilla.belich@parliament.govt.nz; glen.bennett@parliament.govt.nz; rachel.boyack@parliament.govt.nz; rachel.brooking@parliament.govt.nz; naisi.chen@parliament.govt.nz; david.clark@parliament.govt.nz; tamati.coffey@parliament.govt.nz; liz.craig@parliament.govt.nz; kelvin.davis@parliament.govt.nz; paul.eagle@parliament.govt.nz; barbara.edmonds@parliament.govt.nz; kris.faafoi@parliament.govt.nz; shanan.halbert@parliament.govt.nz; peeni.henare@parliament.govt.nz; emily.henderson@parliament.govt.nz; chris.hipkins@parliament.govt.nz; willie.jackson@parliament.govt.nz; anahila@parliament.govt.nz; ingrid.leary@parliament.govt.nz; neru.leavasa@parliament.govt.nz; steph.lewis@parliament.govt.nz; andrew.little@parliament.govt.nz; anna.lorck@parliament.govt.nz; marja.lubeck@parliament.govt.nz; jo.luxton@parliament.govt.nz; nanaia.mahuta@parliament.govt.nz; trevor.mallard@parliament.govt.nz; kieran.mcanulty@parliament.govt.nz; tracey.mclellan@parliament.govt.nz; stuart.nash@parliament.govt.nz; terisa.ngobi@parliament.govt.nz; damien.oconnor@parliament.govt.nz; greg.oconnor@parliament.govt.nz; ibrahim.omer@parliament.govt.nz; sarah.pallett@parliament.govt.nz; david.parker@parliament.govt.nz; willowjean.prime@parliament.govt.nz; priyanca.radhakrishnan@parliament.govt.nz; angela.roberts@parliament.govt.nz; grant.robertson@parliament.govt.nz; adrian.rurawhe@parliament.govt.nz; deborah.russell@parliament.govt.nz; jenny.salesa@parliament.govt.nz; carmel.sepuloni@parliament.govt.nz; gaurav.sharma@parliament.govt.nz; sua.william.sio@parliament.govt.nz; jamie.strange@parliament.govt.nz; jan.tinetti@parliament.govt.nz; rino.tirikatene@parliament.govt.nz; phil.twyford@parliament.govt.nz; tangi.utikere@parliament.govt.nz; ayesha.verrall@parliament.govt.nz; louisa.wall@parliament.govt.nz; vanushi.walters@parliament.govt.nz; angie.warren-clark@parliament.govt.nz; duncan.webb@parliament.govt.nz; meka.whaitiri@parliament.govt.nz; helen.white@parliament.govt.nz; arena.williams@parliament.govt.nz; poto.williams@parliament.govt.nz; michael.wood@parliament.govt.nz; megan.woods@parliament.govt.nz; judith.collins@parliament.govt.nz; andrew.bayly@parliament.govt.nz; david.bennett@national.org.nz; chris.bishop@parliament.govt.nz; simon.bridges@national.org.nz; simeon.brown@national.org.nz; gerry.brownlee@national.org.nz; jacqui.dean@parliament.govt.nz; matt.doocey@parliament.govt.nz; paul.goldsmith@parliament.govt.nz; nicola.grigg@parliament.govt.nz; harete.hipango@parliament.govt.nz; barbara.kuriger@parliament.govt.nz; melissa.lee@national.org.nz; christopher.luxon@parliament.govt.nz; todd.mcclay@national.org.nz; ian.mckelvie@parliament.govt.nz; mark.mitchell@parliament.govt.nz; joseph.mooney@parliament.govt.nz; todd.muller@parliament.govt.nz; simon.oconnor@parliament.govt.nz; chris.penk@parliament.govt.nz; maureen.pugh@parliament.govt.nz; shane.reti@parliament.govt.nz; penny.simmonds@parliament.govt.nz; scott.simpson@parliament.govt.nz; stuart.smith@parliament.govt.nz; erica.stanford@parliament.govt.nz; louise.upston@national.org.nz; tim.vandemolen@national.org.nz; simon.watts@parliament.govt.nz; nicola.willis@parliament.govt.nz; michael.woodhouse@national.org.nz; james.shaw@parliament.govt.nz; marama.davidson@parliament.govt.nz; julieanne.genter@parliament.govt.nz; golriz.ghahraman@parliament.govt.nz; elizabeth.kerekere@parliament.govt.nz; jan.logie@parliament.govt.nz; ricardo.march@parliament.govt.nz; eugenie.sage@parliament.govt.nz; chloe.swarbrick@parliament.govt.nz; teanau.tuiono@parliament.govt.nz; david.seymour@parliament.govt.nz; chris.baillie@parliament.govt.nz; mark.cameron@parliament.govt.nz; karen.chhour@parliament.govt.nz; simon.court@parliament.govt.nz; james.mcdowall@parliament.govt.nz; nicole.mckee@parliament.govt.nz; toni.severin@parliament.govt.nz; damien.smith@parliament.govt.nz; brooke.vanvelden@parliament.govt.nz; rawiri.waititi@parliament.govt.nz; debbie.ngarewa-packer@parliament.govt.nz