High Court
Christchurch Registry
I Te Kōti Matua o Aotearoa Ōtautahi Rohe
CIV-XXX-XXX

under

the Judicial Review Procedure Act 2016, Medicines Act 1981, New Zealand Bill of Rights Act 1990, Human Rights Act 1993, Health and Disability Commissioner Act 1994 and Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, International Crimes and International Criminal Court Act [ICICCA] 2000, Terrorism Suppression Act 2002 (2018) and Privacy Act 2020.

between

HETERODOXIES SOCIETY INCORPORATED

Plaintiff

and

HER MAJESTY THE QUEEN IN RIGHT OF NEW ZEALAND AND THE NEW ZEALAND CIK #0000216105 AND THE NEW ZEALAND GOVERNMENT TE KĀWANATANGA AOTEAROA First Defendant; and **JACINDA ARDERN** Second Defendant; and **ANDREW LITTLE** Third Defendant; and **CHRIS HIPKINS** Fourth Defendant; and **ASHLEY BLOOMFIELD** Fifth Defendant; and **CHRIS JAMES** Sixth Defendant; and **JULIET GERRARD** Seventh Defendant; and **IAN TOWN** Eighth Defendant; AND **SIOUXSIE WILES** Ninth Defendant; and **HELEN PETOUSIS-HARRIS**, Tenth Defendant; and **REBECCA KITTERIDGE** Eleventh Defendant; and **ANDREW HAMPTON**, Twelfth Defendant; and the **GOVERNMENT COMMUNICATIONS SECURITY BUREAU**, Thirteenth Defendant; and the **NEW ZEALAND SECURITY INTELLIGENCE SERVICE**, Fourteenth Defendant; and **SEAN HENDY** Fifteenth Defendant; and **MICHAEL BAKER** Sixteenth Defendant; **PFIZER NEW ZEALAND LIMITED** Seventeenth Defendant; **ALIZA MARIE GLANVILLE**, Eighteenth Defendant; **STUART ROSS HUNT**, Nineteeth Defendant.

STATEMENT OF CLAIM

Plaintiff
Heterodoxies Society Incorporated
[redacted]
contact@heterodoxies.com

STATEMENT OF CLAIM

Tēnā koutou.

PARTIES

1 The plaintiff is **Heterodoxies Society Incorporated**

2 The defendants are

2.1 **Her Majesty the Queen in Right of New Zealand CIK #0000216175** and **The New Zealand Government Te Kāwanatanga Aotearoa**

2.2 **Rt Hon Jacinda Ardern**, Prime Minister of New Zealand, Minister of New Zealand Security and Intelligence Services

2.3 **Hon Andrew Little**, Minister of Health, Minister responsible for the Government Communications Security Bureau Te Tira Tiaki and the New Zealand Security Intelligence Service Te Pā Whakamarumaru

2.4 **Hon Chris Hipkins**, COVID-19 Response Minister

2.5 **Ashley Bloomfield**, Director-General of Health

2.6 **Chris James**, Group Manager, Medsafe

2.7 **Dr Juliet Gerrard**, Prime Minister's Chief Science Advisor for New Zealand

2.8 **Dr Siouxsie Wiles**, Microbiologist, Influencer

2.9 **Dr Helen Petousis-Harris**, Vaccinologist, Influencer

2.10 **Ian Town, Chief Science Advisor, New Zealand Ministry of Health**

2.11 **Rebecca Kitteridge**, Director-General of Security

2.12 **Andrew Hampton**, Director-General of the Government Communications Security Bureau

2.13 **Government Communications Security Bureau**

2.14 **New Zealand Security Intelligence Service**

2.15 **Dr Sean Hendy**, Physicist, Modeller, Influencer

2.16 **Dr Michael Baker**, Epidemiologist, Influencer

2.17 **Pfizer New Zealand Limited**, New Zealand sponsor of Comirnaty

2.18 **Aliza Marie Glanville**, Director, Pfizer New Zealand Limited

2.19 **Stuart Ross Hunt**, Director, Pfizer New Zealand Limited

EXECUTIVE SUMMARY

3 In January 2020, the World Health Organisation (WHO) published 55 real-time RT-PCR protocol assay primer and probe sequences for the purpose of detecting in human subjects a virus named WH-Human 1, subsequently renamed SARS-CoV-2, to which these sequences were exclusive.[1] These protocol assay sequences were used by countries around the world, including Aoteara New Zealand (NZ), to establish who in their populations had or did not have COVID-19, a novel coronavirus said to be caused by SARS-CoV-2. Cases confirmed by RT-PCR escalated with such "unprecedented rapidity" that within two months the WHO declared a pandemic, providing outbreak modellers and their governments with a mountain of data with which to imprison their populations and shut down much of their economies.[2]

4 However, as the plaintiff has established through its recent investigation, all 55 of these protocol assay primer and probe sequences are found across the human genome in all 23 chromosome pairs, most with a 100% identity.[3] Included are three such sequences obtained from the Canterbury District Health Board and taken to be representative of those relied on by the Ministry of Health (MOH), as Jemma Geoghegan et al. confirm: "We obtained nasopharyngeal samples positive for SARS-CoV-2 by real-time reverse transcription PCR (rRT-PCR) from public health medical diagnostics laboratories located throughout New Zealand … Genome sequencing of SARS- CoV-2 samples was performed as before. In brief, viral extracts were prepared from respiratory tract samples in

[1] "WHO inhouse assays: Summary table of available protocols", World Health Organisation (hereinafter WHO) (undated, January 2020), : https://www.who.int/docs/default-source/coronaviruse/whoinhouseassays.pdf?sfvrsn=de3a76aa_2 ; Jennifer Harcourt et al., "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States", *Emerging Infectious Disease Journal*, 26/6 (June 2020, first published 11 March 2020): https://dx.doi.org/10.3201/eid2606.200516 RT-PCR stands for reverse transcription polymerase chain reaction. WH-Human 1 was renamed SARS-CoV-2 on 11 February 2020 by the the Committee on Taxonomy of Viruses (ICTV) – see "Why do the virus and the disease have different names?", WHO (11 Feb 20): https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it

[2] "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020", WHO (11 Mar 20), 1-2: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

[3] Investigation into COVID-19 RT-PCR assay protocol sequences found in the human genome", Heterodoxies Society Incorporated (May-June 2021).

which SARS-CoV-2 was detected by rRT-PCR by using World Health Organization–recommended primers and probes targeting the envelope and nucleocapsid genes. Extracted RNA from SARS-CoV-2–positive samples was subjected to whole-genome sequencing".[4]

5 Problematically, these protocol assay sequences cannot be detected in both the human genome and the SARS-CoV-2 genome and be exclusive to the latter. Indeed, these protocol assay sequences can only be exclusive to the human genome because the SARS-CoV-2 virus has never been found in and isolated from a human subject and subsequently purified and tested in a healthy host, sequenced, "photographed and biochemically characterised as a whole unique structure."[5] Hence, SARS-CoV-2 remains a notional construct, the material existence of which has never been established.[6]

6 The conclusion is inescapable: RT-PCRs relying on the WHO-published protocol assay sequences detect human RNA material, not viral RNA material, making all RT-PCR results meaningless and all New Zealand Government (NZG) COVID-19 policies, initiatives, orders and legislation relating to COVID-19 without ground and without justification. Put otherwise, none of the WHO protocol assay sequences has ever detected the SARS-CoV-2 virus in a single human subject and therefore there has never been a concomitant case of COVID-19, the disease invented by the WHO as causative companion of the virus.[7] Thus, all positive cases of COVID-19 as diagnosed by RT-PCR are all "false positives" requiring immediate voiding, as do all concomitant death certificates. Likewise, the

[4] Official Information Act (OIA) CDHB 10632 letter from Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support, Canterbury District Health Board, 21 June 2021; Jemma L Geoghegan, et al., "Use of Genomics to Track Coronavirus Disease Outbreaks, New Zealand", Emerging Infectious Diseases, 27/5 (May 2021), 4: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8084492/

[5] Stefan Lanka, "The Virus Misconception", *WiSSeNSCHAFFtPLUS magazin*, 4/2020, 3: https://archive.org/details/dr-stefan-lanka-the-misconception-called-virus/mode/2up

[6] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, 579 (3 Feb 20, author correction 2 Apr 20), 265; "Why do the virus and the disease have different names?", WHO (11 Feb 20): https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it

[7] "WHO Director-General's remarks at the media briefing on 2019-nCoV on 11 February 2020", WHO (11 Feb 20): https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020

181,374,710 cases and 3,928,409 deaths displayed on the John Hopkins COVID-19 dashboard as at 29 June 2021 are false.[8] This also renders risible the MOH's description of RT-PCR as "the gold standard for detecting SARS-CoV-2 viral ribonucleic acid (RNA) using the nasopharyngeal swab", the results of which have already been ruled inadmissable in at least two European courts.[9] Accordingly, there exists only a phantom disease and pandemic called COVID-19, which is further confirmed by there being no statistically significant excess deaths for 2020. That which spread around the world with astonishing speed was not SARS-CoV-2 but the RT-PCR protocol assay sequences and the accompanying kits.

7 The paragraphs above may be elucidated by reference to paragraphs [10] to [12] in the judgement of Venning, Thomas and Ellis JJ dated 19 August 2020. In these paragraphs Their Honours make the claim that "viruses spread quickly – COVID-19 was no exception", a statement they support by quoting cases rising from "7,818 worldwide" as at 30 January 2020 to "83,381" "global confirmed cases" by the end of February.[10] Given the above, that portion of their judgement should now read: *This 966.5% 30-day increase in global cases may be accounted for as follows: RT-PCR, which is not a diagnostic methodology and tests for nothing, had merely located in 83,381 persons human RNA and not RNA from SARS-C0V-2, the origin of which is unknown, which has never been isolated from a human being, and has never been established as causative of COVID-19.*[11]

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[8] Johns Hopkins Coronavirus Resource Centre dashboard (accessed 31 May 21): https://coronavirus.jhu.edu/map.html

[9] "Aotearoa New Zealand's COVID-19 Testing Plan", Ministry of Health (26 Jan 21, effective December 2020 to June 2021), 1-7: https://www.health.govt.nz/system/files/documents/pages/covid19-testing-plan-26jan2021.pdf . On 24 March 2021, the Vienna Administrative Court, in ruling against the prohibiting of a meeting by the Vienna State Police Department, declared: "'a PCR test is not suitable for diagnosis and therefore does not in itself say anything about the disease or infection of a person'". see "Austrian court overturns judgment: PCR test not suitable for diagnosis", *Mainland Magazine* (2 Apr 21): https://mainland.press/2021/04/02/austrian-court-overturns-judgment-pcr-test-not-suitable-for-diagnosis/ ; Verwaltungsgericht Wien, GZ : VGW-7A3/ A4eI 3227 /2A2r-2, Im Namen Der Republik (24 Mar 21): https://wp.tagesstimme.com/wp-content/uploads/2021/03/Verwaltungsgericht_FPOe-Versammlung.pdf . See also the unambiguous decision of the Lisbon court of Appeal on 11 November 2020: Judgement of the Lisbon Court of Appeal, 1783 / 20.7T8PDL.L1-3, 11/11/20, paragraph 18.

[10] *Andrew Borrowdale v Director-General of Health*, CIV-2020-485-194, High court Wellington, 19 Aug 20, [10]-[12].

[11] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, 579 (3 Feb 20), 268-69; "Coronavirus disease (COVID-19)", in *Immunisation Handbook* (Wellington: Ministry of Health, 2020, Chapter 5 published online 19 Feb 21), 141: https://www.health.govt,nz/our-work/immunisation-handbok-2020/5-coronavirus-disease,covid-19#23.1

Thus, instead of adjudging that the government's actions were justified though "not prescribed by law", Their Honours might now say: *To test for something (a virus) that has not been shown to exist with something that does not work (RT-PCR) but has been located in something that at least in part has a material existence (the human genome), does not justify imprisoning and inoculating a healthy, free and democratic population with a highly experimental and hazaradous medical device that will maim and injure many, some of whom will die.*[12] *Therefore, the decisions and actions of the defendants constitute crimes against humanity, and any death following inoculation with Comirnaty will constitute a homicide unless proven otherwise.*[13]

8 As the plaintiff will explain below, all claims that the SARS-CoV-2 virus has been isolated rely on a *double deception* found in virology, namely: (a) the substitution of the dictionary and scientifically postulated meaning of "isolation" with an antonymic meaning; and (b) the substitution of an illegitimate proxy, a diseased for a healthy host, the latter being the longstanding scientific requirement for establishing causality between a potentially pathogenic agent and a disease. Thus, SARS-CoV-2 is a fail-safe scientific fraud, easy to produce for those with the knowledge and technology, but difficult for a member of the public to identify. Viral vaccinology relies on this *double deception*.

9 As no justification exists, or has ever existed, for the whole or any part of the the New Zealand Government (NZG) response to COVID-19, the defendants have acted and are continuing to act unlawfully, and have committed, and are continuing to commit, crimes against humanity by first imprisoning the people of this whenua on 25 March 2020, and since 20 February 2021, deceiving and coercing them into a "medical or scientific experimentation" interdicted by the Nuremberg Code (1947), the International Covenant of Civil and Political Rights

[12] Ibid., 280, 293. For adverse events data as at June 2020, please see 175 (above).
[13] "Dr Ashley Bloomfield and MedSafe's Chris James talk about vaccine approvals", Ministry of Health (4 Feb 21): https://www.youtube.com/watch?v=th4U_9Ddk4s ; "Te Tongoā Arai Mate Koruna The COVID-19 vaccine, Version 2, NZ Government, Canterbury District Health Board Te Poari ō Waitaha, West Coast District Health Board Te Poari Hauora a Rohe o Tai Poutini, Mātātau katoa e ārai atu te COVID-19", Version 3 (5 May 21).

(1966), and the New Zealand Bill of Rights Act 1990.[14] For this "widespread or systematic attack directed against" the "civilian population" of NZ, including the "severe deprivation of physical liberty in violation of fundamental rules of international law" and acts "causing great suffering, or serious injury to body or to mental or physical health", the defendants should be arrested and tried.[15]

10 The Pfizer-BioNTech product called Comirnaty, which is not a vaccine but a genetic encoding device, contains an active substance, BNT162b2, the mRNA sequence of which is "based on the spike glycoprotein (S) of SARS-CoV-2" from "the 'Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1'", which the plaintiff has also found with 100% identity across the human genome in all 23 chromosomes pairs.[16] This has two consequences. First, Comirnaty is not fit for purpose and its "Efficacy and/or Immunogenicity Assessments" from its "Phase 1/2/3" clinical trial, which relied on RT-PCR results and just one symptom from a list of symptoms common to respiratory illnesses, are meaningless.[17] Second, and a matter of grave concern, Comirnaty's nanolipid particles that encase the messenger RNA (mRNA) are now known to pass from the injection site into the bloodstream and within about 15 minutes accumulate in numerous sites around the body where the sole purpose of the discharged mRNA is to instruct the expression of the spike protein, which is a synthesized antigen, a poison and an antibody response.[18] To put that plainly, Comirnaty, far from being

[14] Sections 10 and 11 of the New Zealand Bill of Rights Act 1990.
[15] Ibid., 3.
[16] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 15; Japan "Table 1. Primer used for 2019-nCoV", No. 7; "WHO inhouse assays: Summary table of available protocols", World Health Organisation (hereinafter WHO) (undated, January 2020), 58; "NCBI Blast: Nucleotide Sequence, results for RID-D6WUC61D013", in "Investigation into COVID-19 RT-PCR assay protocol sequences found in the human genome", Heterodoxies Society Incorporated (May-June 2021): www.heterodoxies.com
[17] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 67, 89; "A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS", Pfizer (Nov 20), 55: https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf ; "PFIZER-BIONTECH COVID-19 VACCINE (BNT162, PF-07302048) VACCINES AND RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE BRIEFING DOCUMENT", Pfizer (10 December 2020, 78: https://www.fda.gov/media/144246/download
[18] "SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 薬物動態試験の概要文", 1-13. This document is a pharmacokinetics report, Report Number: 185350, with the test article being BNT162b2 and the study covering the organ distribution of the nanolipid particles ALC0135 and ALC0159, the items at conditions 26 to 51 in Medsafe's 58 letter of provisional consent dated 3 February 2021 is concerned; Committee for Medicinal

safe and efficacious as the defendants proclaim, produces through this antigenic protein, a range of adverse reactions from serious injuries to death, and, long-term, the expectation of experts is that it will also produce a range of degenerative diseases.[19] In short, Comirnaty poses a high risk to New Zealanders for no benefit as SARS-CoV-2 has not been shown to exist.

11 That the defendants provisionally approved this cytotoxic product and proceeded to promote its safety and efficacy in a costly campaign of coercion, deception, disinformation and outright lies, knowing the seriousness of its dangers – indeed, in the likely knowledge that an "unprecendented vaccine" like Comirnaty in the normal course of events would take over 12 years to develop and have a "2% probability of success at the stage of a Phase III clinical trial" – has put the health and wellbeing of this society in grave danger.[20] Furthermore, Comirnaty has now been approved by Medsafe for children between 12 and 15, and is being proposed for infants by the sixteenth defendant (Baker):

Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 47. The sites around the body in which the nanolipid particles accumulated in the above test are: Adipose tissue; Adrenal glands; Bladder; Bone; Bone marrow; Brain; Eyes; Heart; Injection site; Kidneys; Large intestine; Liver; Lung; Lymph node (mandibular); Lymph node (mesenteric); Muscle; Ovaries; Pancreas; Pituitary gland; Prostate; Salivary glands; Skin; Small intestine; Spinal cord; Spleen; Stomach; Testes; Thymus; Thyroid; Uterus; Whole blood; and Plasma.

[19] As at 19 June 2021, 15,472 people have died in Europe after being injected with COVID-19 medical devices, with a further 1,509,266 injuries having been reported to the European Medical Agency (EMA) (see: Brian Shilhavy, "EU Database of Adverse Drug Reactions for COVID-19 Shots, June 19, 2021" Health Impact News (21 Jun 21): https://healthimpactnews.com/2021/15472-dead-1-5-million-injured- 50-serious-reported-in-european-unions-database-of-adverse-drug-reactions-for-covid-19-shots/ . According to Shilhavy, "these numbers do NOT reflect all of Europe", which, he noted, "would be much higher than what we are reporting here." As at 19 May 2021, 1,213 people have died in the UK after being injected with AstraZeneca, Morderna and Pfizer's medical devices (see: UK Column, "COVID-19 Vaccine Analysis Overview", UKColumn (accessed 29 May 21): https://yellowcard.ukcolumn.org/yellow-card-reports . Additionally, as at 19 May, 382 peoples have died after being injected with Pfizer's Comirnaty, as well as 175,673 adverse reactions having been recorded against Cormirnaty, including 6,208 blood disorders, 2,239 cardiac disorders, 2,866 eye disorders, 32,575 nervous system disorders, and 49,455 general disorders (see: Yellow Card (Report Run Date 19 May 21, accessed 27 May 21), 80, 3, 5, 12, 54, 23: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/989996/COVID-19_mRNA_Pfizer-_BioNTech_Vaccine_Analysis_Print.pdf . As at 28 May 2021, a total of 5,165 people have died in the US since 14 December 2020 after being injected with COVID-19 medical devices, which represents in five months more than 22 years of vaccine deaths recorded by the Centers for Disease Control and Prevention (US CDC) reporting agency VAERS. 828 of those deaths occurred in the two weeks since 28 May 2021. In addition, there have been 358,379 adverse events reported ofwhich 29,871 are serious injuries, an increase of 3,822 (See Megan Redshaw, "Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID Vaccines", *The Defender* (18 Jun 21), 1: https://childrenshealthdefense.org/defender/cdc-vaers-data-deaths-adverse-events-covid-vaccines-including-children/)

[20] Stephanie Seneff and Greg Nigh, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19", *International Journal of Vaccine Theory, Practice, and Research, 2/1*), (10 May 21), 40: https://ijvtpr.com/index.php/IJVTPR

"Vaccinating children in this age group, and eventually down to infants, is important for any population hoping to reach sufficient vaccine coverage to largely interrupt circulation of the Covid-19 virus."[21]

12 These malevolent acts fall within the ambit of the Terrorism Suppression Act 2002, which states: "An act is a **terrorist act** for the purposes of this Act if—(b) the act falls within subsection (2)", which states at (2)(a), "to induce terror in a civilian population", the outcomes of which are at (3)(a), "the death of, or other serious bodily injury to, 1 or more persons (other than a person carrying out the act): (b) a serious risk to the health or safety of a population".[22] At least two such deaths have occurred, as reported in *The New Zealand Herald* on 8 May 2021, for which the burdern of proof must necessarily be reversed – that is, that those who approved this product, who promoted it as safe, its manufacturer, and those who adminstered the fatal doses are those who are required to establish that this product did not cause the fatalilities.[23]

13 On 24 March 2020, the second defendant (Ardern) induced a sense of terror nationwide with her pronouncement of imminent mass death unless people did what she said: "If community transmission takes off in New Zealand the number of cases will double every five days. If that happens unchecked, our health system will be inundated, and tens of thousands of New Zealanders will die."[24] And for those who might not have heard it the first time, she repeated it nine minutes later, promoting herself as saving the nation from this groundless

[21] Michael Neilson and Derek Cheng, "Covid19 coronavirus: Medsafe approves Pfizer vaccine for New Zealand 12-15 year olds", *NZ Herald* (21 Jun 21), 1: https://www.nzherald.co.nz/nz/covid-19-coronavirus-medsafe-approves-pfizer-vaccine-for-new-zealand-12-15-year-olds/3D2OPZZLOPOOMXY6LJT43Z4F2A ; Michael Baker as reported in "Medsafe approves Pfizer vaccine for over-12s - Expert Reaction", Science Media Centre (21 Jun 21): https://www.sciencemediacentre.co.nz/2021/06/21/medsafe-approves-pfizer-vaccine-for-over-12s-expert-reaction/ ; "Vaccinating children will help protect entire population: Baker", *Otago Daily Times* (22 Jun 21): https://www.odt.co.nz/news/national/vaccinating-children-will-help-protect-entire-population-baker

[22] Bolding in the original.

[23] "Covid 19 coronavirus: vaccine safety committee investigating two deaths in NZ", NZ Herald (8 May 21): https://nzherald.co.nz/nz/covid-19-coronavirus-vaccine-safety-committee-investigating-two-deaths-in-nz/PW3JYUGM66WRB3S5MMTF6RAN74/

[24] Jacinda Ardern, "Post-Cabinet press conference", Beehive (23 Mar 20), 1-3; Jacinda Ardern, "Prime Minister: COVID-19 Alert Level increased", Beehive (23 Mar 20): https://www.beehive.govt.nz/speech/prime- minister-covid-19-alert-level-increased ; "PM Jacinda Ardern Post-Cabinet Press Conference 23 March 2020 on COVID19", YouTube (23 Mar 20), 10:55: https://www.youtube.com/watch?v=v-dlxA_u2wA . The "new" in "new medical modelling" was removed from the published version when the PM gave her press conference.

fabrication: "[New] medical modelling considered by Cabinet today suggests that without the measures I have just announced, up to tens of thousands of New Zealanders could die from COVID-19 … The worst-case scenario is simply intolerable. It would represent the greatest loss of New Zealanders' lives in our country's history. I will not take that chance."[25] If that were still not understood she would enforce her solution, "house arrest", for all but essential workers, with assistance from the police and the military.[26] As she told Parliament the day it was prorogued, 25 March 2020, "the police and the military will be working together, and there is assistance at the ready if required. If people do not follow the messages here today, then the police will remind people of their obligations. They have the ability to escalate if required. They can arrest if needed. They can detain if needed."[27]

14 In an opinion piece, senior journalist Henry Cooke captured the moment: "New Zealand again faces the prospect of a mass loss of life in hospitals and homes all over the country, as the confirmed number of coronavirus cases spike over 100. None have died yet but Ardern was clear today that a huge death toll was a real possibility, with "tens of thousands" dead. If community transmission takes off in New Zealand, the number of cases will double every five days. If that happens unchecked, our health system will be inundated, and tens of thousands of New Zealanders will die," Ardern said. This might sound like scaremongering tto some, but it isn't. It's exact framing needed ... Police and possibly the Defence Force will be out on the streets enforcing these rules, empowered by the epidemic notice and state of emergency we are now in. The scale of this change is so immense that things that would be considered unimaginable even a month ago are now seen as obvious and sensible steps. Parliament ... is being shut down indefinitely ... The economy, already on life support, is about to take a gigantic pounding."[28]

[25] Ibid.
[26] Jacinda Ardern, "Post-Cabinet press conference", Beehive (23 Mar 20), 5.
[27] Ardern, "Parliamentary Debates (Hansard)", House of Representatives, (25 Mar 20), 17279.
[28] Henry Cooke, "Coronavirus: Jacinda Ardern just made the most consequential decision of her career, putting NZ on house arrest", *Stuff* (23 Mar 20): https://www.stuff.co.nz/national/health/coronavirus/120501534/coronavirus-jacinda-ardern-just-made-the-most-consequential-decision-of-her- career-putting-nz-on-house-arrest

15 Ardern repeated her shocking truth-claim just after 7.40 am the following morning, on *One Breakfast* to John Campbell:

15.1 John Campbell (JC): Good morning Prime Minister, mōrena. How are ya feeling?

Jacinda Ardern (JA): Mōrena. Oh, ready to go, and of course continuing to work on all the logistics required to support New Zealanders over the next four weeks.

JC: You talked yesterday about a stark choice, and I think we're becoming increasingly explicit about how stark the choice was.

JA: Yes.

JC: So this was based on the numbers, the modelling, right?

JA: Yes. Yes. Yes it was. Quite simply, if we continue to see community transmission without any intervention, the infection rate then the number of individuals who we can tell from overseas would require hospital care, then acute hospital care, ah, tens of thousands of New Zealanders would die.

JC: When you say that, you think, holy moly.[29]

16 In the face of such horror and abjection, moral panic took hold, meaning collapsed, and fear slipped beneath the pillows of the children. "Tens of thousands" of whānau dead. "Tens of thousands" of dead mums and dads and brothers and sisters and cousins and friends were just too many to count.

It stayed there immovable, unable to be assimilated, ejected beyond the scope of the possible, the thinkable. That is how she lay there, unable to speak, her big eyes never closing until sleep overcame her. I counted each of her tiny breaths as I cradled her in my arms, wanderers together above the sea of fog as I contemplated the cunning, orderly surface of civilizations stretched out before us,

[29] John Campbell interview of Jacinda Ardern, "Full interview: Jacinda Ardern says New Zealand can beat the coronavirus pandemic", *One Breakfast* (24 Mar 20), 0:20: https://www.youtube.com/watch?v=RHHD2titXhw

each etched with expressions of their sublimated selves, those sacralised horrors of religion and war, of pestilence and terror they attribute to the other and seize on in order to build themselves up and function. To that long list of horrors we could now add this spectre of mass death with its blanket of abjection that was slowly suffocating us.[30]

HUMAN RIGHTS AND LEGISLATIVE BASIS OF THIS CLAIM

Nuremberg Code (1947)

17 The Nuremberg Code arose out of the International War Crimes Tribunal held at Nuremberg following World War II, and, in particular, out of the medical trial held from 25 October 1946 to 20 August 1947 in which 23 physicians and scientists "responsible for conducting unethical medical procedures on humans during the war" were tried.[31]

17.1 The first of the Code's 10 standards, "to which physicians must conform when carrying out experiments on human subjects", reads as follows: "The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the

[30] This reflection draws on Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S Roudiez (New York: Columbia University Press, 1982) 1, 209-10; Caspar David Freidrich, "Wanderer above the Sea of Fog", 1818.

[31] Jennifer Leaning, "War Crimes and medical science", *The British Medical Journal* (hereinafter *BMJ*), 1996/313/1413 (7 Dec 1996); "Nuremberg Code", *BMJ*, 7070/313 (7 Dec 1996), page 1448, 4;

experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment."[32]

17.2 The Code is "considered to be the most important document in the history of clinical research ethics", and such has been its "influence on global human rights" that the notion of consent at 18.1 (above) constitutes Article 7 of the United Nations International Covenant on Civil and Political Rights (ICCPR).[33]

Universal Declaration of Human Rights (1948)

18 The Universal Declaration of Human Rights (1948) (UDHR), the rights of which are preserved at section 28 of the New Zealand Bill of Rights Act 1990 (NZBORA), states at article 3: "Everyone has the right to life, liberty and the security of person."[34] Irreducible to that right is the inviolability of the human body.

18.1 Article 8 states: "Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law."

18.2 Article 12 states: "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence. Everyone has the right to the protection of the law against such interference or attacks."

18.3 Article 19(1) states: "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without

[32] Ibid., 1-2. The pronoun "him", here and elsewhere in this document, refers to and encompasses "her" and all other expressions and descriptors of personhood.
[33] Ibid., 5.
[34] "The Universal Declaration of Human Rights", The United Nations, General Assembly Resolution 217A, (10 Dec 1948), Article 3: https://www.un.org/en/universal-declaration-human-rights/index.html . New Zealand was an original signatory of the UDHR.

interference and to seek, receive and impart information and ideas through any media and regardless of frontiers."

18.4 Article 20(1) states: "Everyone has the right to freedom of peaceful assembly and association."

The International Covenant of Civil and Political Rights (1966)

19 The International Covenant of Civil and Political Rights (ICCPR) was adopted by the United Nations on 16 December 1966, entered into force on 23 March 1976, and ratified by New Zealand on 28 December 1978.[35] It states at Article 7: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation."[36]

19.1 The right of derogating from Article 7 provided at Article 4 has been forfeited by the New Zealand Government (NZG) on the grounds that the targeted nationwide rollout of the novel and experimental Pfizer-BioNTech injectable gene-based medical device known as COMIRNATY™ (Comirnaty) is unlawful, dangerous and reckless in the extreme, in that the clinical trial for this device will remain in its Primary phase until 21 October 2021 while the clinical trial itself is not scheduled to end until 6 April 2023.[37] Furthermore, thousands around the world have already died after receiving a Comirnaty injection and many more have suffered serious injury.[38]

Medicines Act 1981

[35] "International Covenant on Civil & Political Rights", Ministry of Justice (last updated 19 Aug 20, accessed 3 Mar 21): https://www.justice.govt.nz/justice-sector-policy/constitutional-issues-and-human-rights/human-rights/international-human-rights/international-covenant-on-civil-and-political-rights/

[36] "International Covenant on Civil and Political Rights, United Nations, Article 7: https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

[37] US National Library of Medicine, "Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals", Sponsor: BioNTech SE, Collaborator: Pfizer, ClinicalTrials.gov Identifier: NCT04368728, ClinicalTrials.gov (12 Apr 21, last update): https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1

[38] See statistics provided at 175 (above).

20 The Medicines Act 1981 exists to: "to consolidate and amend the law relating to the manufacture, sale, and supply of medicines, medical devices, and related products."

20.1 Section 3(1)(a) defines "medicine" for the purposes of this Act as: "any substance or article that (i) is manufactured, imported, sold, or supplied wholly or principally for administering to 1 or more human beings for a therapeutic purpose; and (ii) achieves, or is likely to achieve, its principal intended action in or on the human body by pharmacological, immunological, or metabolic means," and which, at section 3(1)(c)(i), "does not include a medical device".

20.2 Section 20(3) states: "No consent given under this section shall be deemed to warrant the safety or efficacy of the medicine to which the consent relates."

20.3 Section 23(1), pursuant to which the Minister of Health and Medsafe's CEO published provisional consent for the "sale, supply, or use in New Zealand" of Comirnaty on 3 February 2021, states: "Notwithstanding sections 20 to 22, the Minister may, by notice in the *Gazette*, in accordance with this section, give his provisional consent to the sale or supply or use of a new medicine where he is of the opinion that it is desirable that the medicine be sold, supplied, or used on a restricted basis for the treatment of a limited number of patients."[39] This has since been amended by certain of the defendants following that part of the judgement of Ellis J, which read: "The short point is that it is reasonably arguable that the Minister's opinion as to the existence of a relevant and limited class of potential patients is a mandatory prerequisite to the exercise of the s 23 consent power. And it is

[39] James, "Provisional Consent to the Distribution of a New Medicine", (3 Feb 21); Medicines Act 1981, section 23(1): https://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html?search=sw_096be8ed81a1d8fd_medicine_25_se&p=1&sr=0

reasonably arguable that the necessary opinion did not exist here. If that is right, the granting of provisional consent to the Comirnaty vaccine was ultra vires s 23 of the Act."[40]

New Zealand Bill of Rights Act 1990

21 The New Zealand Bill of Rights Act 1990 (NZBORA) exists "(a) to affirm, protect, and promote human rights and fundamental freedoms in New Zealand, and (b) to affirm New Zealand's commitment to the International Covenant on Civil and Political Rights."

21.1 Section 9 states: "Everyone has the right not to be subjected to torture or to cruel, degrading, or disproportionately severe treatment or punishment."

21.2 Section 10, informed by Point 1 of the Nuremberg Code, Article 3 of the UDHR, and Article 7 of the ICCPR, states: "Every person has the right not to be subjected to medical or scientific experimentation without that person's consent."[41]

21.3 Section 11 states: "Everyone has the right to refuse to undergo any medical treatment."

21.4 Section 13 states: "Everyone has the right to freedom of thought, conscience, religion, and belief, including the right to adopt and to hold opinions without interference."

[40] Judgement of Ellis J, in *Nga Kaitiaki Tuku Iho Medical Action Society Incorporated v the Director-General of Health, the Minister of Health, the Director-General of Health, Christopher James, The Prime Minister of New Zealand, the Minister for COVID-19 Response, the Attorney-General, Pfizer New Zealand Limited*, CIV-2021-485-181 [2021]NZHC 1107, [69], [75].

[41] "COVID-19: Pfizer and BioNTech (Comirnaty) vaccine", Ministry of Health (updated 24 February 2021, accessed 2 March 2021): https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-types-vaccines/covid-19-pfizer-and-biontech-comirnaty-vaccine#who ; New Zealand Bill of Rights Act 1990: https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM225508.html

21.5 Section 14 states: “Everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinions of any kind in any form.”

21.6 Section 16 states: “Everyone has the right to freedom of peaceful assembly.“

21.7 Section 18 states: “(1) Everyone lawfully in New Zealand has the right to freedom of movement and residence in New Zealand. (2) Every New Zealand citizen has the right to enter New Zealand. (3) Everyone has the right to leave New Zealand.”

21.8 Section 19(1) states: “Everyone has the right to freedom from discrimination on the grounds of discrimination in the Human Rights Act 1993.”

21.9 Section 21 states: “Everyone has the right to be secure against unreasonable search or seizure, whether of the person, property, or correspondence or otherwise.”

21.10 Section 28 states: “An existing right or freedom shall not be held to be abrogated or restricted by reason only that the right or freedom is not included in this Bill of Rights or is included only in part.”

Human Rights Act 1993

22 The Human Rights Act 1993 states at section 21(j) that a prohibited ground of discrimination includes “political opinion, which includes the lack of a particular political opinion or any political opinion”, and at section 22(1)(a) that “it shall be unlawful for an employer, or any persons acting or purporting to act on behalf of an employer … to terminate the employment of the employee, or

subject the employee to any detriment, in circumstances in which the employment of other employees employed on work of that description would not be terminated, or in which other employees employed on work of that description would not be subjected to such detriment … by reason of any of the prohibited grounds of discrimination."

Health and Disability Commissioner Act 1994 and Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

23 The Health and Disability Commissioner Act 1994 (HDCA) defines "informed consent" as "freely given" and "obtained in accordance with" the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (the Code).[42] As set out by the Code, those rights include: Right 2 — the "Right to freedom from discrimination, coercion, harassment, and exploitation; Right 6 — the "Right to be fully informed"; and Right 7 — the "Right to make an informed choice and give informed consent".[43]

International Crimes and International Criminal Court Act [ICICCA] 2000

24 The "Crimes Against Humanity Statutes and Criminal Code Provisions in Selected Jurisdictions" affirms under the subheading "New Zealand" that the International Crimes and International Criminal Court Act [ICICCA] 2000 "provides that a person may be charged with committing a crime against humanity (within the definition of Article 7 of the Rome Statute of the International Criminal Court), whether the offense was committed in New

[42] Ibid., 20; Health and Disability Commissioner Act 1994, s 2(1): https://www.legislation.govt.nz/act/public/1994/0088/latest/DLM333589.html?search=sw_096be8ed81a7b20d_informed+consent_25_se&p=1&sr=1 and Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996: https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/
[43] Ibid.

Zealand or elsewhere, and if convicted is liable to imprisonment in New Zealand. (ICICCA § 10.)"[44]

Rome Statute to the International Criminal Court (2002)

25 The text of the Rome Statute of the International Criminal Court was produced in 1998, underwent six corrections by *procès-verbaux* before coming into force on 1 July 2002.[45] As defined at Article 7, a "crime against humanity" is an act "committed as part of a widespread or systematic attack directed against any civilian population", including "severe deprivation of physical liberty in violation of fundamental rules of international law" and acts "causing great suffering, or serious injury to body or to mental or physical health."[46]

Terrorism Suppression Act 2002: reprint as at 27 May 2018

26 The Terrorism Suppression Act 2002 states at section 5: "An act is a **terrorist act** for the purposes of this Act if—(b) the act falls within subsection (2)", which states at (2)(a) "to induce terror in a civilian population", the outcomes of which are, at (3)(a), "the death of, or other serious bodily injury to, 1 or more persons (other than a person carrying out the act): (b) a serious risk to the health or safety of a population".

Crimes Act 1961 and Crimes Amendment Act 2003

27 The Crimes Act 1961 and the Crimes Amendment Act 2003 state respectively at section 219: "(1) Theft or stealing is the act of,—(a) dishonestly and without claim of right, taking any property with intent to deprive any owner permanently of that property or of any interest in that property".

[44] "Crimes Against Humanity Statutes and Criminal Code Provisions in Selected Jurisdictions – New Zealand": URL (accessed on 3 Mar 21).
[45] "Rome Statute of the International Criminal Court", 1: https://www.icc-cpi.int/resourcelibrary/official-journal/rome-statute.aspxhttps://www.icc-cpi.int/resourcelibrary/official-journal/rome-statute.aspx
[46] Ibid., 3.

Judicial Review Procedure Act 2016

28 The Judicial Review Procedure Act 2016 states at section 3(1): "The purpose of this Act is to re-enact Part 1 of the Judicature Amendment Act 1972, which sets out procedural provisions for the judicial review of (a) the exercise of a statutory power", and at section 4 that "a person includes … a body of persons whether incorporated or not".

Intelligence and Security Act 2017

29 Section 3 of the Intelligence and Security Act 2017 states: "The purpose of this Act is to protect New Zealand as a free, open, and democratic society by—(a) establishing intelligence and security agencies that will effectively contribute to—(i) the protection of New Zealand's national security; and (ii) the international relations and well-being of New Zealand; and (iii) the economic well-being of New Zealand; and … (c) ensuring that the functions of the intelligence and security agencies are performed—(i) in accordance with New Zealand law and all human rights obligations recognised by New Zealand law; and (ii) with integrity and professionalism; and in a manner that facilitates effective democratic oversight; and (d) ensuring that the powers of the intelligence and security agencies are subject to institutional oversight and appropriate safeguards."

29.1 Section 49 states: "(1) An intelligence and security agency may carry out an otherwise unlawful activity only if that activity is an authorised activity."

29.2 Section 50 states: "The Director-General of an intelligence and security agency must take all reasonable steps to ensure that, in relation to the carrying out of an otherwise unlawful activity, the intelligence and security agency—(a) acts only within the scope of an authorisation; and

(b) carries out only authorised activities; and (c) exercises only powers necessary for carrying out authorised activities."

29.3 Section 53 states: "A Type 1 intelligence warrant authorises an intelligence and security agency to carry out an otherwise unlawful activity for the purpose of collecting information about, or to do any other thing directly in relation to,—(a) any person who is—(i) a New Zealand citizen; or (ii) a permanent resident of New Zealand."

29.4 Section 55 states: "(1) An application for the issue of an intelligence warrant must be made in writing by the Director-General of an intelligence and security agency and—(a) state the type of intelligence warrant applied for; and (b) set out details of the activity proposed to be carried out under the warrant; and (c) set out the grounds on which the application is made (including the reasons why the legal requirements for issuing the warrant are believed to be satisfied); and (d) contain a statement in which the Director-General making the application confirms that all of the information set out in the application is true and correct. Application for a Type 1 intelligence warrant must be made to—(a) the authorising Minister; and (b) the Chief Commissioner of Intelligence Warrants."

29.5 Section 56 states: "The Director-General of Security and the Director-General of the Government Communications Security Bureau may jointly apply for the issue of an intelligence warrant.

29.6 Section 57 states: "1) A Type 1 intelligence warrant is issued jointly by—(a) the authorising Minister; and (b) a Commissioner of Intelligence Warrants. (2) A Type 1 intelligence warrant may only be issued in accordance with section 58 or 59.

29.7 Section 58 states: "(1) A Type 1 intelligence warrant may be issued to the Director-General of an intelligence and security agency if the

authorising Minister and a Commissioner of Intelligence Warrants are satisfied—(a) that the issue of the Type 1 intelligence warrant will enable the intelligence and security agency to carry out an activity that—(i) is necessary to contribute to the protection of national security; and (ii) identifies, enables the assessment of, or protects against any of the harms specified in subsection (2); and (b) that the additional criteria in section 61 are met. (2) The harms referred to in subsection (1)(a)(ii) are—(a) terrorism or violent extremism: (b) espionage or other foreign intelligence activity that—(i) is directed at a New Zealand interest (whether or not that interest is in New Zealand): (ii) is carried out by a person who is a New Zealand citizen or permanent resident of New Zealand (whether or not that person is in New Zealand): (iii) occurs in New Zealand (whether or not directed at a New Zealand interest): (c) sabotage (within the meaning of section 79 of the Crimes Act 1961): (d) proliferation of weapons of mass destruction: (c) anything that may be relevant to serious crime and that—(i) originates outside New Zealand or is influenced from outside New Zealand; or (ii) involves the movement of money, goods, or people—(A) within a country outside New Zealand; or (B) from a country outside New Zealand to New Zealand or to any other country; or (iii) has the potential to damage New Zealand's international relations or economic well-being: (f) threats to, or interference with, information (including communications) or information infrastructure of importance to the Government of New Zealand: (g) threats to—(i) international security that have the potential to impact adversely on New Zealand's interests: (ii) the operations of the Government of New Zealand: (iii) the sovereignty of New Zealand, including New Zealand's territorial and border integrity and its right to manage or control its natural resources."

29.8 Section 59 states: "(1) A Type 1 intelligence warrant may be issued to the Director-General of an intelligence and security agency if the authorising Minister and a Commissioner of Intelligence Warrants are satisfied of the matters in subsection (2). (2) The matters are— (a) that the

issue of the Type 1 intelligence warrant will enable the intelligence and security agency to carry out an activity that will contribute to—(i) the international relations and well-being of New Zealand; and (ii) the economic well-being of New Zealand; and (b) that there are reasonable grounds to suspect that—(i) a person referred to in section 53(a) in respect of whom the activity is proposed to be carried out is acting, or purporting to act, for or on behalf of—(A) a foreign person; or (B) a foreign organisation; or (C) a designated terrorist entity; or (ii) any New Zealand persons within a class of persons referred to in section 53(b) in respect of whom the activity is proposed to be carried out are employed by, or are members of,—(A) a foreign government; or (B) a designated terrorist entity; and that the additional criteria in section 61 are met."

Privacy Act 2020

30 The Privacy Act 2020 sets out the information privacy principles (IPPs) at Part 3, section 22:

30.1 Information privacy principle 1 states: "(1) Personal information must not be collected by an agency unless— (a) the information is collected for a lawful purpose connected with a function or an activity of the agency; and (b) the collection of the information is necessary for that purpose.

30.2 Information privacy principle 2 states: "Where an agency collects personal information, the agency shall collect the information directly from the individual concerned."

30.3 Information privacy principle 3 states: "(1) If an agency collects personal information from the individual concerned, the agency must take any steps that are, in the circumstances, reasonable to ensure that the individual concerned is aware of— (a) the fact that the information is being collected; and (b) the purpose for which the information is being collected; and (c) the intended

recipients of the information; and (d) the name and address of— (i) the agency that is collecting the information; and (ii) the agency that will hold the information; and (e) if the collection of the information is authorised or required by or under law,— (i) the particular law by or under which the collection of the information is authorised or required; and (ii) whether the supply of the information by that individual is voluntary or mandatory; and (f) the consequences (if any) for that individual if all or any part of the requested information is not provided; and (g) the rights of access to, and correction of, information provided by the IPPs."

30.4 Information privacy principle 4 states: "(1) If an agency collects personal information from the individual concerned, the agency must take any steps that are, in the circumstances, reasonable (a) the fact that the information is being collected; and (b) the purpose for which the information is being collected; and (c) the intended recipients of the information; and (d) the name and address of— (i) the agency that is collecting the information; and (ii) the agency that will hold the information; and (e) if the collection of the information is authorised or required by or under law,—(i) the particular law by or under which the collection of the information is authorised or required; and (ii) whether the supply of the information by that individual is voluntary or mandatory; and (f) the consequences (if any) for that individual if all or any part of the requested information is not provided; and (g) the rights of access to, and correction of, information provided by the IPPs."

30.5 Information privacy principle 6 states: "(1) An individual is entitled to receive from an agency upon request — (a) confirmation of whether the agency holds any personal information about them; and (b) access to their personal information."

STATE OF EXCEPTION

It is as if what we call "people" were in reality not a unitary subject but a dialectical oscillation between two opposite poles: on the one hand, the set of the People as a whole political body, and on the other, the subset of the people as a fragmentary multiplicity of needy and excluded bodies.[47]

31 "Sovereign is he who decides on the exception", wrote Carl Schmitt in 1922, the exception enabling suspension of the juridical order, which on Schmitt's formulation of sovereignty – *necessitas non habet legem* (necessity has no law) – makes the "concept of necessity … an entirely subjective one, relative to the aim one wants to achieve."[48]

32 On 24 March 2020, Ardern invoked the state of exception by relying on section 5 of the Epidemic Preparedness Act 2006 by issuing Epidemic Preparedness (COVID-19) Notice 2020 in the *New Zealand Gazette* and in which she declared that "she is satisfied that the effects of the outbreak of COVID-19 are likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand significantly."[49] This act, based as it was on the special powers afforded a Prime Minister at Section 5 of the Epidemic Preparedness Act 2006, requiring only the agreement of the Minister of Health and the written recommendation of the Director-General of Health, handed Ardern effective control of the country, backed by the police and the military, for the duration of the Notice and the disease. It was perforce of this notice that Ardern, having assumed "power over 'life'", put the population of NZ under "house arrest" on 25 March 2020 and proceeded by various means of persuasion, including coercion and outright lies, to inoculate the people on 20 February 2021 with a

[47] Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford, Sanford University Press, 1998), 177.

[48] Carl Schmitt, *Political Theology*, trans. George Schwab (MIT Press, Cambridge, Massachusetts, 1985, first published in 1922 as *Politische Theologie: Vier Kapitel zur Lehre von der Souveränität*, 1922), 5. Schwab makes the following statement at n. 1, p. 5: "[Tr.] In the context of Schmitt's work, a state of exception includes any kind of severe economic or political disturbance that requires the application of extraordinary measures. Whereas an exception presupposes a constitutional order that provides guidelines on how to confront crises in order to reestablish order and stability, a state of emergency need not have an existing order as a reference point because *necessitas non habet legem* [necessity has no law]; Giorgio Balladore-Pallieri as quoted in Agamben, *State of Exception*, 30.

[49] "Epidemic Preparedness (COVID-19) Notice 2020", *The New Zealand Gazette* (24 Mar 2020, effective from 25 Mar 2020).

novel and highly experimental medical device that instructs the human body to turn against itself by producing antigens, that is, poisonous proteins.[50]

33 "The state of exception is an anomic space in which what is at stake is a force of law without law ... Such a "force-of-law, in which potentiality and act are radically separated, is ... a *fictio* by means of which law seeks to annex anomie itself."[51] Ardern's signing of the Epidemic Preparedness (COVID-19) Notice 2020, was "a single coup de force, which is also a coup of writing", that placed the polity of NZ in a parallel universe where the law no longer applies, a liminal space between law and life where pure force appropriates lawlessness unto itself in order to make it the law.[52] As such, it is "a zone of anomie in which all legal determination – and above all, the very distinction between public and private – are deactivated."[53] Such a little notice yet so vast of reach, it swept centuries of hard-won freedoms before it. It abandoned the Crown's legal citizens to a place without law, abrogated the Crown's signing of the Magna Carta in 1215 and its enrollment on the statute book in 1297, the Bill of Rights 1688, and the New Zealand Bill of Rights Act 1990, thanks to the "fabulous retroactivity" of Ardern's signature ensuring that the legislation guaranteeing those freedoms remained in the juridical world from which the "people" as "the People" had just been banished and to which they could only return when she signed them back in.[54] However, the decision for the state of exception, relying on a phantasmagoria of mass death and enacted by the COVID-19 Notice, was pure invention based on

[50] Cooke, "Coronavirus: Jacinda Ardern just made the most consequential decision of her career, putting NZ on house arrest", *Stuff* (23 Mar 20); Agamben, *Homo Sacer*, back cover.
[51] Giorgio Agamben, *State of Exception*, trans. Kevin Attell (Chicago: The University of Chicago Press, 2005),39.
[52] Jacques Derrida, "Declarations of Independence", *New Political Science*, 7/1 (1986), 10; Agamben, *State of Exception*, 50.
[53] Ibid.
[54] Claire Breay, Julian Harrison, "The Magna Carta – an introduction", *British Library* (28 Jul 14): https://www.bl.uk/magna- carta/articles/magna-carta-an-introduction ; Bill of Rights 1688: http://www.legislation.govt.nz/act/imperial/1688/0002/latest/DLM1099 3.html ; New Zealand Bill of Rights Act 1990, Section 18(1): http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792 .html ; Derrida, "Declarations of Independence", 10; Grant Morris, "Keeping our liberties alive in lockdown", *Radio NZ* (31 Mar 20): https://www.rnz.co.nz/news/on-the-inside/413071/keeping-our- liberties-alive-in-lockdown ; Peter Dunne, "Peter Dunne says making the case for an early resumption of Parliament after the lockdown ends should be a no-brainer for the National Party", interest.co.nz (16 Apr 20): https://www.interest.co.nz/opinion/104564/peter-dunne-says-making- case-early-resumption-parliament-after-lockdown-ends-should ; Guy Birchall, "From lions to lambs: Covid-19 reveals supposedly freedom- loving British to be anything but, as we happily clap away our liberty", *RT* (27 Apr 20): https://www.rt.com/op-ed/486983-britain-liberty-covid- freedom/ ; Agamben, *Homo Sacer*, 252.

outbreak modelling whose reproduction (R_0) numbers were informed in turn by case numbers produced by RT-PCR detecting not viral RNA but human RNA.

Post hoc, ergo propter hoc

34 The crisis NZ now faces is not a consequence of COVID-19 but one or both of either complicity or catastrophic failure on the part of the country's politicians and civil servants, its scientific and medical communities, and a Prime Minister who decided the fate of five million people on a logical fallacy: *post hoc, ergo propter hoc* (after this, because of this) in which the antecedent assumes the consequent and the consequent the antecedent – that is, where the mere association of events, without observable support, is assumed to be causal. Bertrand Russell satirised this form of thinking when he wrote, in 1946: "'If *p*, then *q*; now *q* is true; therefore *p* is true.' E.g. 'If pigs have wings, then some winged animals are good to eat; now some winged animals are good to eat; therefore pigs have wings.' This form of inference is called 'scientific method'."[55]

Scientific method

35 This "scientific method" requires close scrutiny. Not one of the defendants or the gatekeepers among them appears to have exercised due diligence in relation to the virus, accepting instead the material existence of SARS-CoV-2 as axiomatic. As the seventh defendant (Gerrard), who works closely with the eighth defendant (Town), said: "I think the first message I got from a colleague overseas about the coronavirus was on January the 4th, so that was very soon after it had first been observed in Wuhan, and it was really this is one to watch."[56] Forty-four case-patients with pneumonia of an unknown etiology

[55] Ibid.; Bertrand Russell, *The Basic Writings of Bertrand Russell 1903-1959* (London: Routledge, 1992, first published 1961), 200. Extracted from: *The Philosophy of John Dewey*, ed. Paul Arthur Schilpp, Library of Living Philosophers, New York: Tudor Publishing Co., Inc. 1939); Kenneth J Rothman, Sander Greenland, Charles Poole, and Timothy L Ash, "Causation and Causal Inference", in Kenneth J Rothman, Sander Greenland, Timothy L Lash, *Modern Epidemiology: Third Edition* (Philadelphia: Walters Kluwer | Lippincott Williams & Wilkins, 2008), 19.
[56] Interview by Adam Dudding and Eugene Bingham of Juliet Gerrard, "Coronavirus NZ podcast: What does the chief say? Extended interview with PM's chief science advisor", Stuff (podcast) (28 May 20), 10:50:

reported to the WHO's China Country Office between 31 December 2019 and 3 January 2020 in a population of 1.4 billion being the "one to watch" is disingenous, even more so given there had never been a coronavirus pandemic.[57] If not complicit, Gerrard was primed, for as she concluded: "Nobody is debating anything about the virus."[58] Furthermore, the purported virus had neither been observed in and isolated from the Wuhan patient nor established as causative of that patient's sickness. As well, no intermediate host or natural viral reservoir had been identified by the scientists concerned, and their aeteological hunch was abandoned when no bats were found for sale following epidemiological investigations by the Wuhan Centre for Disease Control and Prevention at the Huanan indoor seafood market where the patient worked.[59] As Dr Wu Zunyou of the Chinese Centre for Disease Control admitted one year later: "They didn't isolate the virus. That's the issue [why no data has been shared]". He then added: "I do not suspect it's coming from what we originally thought."[60]

36 This unfolding tragedy has been enabled in large part by the descent of science – "a branch of knowledge conducted on objective principles involving the systematized observation of and experiment with [material] phenomena" that produces results that are quantitative, measurable and provable/disprovable – into scientism, a secularized system of belief that relies for its authority on its own performativity and the presupposition of phenomenological pre-existence in which assumptions and hypotheses are treated as conclusive and abstractions as replications of the real.[61] Put otherwise, "thought experiments and purely mathematical adventures" have largely supplanted sound scientific practice,

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https://www.stuff.co.nz/national/health/coronavirus/300022860/coronavirus-nz-podcast-what-does-the-chief-say-extended-interview-with-pms-chief-science-advisor

[57] "Novel Coronavirus (2019-nCoV) Situation Report - 1", WHO (21 Jan 20): https://apps.who.int/iris/bitstream/handle/10665/330760/nCoVsitrep21Jan2020-eng.pdf?sequence=3&isAllowed=y

[58] Juliet Gerrard, "Coronavirus NZ podcast: What does the chief say?", 24:40.

[59] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20, author correction 2 Apr 20), 265-269: https://www.nature.com/articles/s41586-020-2008-3

[60] Interview by Janis Mackey-Frayer of Dr Wu Zunyou, "Wuhan Now Year Later", NBC Nightly News Broadcast (Full) - January 23rd, 2021 | NBC Nightly News, NBC (23 Jan 21), 13:30-13:50: https://www.youtube.com/watch?v=TjjA-8JXzYI

[61] R E Allen, ed., "science", *The Concise Oxford Dictionary, Eighth Edition* (Delhi: Oxford University Press, 1990), 1081.

namely, “direct observations and experiment”, producing instead fabulistic and “untestable descriptions of nature.”[62] The scientisation of science relies in part on the appropriation of scientific language for its proselytizing cause: a man-made genome becomes an “isolate” when it has no more been isolated than a wishful thought; an “assay”, a metallurgy test, becomes an alphabetical sequence able to be searched for computationally in an imaginary genome; and a medical device with genetic instructions becomes a “vaccine”. Such vicious circularity lies at the heart of the current assault on humanity in which the notional presented as material has duped whole populations into believing that what they are experiencing is an act of medical salvation rather than a genocidal assault of unparalleled criminality.

37 The depth of this scientific deception and delusion is captured in a video on Gerrard’s website. Says Gerrard in her opening remarks: “One of the things that happened during the first wave of Covid was that lots of samples were collected of the virus and the whole genome was sequenced by the team at ESR [Environmental Science and Research]. And a wonderful paper was published, luckily just before the second outbreak, which documented all the genomes that they had managed to sequence, which from memory I think was about 60% of the cases that we had, which was pretty good coverage. And that became a really rich resource.”[63] As the plaintiff discusses below, virologists rely on a double deception to claim isolation of a virus, which never takes place and constitutes a scientific fraud. In short, Gerrard’s ESR scientists were producing meaningless genomes that referenced the originating Wuhan genome, which was not based on an observed or isolated virus but had been computationally sequenced from 13 other such genomes, all of which were likewise man-made and fictive. Here is Dr Michael Bunce of the Environmental Protection Authority on how the first Wuhan genome was sequenced: “Genetics has really played a really important part in the entire I guess Covid story that’s been going on. So

[62] Wallace Thornhill and David Talbot, *The Electric Universe*, Mikamar Publishing (Portland, Oregon, Mikamar Publishing, 2008, first published 2002), 16, 23.
[63] “Science in emergencies: Part 3 COVID-19 whole genome sequencing”, Shirley Horrocks Producer, Office of the Prime Minister’s Chief Science Adviser: https://www.pmcsa.ac.nz/topics/covid-19/

very soon after a virus was identified in the Wuhan district in China, its genome was sequenced. So someone put it into a machine that spat out essentially if you like a book of 30,000 letters – that is, its genetic code. Now that was then subsequently used to design all of the tests."[64] Dr Joep De Light elaborates on how ESR goes about sequencing: "The way that we've handled this virus is slightly different than from what happens typically in infectious diseases where the gold standard is to first culture the pathogen, which means that you put it into a specific medium or one of those petri dishes, and then grow up the pathogen of interest. That allows you to focus very specifically on one pathogen. But that takes quite some time, several days typically to get from a sample to a culture that you can then study. So what we said is we want to go to a system where we can study the genome without needing such a culture. That's been something they've been using with Ebola and Zika where they took these sequencing machines down to those areas. We thought that if we want to inform decision-making, if we want to inform contact tracing, we need to be rapid. We can't be one week behind. Because the way that this virus was spreading and how quickly it was spreading that would be too late, as we've seen with those lagged periods in lockdown levels was, well, it can very quickly get out of hand."[65] So, speed, it seems, was all that mattered, not the information's quality and veracity. De Light continues: "When someone gets a test for a virus, they get a swab taken, and that first goes to a diagnostic lab where they determine if that person is indeed carrying the virus or not. All those cases that then test positive are referred to us for sequencing. So, the large volume of testing is handled by the diagnostic labs so we do not see that, we just focus on those people that actually carry the virus. What we then do is to take that sample that was taken from that individual and we specifically copy out the virus. So we use what we call the sticky bits, or in scientific terms, amplicons, that specifically stick to the virus, so that we can make multiple copies of the virus and that when we start our sequencing reaction we only read the viral genome and not the human or

[64] Ibid.
[65] Ibid.

bacterial bits that might be of present."[66] In other words, ESR is using human RNA of unknown location and origin detected by RT-PCR in order to produce viral genomes by what appears to be *de novo* assembly, platforms reported to have a 15% to 30% error rate.[67] In a paper Gerrard described as "wonderful", an ESR Associate Scientist, Jemma Geoghegan and others, unwittingly described the extent to which self-delusion has engulfed virology and computational biology and why a scientific failure to isolate a virus (WH-Human 1) has turned into a worldwide catastrophe: "A genome of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was published only 12 days after the virus was identified. This information was pivotal to the subsequent rapid development of diagnostic tests and identification of potential treatments. As of January 2021, ≈400,000 genomes of SARS-CoV-2 had been shared publicly. The underlying genome sequencing was performed so rapidly that during this infectious disease outbreak, virologic and epidemiologic data could be integrated in real time … We obtained nasopharyngeal samples positive for SARS-CoV-2 by real-time reverse transcription PCR (rRT-PCR) from public health medical diagnostics laboratories located throughout New Zealand … Of 179 laboratory-confirmed samples of SARS-CoV-2 from the August 2020 outbreak in New Zealand, 172 were received by ESR for whole-genome sequencing. Genome sequencing of SARS-CoV-2 samples was performed as before. In brief, viral extracts were prepared from respiratory tract samples in which SARS-CoV-2 was detected by rRT-PCR by using World Health Organization–recommended primers and probes targeting the envelope and nucleocapsid genes. Extracted RNA from SARS-CoV-2–positive samples was subjected to whole-genome sequencing".[68] That is, the protocol assay sequences discussed at 3 (above *inter alia*) were the basis of NZ's COVID-19 testing and genomic sequencing programme. In short, Gerrard's ESR scientists were producing meaningless genome sequences not using an isolated virus but unidentified RNA they *believed* was viral but which in

[66] Ibid.
[67] Xingyu Liao, Min Li, You Zou, Fang-Xiang Wu, Yi-Pan, Jianxin Wang, "Current challenges and solutions of de novo assembly", *Quantitative Biology 2019*, 7/2 (16 Jun 18), 98, 104: https://doi.org/10.1007/s40484-019-0166-9
[68] Ibid.; Jemma L Geoghegan, et al., "Use of Genomics to Track Coronavirus Disease Outbreaks, New Zealand", *Emerging Infectious Diseases*, 27/5 (May 2021), 2, 4: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8084492/

actuality was fragmentized human RNA turned into "positive" results by RT-PCRs that have no diagnostic capability. Likewise, they had been sequencing worthless genomes using as their reference the Wuhan genome, which, to repeat, was not based on an observed and isolated virus but an imaginary one that had been computationally and statistically sequenced from 13 other fictive man-made genomes residing in gene databases. Such was and remains the basis of NZ's primary mode of defence against COVID-19, a lesson in serial deceptoin and self-deception.

38 This capacity for deception and the seemingly unquenchable appetite for creating viruses computationally, has been exploited by the pharmaceutical industry in its own cynical brand of "disaster capitalism".[69] As a consequence, the people of this whenua are faced with a malefic fabrication of immense proportion and complexity that constitutes nothing less than an attack on humanity by the pharmaceutical industry, its investors and enablers, such as the Bill & Melinda Gates Foundation, the World Economic Forum, the WHO and its Director-General, Dr Tedros Adhanom Ghebreyesus (Tedros). Without cause or reason apart from the profit motive, and with no ethical oversight, members of this industry are peddling their unlicensed genetic products as vaccines, having already set in motion biological processes following their over 3 billion COVID injections, which will lead inevitably to the maiming of populations of whom a percentage will die.[70] This is medical malpractice on a mass scale, a profoundly malevolent act and a moral outrage of the highest order, as well as a crime against humanity that looks set to dwarf the horrors revealed at Nuremberg in 1947. The entire humanitarian purpose of the Nuremberg Code was to prevent the medical experimentations of the Third Reich from ever happening again, the reason why sections 10 and 11 of the New Zealand Bill of Rights Act 1990 exist, based as they are on the International Covenant of Civil and Political Rights

[69] Naomi Klein, *The Shock Doctrine: The Rise of Disaster Capitalism* (London: Allen Lane, 2007), Front Cover *inter alia*

[70] Please refer to the adverse events data at 175 (above). As at 30 June 2021, Johns Hopkins figure for COVID-19 injections is 3,042,931,636. Johns Hopkins Coronavirus Resource Centre dashboard: https://coronavirus.jhu.edu/map.html .

(1966). Yet these very protections are being overridden by the defendants and ignored by the scientific and medical communities in a criminal dereliction of duty.

39 Pfizer has impeccable credentials to play its part in this malefic fabrication. As Mike Loucks, acting U.S. Attorney for the District of Massachusetts, put it when the Pfizer fine for medical and criminal fraud totalling $2.3 billion was announced by the US Department of Justice on 2 September 2009: "The size and seriousness of this resolution, including the huge criminal fine of $1.3 billion, reflect the seriousness and scope of Pfizer's crimes. Pfizer violated the law over an extensive time period. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, Warner-Lambert, Pfizer was itself in its other operations violating those very same laws. Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated."[71] In December 2016, Pfizer was fined a record £84.2 million by the UK's Competition and Markets Authority (CMA) following an overnight price increase of 2,600% to an anti-epilepsy drug it sold through Flynn Pharma to the National Health Service immediately following its deliberate debranding of the product. Said Philip Marsden who led the CMA's investigation: "The companies deliberately exploited the opportunity offered by debranding to hike up the price for a drug which is relied upon by many thousands of patients. These extraordinary price rises have cost the NHS and the taxpayer tens of millions of pounds."[72] Flynn was also charged £5.2 million.[73]

Juridical failure

[71] "Justice Department Announces Largest Health Care Fraud Settlement in Its History", The United States Department of Justice (2 Sep 09), 2: https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history
[72] Angela Monaghan, "Pfizer fined record £84.2m over NHS overcharging", *The Guardian* (7 Dec 16): https://www.theguardian.com/business/2016/dec/07/pfizer-fined-nhs-anti-epilepsy-drug-cma
[73] Ibid.

40 Particularly egregious in this collapse of governmentality in NZ is the failure of the judiciary to uphold the country's laws – indeed, it has encouraged the government to break them – by claiming in *Borrowdale v the Director-General of Health* that the government acted unlawfully but was justified in doing so, and in *Nga Kaitiaki Tuku Ihu v the Minister of Health and others* that the government acted *ultra vires* but was likewise justified in acting beyond its powers.[74] These examples of juridical failure is evidenced by not one of the three justices in these two cases interrogating truth-claims concerning the purported dangers of COVID-19, including, in the second case, the claim of the fifth defendant (Bloomfield) that COVID-19 "remains a real threat to the population of New Zealand".[75]

41 As a consequence, NZ is experiencing what might be called an autoimmune response in the form of "assaults on democracy in the name of democracy", assaults on commonsense in the name of commonality, and violent attacks on peaceful members of society through the invasion of their privacy and theft of their property by the country's security and intelligence services, even as Arden and the third defendant (Little), Ministers for those agencies sanctions their violence by jointly issuing intelligence warrants while asserting categorically that their government is the "single source of truth".[76] The eleventh respondent (Kitteridge) claims these acts are justified because views different from the government's include "'extremist ideologies and conspiracies theories'" that may lead to "violent, terrorist acts."[77] This state-sponsored violence and cynical othering of innocent recalls the totalitarian regimes of the twentieth century.

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[74] Judgement of Thomas, Venning and Ellis JJ, *Borrowdale v Director- General of Health and others*, New Zealand High Court (19 Aug 20), [292]; Judgement of Ellis, J, *Nga Kaitiaki Tuku Iho Medical Action Society Incorporated v the Director-General of Health, the Minister of Health, the Director-General of Health, Christopher James, The Prime Minister of New Zealand, the Minister for COVID-19 Response, the Attorney-General, Pfizer New Zealand Limited*, CIV-2021-485-181 [2021]NZHC 1107, [67]-[68], [71].

[75] Ibid.,

[76] Benn Bathgate and Collette Devlin, "Coronavirus: Countrywide lockdown speculation dismissed by Prime Minister", *Stuff* (19 Mar 20): https://www.stuff.co.nz/national/health/coronavirus/120380390/corona virus-countrywide-lock-down-speculation-dismissed-by-prime-minister ; Derek Cheng, "Coronavirus: Jacinda Ardern dismisses nationwide lockdown speculation on social media", *NZ Herald* (19 Mar 20): https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=1231 8113 ; Hansard, Wednesday 2 September 2020, Volume 748: https://www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansD_20200902_20200902

[77] Jacques Derrida, *Rogues: Two Essays on Reason*, trans. Pascale-Anne Brault and Michael Naas (Stanford: Stanford University Press, 2005), 33; David Fisher, "Covid impact on extremism closely watched", *Weekend Herald* (27 Mar 21), A5.

42 "Sovereign is he who decides on the exception", wrote Carl Schmitt in 1922, the exception enabling suspension of the juridical order, which on Schmitt's formulation of sovereignty – *necessitas non habet legem* (necessity has no law) – makes the "concept of necessity … an entirely subjective one, relative to the aim one wants to achieve."[78]

43 On 24 March 2020, Ardern invoked the state of exception by relying on section 5 of the Epidemic Preparedness Act 2006 to issue Epidemic Preparedness (COVID-19) Notice 2020 in the *New Zealand Gazette* in which she declared that "she is satisfied that the effects of the outbreak of COVID-19 are likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand significantly."[79] By this act, based as it was on the special powers afforded a Prime Minister at Section 5 of the Epidemic Preparedness Act 2006, requiring only the agreement of the Minister of Health and the written recommendation of the Director-General of Health, Ardern handed herself effective control of the country, backed by the police and the military, for the duration of the Notice and the disease. It was perforce of this notice that Ardern, having assumed "power over 'life'", put the population of NZ under "house arrest" on 25 March 2020, and proceeded, with her fellow defendants, by various means of persuasion, including coercion and outright lies, to inoculate the population on 20 February 2021 with a novel and highly experimental medical device that instructs the human body to turn against itself by producing poisonous proteins.[80]

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[78] Carl Schmitt, *Political Theology*, trans. George Schwab (MIT Press, Cambridge, Massachusetts, 1985, first published in 1922 as *Politische Theologie: Vier Kapitel zur Lehre von der Souveränität*, 1922), 5. Schwab makes the following statement at n. 1, p. 5: "[Tr.] In the context of Schmitt's work, a state of exception includes any kind of severe economic or political disturbance that requires the application of extraordinary measures. Whereas an exception presupposes a constitutional order that provides guidelines on how to confront crises in order to reestablish order and stability, a state of emergency need not have an existing order as a reference point because *necessitas non habet legem* [necessity has no law]; Giorgio Balladore-Pallieri as quoted in Agamben, *State of Exception*, 30.

[79] "Epidemic Preparedness (COVID-19) Notice 2020", *The New Zealand Gazette* (24 Mar 2020, effective from 25 Mar 2020).

[80] Cooke, "Coronavirus: Jacinda Ardern just made the most consequential decision of her career, putting NZ on house arrest", *Stuff* (23 Mar 20); Agamben, *Homo Sacer*, back cover.

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44 As the plaintiff has established, there exists no threat to the people of this place from the phantom pandemic called COVID-19, except in the manufactured form of a synthetic antigenic protein being forced upon them by those who hold political power. How has this come about?

Double deception

45 As noted at 8 (above), the COVID fabrication rests on a *double deception*, namely, (a) the substitution of the dictionary and scientifically postulated meaning of the noun *isolation* for an antonym, and (b) the substitution of a fake proxy of diseased cell lines inoculated cytotoxically for the postulated proxy of a healthy or non-diseased host to establish causality between the purported pathogen and the disease. This *double deception* constitutes a deliberate violation of important postulates on which the scientific community has long depended.

Postulates and pathogenicity

46 The following are the scientific guidelines for establishing pathogenicity.

46.1 Koch's postulates (1884) are:

(1) Observe the growth and development of the possible causal pathogenic organism taken from a diseased host (animal);

(2) Inoculate a healthy host (animal) with the possible causal pathogenic organism;

(3) If the healthy host (animal) dies, separate and regrow the possible causal pathogenic organism in pure culture,

repeating the purification process as many times as required until certainty is obtained that the possible causal pathogenic organism is free from any other contaminants;

(4) Inoculate a second healthy host (animal) with the purified possible causal pathogenic organism;

(5) If the second healthy host (animal) dies with the same symptoms it can then be affirmed that the potential pathogenic organism is the cause of the disease.[81]

46.2 Rivers' criteria (1937) are:

(1) A specific virus must be found associated with a disease with a degree of regularity.[82]

(2) The virus must be shown to occur in the sick individual not as an incidental or accidental finding but as the cause of the disease under investigation. Specifically, "the virus should be found in specific lesions of host cells" and "may be found also in the blood stream overflow from lesions in the tissues."[83]

(3) Tissues with lesions, exudate from such lesions, and blood should be collected aseptically and be free from ordinary microbes; if not, the microbes and rickettsiae should be killed or removed in a proper manner, e.g., by filtration.[84]

[81] Robert Koch, "The etiology of tuberculosis"/"Die Aetiologie der Tuberkulose" (The ethology of tuberculosis), *The Germ Theory of Disease*, 116-118, *Mittheilungen aus dem Kaiserlichen Gesundheitsamte*, Vol 2, 116-118: http://herba.msu.ru/shipunov/school/univ_110/papers/koch1884_The_etiology_of_tuberculosis_koch_s_postulates.pdf . Koch's postulates as outlined above are written from a reading of Koch's originating paper "The etiology of tuberculosis".
[82] Thomas M Rivers, "Viruses and Koch's Postulates", *Journal of Bacteriology*, 33/1 (1937), 6.
[83] Ibid.
[84] Ibid.

(4) An experimental host should be inoculated with the microbe and rickettsiae-free tissue. If the animal host becomes sick or dies in a characteristic manner, and if that disease can be transmitted from animal to animal by means of inoculations, fair confidence may be had "that the malady in the experimental animals is induced by a virus."[85]

(7) However, it still needs to be established "that the virus causing it was present in the material used for inoculation of the first group of animals."[86]

(8) It must then be proved that the agent was actually causing the malady instead of occurring fortuitously or instead of inducing a complicating or coexisting infection.[87]

(9) Information concerning the presence of antibodies against the agent and the time of their appearance in the serum of patients is equally important as evidence of etiological significance of the virus.[88]

While commenting on the need for an updating of Koch, Rivers also noted that "the spirit of his rules of proof still holds in that a worker must demonstrate that a virus is not only associated with a disease but that it is actually the cause", and that any developmental "ingenuity *must be tempered by the priceless attributes of common sense, proper training and sound reasoning*."[89]

46.3 Falkow's molecular Koch's postulates (1988) are:

[85] Ibid.
[86] Ibid., 7.
[87] Ibid., 8-9.
[88] Ibid., 10.
[89] Ibid., 11. Emphasis added.

(1) The phenotype or property under investigation should be associated with pathogenic members of a genus or pathogenic strains of a species.[90]

(2) Specific inactivation of the gene(s) associated with the suspected virulence trait should lead to measurable loss in pathogenicity or virulence.[91]

(3) Reversion or allelic replacement of the mutated gene should lead to restoration of pathogenicity.[92]

Alternatively:

(2A) The gene(s) associated with the supposed virulence trait should be isolated by molecular methods. Specific inactivation or deletion of the gene(s) should lead to loss of function in the clone.[93]

(3A) The replacement of the modified gene(s) for its allelic counterpart in the strain of origin should lead to loss of function and loss of pathogenicity or virulence. Restoration of pathogenicity should accompany the reintroduction of the wild-type gene(s).[94]

46.4 As Falkow notes: "These postulates place a heavy burden on an investigator. They insist that genetic manipulation of the microorganism is a prerequisite for success, and, of course, for some pathogens, such study is not possible. Moreover, for either alternative, it is essential that the test of

[90] Stanley Falkow, "Molecular Koch's Postulates Applied to Microbial Pathogenicity", S274.
[91] Ibid.
[92] Ibid.
[93] Ibid.
[94] Ibid.

pathogenicity be performed with the species of origin using a relevant model of pathogenicity."[95]

46.5 Frederick and Relman's molecular guidelines for establishing microbial disease causation (1996) are:

> (1) A nucleic acid sequence belonging to a putative pathogen should be present in most cases of an infectious disease. Microbial nucleic acids should be found preferentially in those organs or gross anatomic sites known to be diseased (i.e., with anatomic, histologic, chemical, or clinical evidence of pathology) and not in those organs that lack pathology.[96]
>
> (2) Fewer, or no, copy numbers of pathogen-associated nucleic acid sequences should occur in hosts or tissues without disease.[97]
>
> (3) With resolution of disease (for example, with clinically effective treatment), the copy number of pathogen-associated nucleic acid sequences should decrease or become undetectable. With clinical relapse, the opposite should occur.[98]
>
> (4) When sequence detection predates disease, or sequence copy number correlates with severity of disease or pathology, the sequence-disease association is more likely to be a causal relationship.[99]

[95] Ibid.
[96] David N Fredericks and David A Relman, "Sequence-Based Identification of Microbial Pathogens: a Reconsideration of Koch's Postulates", *Clinical Microbiology Reviews*, 9/1 (Jan 1996), 30: https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC172879&blobtype=pdf
[97] Ibid.
[98] Ibid.
[99] Ibid.

(5) The nature of the microorganism inferred from the available sequence should be consistent with the known biological characteristics of that group of organisms. When phenotypes (e.g., pathology, microbial morphology, and clinical features) are predicted by sequence-based phylogenetic relationships, the meaningfulness of the sequence is enhanced.[100]

(6) Tissue-sequence correlates should be sought at the cellular level: efforts should be made to demonstrate specific in situ hybridization of microbial sequence to areas of tissue pathology and to visible microorganisms or to areas where microorganisms are presumed to be located.[101]

(7) These sequence-based forms of evidence for microbial causation should be reproducible.[102]

47 What is common to all four postulations is that the pathogenic agent under investigation must be isolated from the diseased host and tested for pathogenicity in a new host, with the modification that in Falkow's postulates it is tested in the new host by way of genetic intervention and in Frederick and Relman's guidelines by way of nucleic acid sequences.

48 An article by the influencer Dr Siouxsie Wiles, "Koch's postulates, Covid, and misinformation rabbit holes", is exemplary of how the public can be misled by an expert manipulating meaning and eliding information.[103]

49 In the process of demeaning those asking of the government under OIA requests if SARS-CoV-2 had been isolated according to Koch's postulates, Wiles,

[100] Ibid.
[101] Ibid.
[102] Ibid.
[103] Siouxsie Wiles, "Koch's postulates, Covid, and misinformation rabbit holes", *The Spinoff* (15 Nov 20): https://thespinoff.co.nz/science/15-11-2020/siouxsie-wiles-kochs-postulates-covid-and-misinformation-rabbit-holes/

New Zealander of the Year in 2021 for "helping millions globally see past the fear and complexities of the pandemic … and helping to keep us safe", proceeded to explain that Koch's postulates were suitable only for bacteria because viruses "need to take over a host cell to replicate", and that Falkow's were the postulates to apply in the current circumstances, while eliding from her readers that the latter applied only to microbes (such as bacteria) and not to viruses.[104] She also failed to inform her readers that River's postulates were designed specifically for viruses, no doubt because she knew that they too required the step of isolation, which had not been achieved for SARS-CoV-2. To disguise her deception, Wiles rewrote the first of Falkow's rules as "*The trait* under investigation should be associated with pathogenic members of a genus or pathogenic strains of a species", changing the original from "*The phenotype or property* under investigation should be associated with pathogenic members of a genus or pathogenic strains of a species", or in Falkow's alternative, "*The gene(s)* associated with the supposed virulence trait" (emphasis added in all three).[105] With this legerdemain, Wiles duped her readers into believing that Falkow was referring to viruses when he was referring to microbes, and that isolation was not required to observe the *phenotype*, *property* or *gene(s)* under investigation. She also misled her readers by failing to make clear that Falkow was concerned with the effect of gene manipulation on pathogenicity. However, with Falkow's insistence, "that the test of pathogenicity be performed with the *species* of origin", came Wiles' volte-face and the acknowledgment that that could not be done with SARS-CoV-2 and therefore, by default, that even Falkow's molecularised version of Koch's postulates could not be fulfilled.[106] Rather than

[104] Nikki Preston, "Passionate microbiologist Siouxsie Wiles named as New Zealander of the Year", *NZ Herald* (1 Apr 21): https://www.nzherald.co.nz/nz/passionate-microbiologist-siouxsie-wiles-named-as-new-zealander-of-the-year/LBFWVC3T5BBZNJX7J7GDOKXKQY/; "Dr Siouxsie Wiles MNZM", New Zealander of the Year Awards (undated, accessed 22 May 21), 2: https://nzawards.org.nz/winners/dr-siouxsie-wiles-mnzm/ . The citation for the award reads as follows: "In the face of considerable criticism – on her authority, on her appearance, on her gender – Siouxsie's continued to respond to one of the greatest challenges of our time with empathy, innovation and courage, and her work has been seen by millions and even used by governments and organisations as part of their official pandemic communications. "Siouxsie Wiles, "Koch's postulates, Covid, and misinformation rabbit holes", *The Spinoff* (15 Nov 20), 3: https://thespinoff.co.nz/science/15-11-2020/siouxsie-wiles-kochs-postulates-covid-and-misinformation-rabbit-holes/ ; Stanley Falkow, "Molecular Koch's Postulates Applied to Microbial Pathogenicity", *Reviews of Infectious Diseases*, 10/2 (July-August 1988, S274.

[105] Wiles, "Koch's postulates, Covid, and misinformation rabbit holes", 3-4; Falkow, "Molecular Koch's Postulates Applied to Microbial Pathogenicity", S274.

[106] Ibid.; Wiles, "Koch's postulates, Covid, and misinformation rabbit holes", 3-4. Emphasis added.

prevaricating, Wiles could have simply told her readers that virology cannot fulfil its own viral postulates.

Pillars of the fraud

50 To summarise, there are four pillars that support this scientific and pharmaceutical fraud:

50.1 **Isolation**. The false claim that the SARS-CoV-2 virus was isolated from a human subject in Wuhan, which, as noted at 35 (above), was subsequently confirmed as false by a member of the Chinese Centre for Disease Control, is both the singular deception and founding pillar.[107] No virus was identified in let alone isolated from the 41-year-old patient. To be precise, what was taken from the patient two hundred microlitres of BALF (bronchoalveolar lavage fluid) from which some RNA was apparently extracted, presumably by centrifugation, a non-filtering process, although the authors do not say. This RNA was of unknown locational and genomic origin, while no causative agent for SARS-CoV-2 was identified or recorded.[108] The original Wuhan claim of isolation (Fan Wu et al.), as do all concurrent and subsequent claims to isolation of SARS-CoV-2, rests on the virological deception of substituting the dictionary and postulated meaning of isolation for an antonyic meaning and substituting the illegitimate proxy of diseased human cell lines containing cytotoxic ingredients being substituted for a healthy host with which to test for causation for the purported pathogen.

50.2 **The man-made genome**. The man-made fictive genome purporting to be SARS-CoV-2, became the go-to genome for developing RT-PCR assay sequence protocols to "detect" SARS-CoV-2 in human subjects, all of which,

[107] Interview by Janis Mackey-Frayer of Dr Wu Zunyou, "Wuhan One Year Later", NBC Nightly News Broadcast (Full) - January 23rd, 2021 | NBC Nightly News, NBC (23 Jan 21).
[108] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20, author correction 2 Apr 20), 265: https://www.nature.com/articles/s41586-020-2008-3

as stated at 3 (above), are detected by RT-PCR in all 23 human chromosome pairs.

50.3 **RT-PCR**. This methodology turned a phantom virus into a pandemic in two months without "diagnosing" a single case of COVID-19, thereby turning Bill Gates's "once-in-a-century pandemic" into a house of cards.[109]

50.4 **Outbreak modelling.** Outbreak modelling, notorious for its predictive fallibilities, relied on RT-PCR case numbers for its reproduction (initialising) numbers and thereby sent feckless or complicit politicians lunging for the lockdown switch.

51 Institutions behind the "scientific" frauds above received a substantial COVID-19-related grants from the Bill & Melinda Gates Foundation around the time of their invention.

BILL GATES

SELECTED CHRONOLOGY

5 November 1999. Microsoft was convicted of monopolisation in breach of the Sherman Antitrust Act and ordered to be broken up, the matter eventually settling on appeal two years later for the much lesser penalty of Microsoft being required to share certain of its software with third parties. A similar case at a similar time for anti-competitive behaviour began in Europe, with a similar but far more costly result, Microsoft being fined a record €497 million followed by a further €899 million for failing to comply with the earlier decision. Like John D Rockefeller before him, Bill Gates (Gates) would turn to philanthropy to restore his name and reputation, transforming himself "from the feared and reviled head of a formidable hydra into a kindly old man generously giving his wealth back to the public."[110]

[109] "WHO inhouse assays: Summary table of available protocols", WHO (January 2020); "Investigation into COVID-19 RT-PCR assay protocol sequences found in the human genome", Heterodoxies Society Incorporated (May-June 2021); Bill Gates, "Responding to Covid-19 — A Once-in-a-Century Pandemic?", *The New England Journal of Medicine* (28 Feb 20): https://www.nejm.org/doi/full/10.1056/NEJMp2003762#article_references

[110] James Corbett, "Who is Bill Gates?", *The Corbett Report* (5 Jan 20), 5: https://www.corbettreport.com/gates/

2000. Gates co-founded the Bill & Melinda Gates Foundation. It describes itself as "a nonprofit fighting poverty, disease, and inequity around the world."[111]

2002. The Bill & Melinda Gates Foundation "purchased shares in nine big pharmaceutical companies valued at nearly $205 million", including in Merck & Co., Pfizer Inc., and Johnson & Johnson.[112]

29 January 2010. At the World Economic Forum in Davos, Bill Gates (Gates) made the following statement: "Today we're announcing a commitment over this next decade, which we think of as a decade of vaccines having incredible impact. We're announcing that we'll spend over $10 billion on vaccines."[113]

2011. Gates "sponsored the meeting that led to the creation of Gavi", the Global Alliance for Vaccines, one of the goals of which was to "to improve the health of markets for vaccines and other immunisation products" in low-income countries.[114] Bill & Melinda Gates Foundation provided US$750 million seed money and has since made available to Gavi a further $4.1 billion.[115] Gavi is a partnership between the Bill & Melinda Gates Foundation, the World Health Organisation, the World Bank and vaccine manufacturers.[116]

2016. India's steering group National Health Mission remonstrated with "the government for allowing the country's National Technical Advisory Group on Immunisation—the primary body advising the government on all vaccination-related matters—to be effectively purchased by the Gates Foundation."[117] In 2017, the Indian government cut "all financial ties between the advisory group and the Gates Foundation", the same year in which it was found that the Bill & Melinda Gates Foundation-supported oral polio vaccine "was actually responsible for the majority of new polio cases".[118]

January 2017. At the World Economic forum in Davos, the Coalition for Epidemic Preparedness Innovations was launched, one of the purposes of which was to develop "vaccines against emerging

[111] Bill & Melinda Gates Foundation, https://www.gatesfoundation.org/

[112] David Bank and Rebecca Buckman, "Gates Foundation Buys Stakes in Drug Makers", *The Wall Street Journal* (17 May 2002): https://www.wsj.com/articles/SB1021577629748680000

[113] ibid., [70]; "Bill and Melinda Gates Pledge $10 Billion in Call for Decade of Vaccines", Bill & Melinda Gates Foundation (undated, accessed 12 May 21): https://www.gatesfoundation.org/Ideas/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-$10-Billion-in-Call-for-Decade-of-Vaccines

[114] Ibid., 3; "Gavi's market shaping efforts aim to make life-saving vaccines and other immunisation products more accessible and affordable for lower-income countries", Gavi (undated, accessed 12 May 21): https://www.gavi.org/our-alliance/market-shaping

[115] Ibid.; Statement of Claim, *Denis Rancourt and others v Justin Trudeau and others*, Superior Court of Justice, Ontario, Canada (6 Jun 2020), [64].

[116] Corbett, "Who is Bill Gates?", 13.

[117] Ibid., 10.

[118] Ibid. [see Corbett p 10, obtain actual paper or remove from text.

infectious diseases", the Bill & Melinda Gates Foundation providing an initial contribution of $100.[119] The Foundation would add another US$20 million in 2020.[120]

15 August 2018. Jacob Puliyel et al. published a paper, "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India", in the *International Journal of Environmental Research and Public Health*", concluding that "a total of 640,000 children developed NPAFP [non-polio acute flaccid paralysis] in the years 2000–2017, suggesting that there were an additional 491,000 paralyzed children above our expected numbers for children with NPAFP" as a result of immunisation by OVP (oral polio vaccine).[121]

September 2019. Pfizer's partner in COMIRNATY™ (Tozinameran in Europe), BioNTech, received a $55 million equity investment from the Coalition for Epidemic Preparedness Innovations (CEPI), which the Bill & Melinda Gates Foundation helped set up with a $100 million pledge.[122]

18 October 2019. Event 201, a simulated viral pandemic, was held in New York city hosted by The Johns Hopkins Center for Health Security, the World Economic Forum, and the Bill & Melinda Gates Foundation. It anticipated that which Bill Gates would describe four months later as a "once-in-a-century pandemic".[123]

26 December 2019. A 41 year-old worker in a Wuhan indoor seafood market presented to the Wuhan Central Hospital reporting "fever, chest tightness, unproductive cough, pain and weakness for 1 week".

5 January 2020. Fan Wu et al. send a man-made genome curated from 13 other man-made genomes to GenBank where it received an accession number MN908947 and a version number MN908947.3. This fictive genome became the "template" for SARS-CoV-2. Described as an "isolate" despite being wholly man-made, it purports to represent the pathogenic virus isolated from the 41 year-old patient.

[119] OOP1187343 and OPP1169061, Bill & Melinda Gates Foundation (accessed 7 May 2021): https://www.gatesfoundation.org/-/media/files/-bmgf-grants.csv
[120] Ibid., INV-025969.
[121] Jacob Puliyel et al., "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India", *International Journal of Environmental Research and Public Health*, 15/1755 (15 Aug 18), 3.
[122] Megan Twohey and Nicholas Kulish, "Bill Gates, the Virus and the Quest to Vaccinate the World" New York Times (23 Nov 20, updated 25 Nov 20): https://www.nytimes.com/2020/11/23/world/bill-gates-vaccine-coronavirus.html
[123] Ibid.; "About Event 201, a high-level pandemic exercise on October 18, 2019", in "Event 201: A Global Pandemic Exercise", The Johns Hopkins Centre for Health Security (undated, accessed 21 Apr 2021), Health Security https://www.centerforhealthsecurity.org/event201/about

7 January 2020. Fan Wu et al. send to *Nature* their paper in which they claim to have isolated a new coronavirus virus,. This claim would be contradicted one year later by Dr Wu Zunyou of the Chinese Centre for Disease Control: "They didn't isolate the virus."[124]

23 January 2020. At the World Economic Forum in Davos (21-24 January), Jeremy Farrar of Wellcome Trust announced that the new outbreak began with a virus probably from a bat at an animal market in Wuhan that crossed the species barrier infecting those working in and visiting that market, despite there being no bats for sale at the Huanan indoor seafood market.[125] Richard Hatchett, CEO of the Gates-funded CEPI, announced three new vaccine development partners, including Moderna and the US National Institute of Allergy and Infectious Diseases (NIAID), and Stéphan Bancel, Moderna CEO, announced his company's new mRNA product that instructs the body to make protein cells, which he omitted to say were toxins.[126]

30 January 2020. The Director-General of the WHO, Tedros, declared "a public health emergency of international concern". Tedros concluded thus: "This is the time for facts, not fear. This is the time for science, not rumours. This is the time for solidarity not stigma."[127]

11 February 2020. As reported by the WHO: "ICTV announced 'severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)' as the name of the new virus. This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003. While related, the two viruses are different."[128] Tedros announced the name of the companion disease to SARS-CoV-2: "First of all, we now have a name for the disease: COVID-19. I'll spell it: C-O-V-I-D hyphen one nine – COVID-19."[129]

26 February 2020. *The New England Journal of Medicine* published an article entitled "Responding to COVID-19 — A Once-in-a-century pandemic?"[130] Written by Gates, who has no medical qualifications

[124] Interview by Janis Mackey-Frayer of Dr Wu Zunyou, "Wuhan One Year Later", NBC Nightly News Broadcast (Full) - January 23rd, 2021 | NBC Nightly News, NBC (23 Jan 21), 13:30-13:50.
[125] Juliana Chan, Stephan Bancel, Jeremy Farrar, Richard Harris, "Update: Wuhan Coronavirus", World Economic Forum, 23 Jan 20: https://www.weforum.org/events/world-economic-forum-annual-meeting-2020/sessions/update-wuhan-coronavirus
[126] Chan, Bancel, Farrar, Harris, "Update: Wuhan Coronavirus", World Economic Forum, 23 Jan 20.
[127] "WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)", WHO (30 Jan 20): https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)
[128] "Naming the coronavirus disease (COVID-19) and the virus that causes it", WHO (undated, accessed 6 May 21): https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it ; Samantha Sault, "What we know about the Wuhan coronavirus and urgent plans to develop a vaccine", World Economic Forum (24 Jan 20), 4: https://www.weforum.org/agenda/2020/01/wuhan-coronavirus-china-cepi-vaccine-davos/
[129] "WHO Director-General's remarks at the media briefing on 2019-nCoV on 11 February 2020", WHO (11 Feb 20).
[130] Bill Gates, "Responding to Covid-19 — A Once-in-a-Century Pandemic?", The New England Journal of Medicine (28 Feb 20): https://www.nejm.org/doi/full/10.1056/NEJMp2003762#article_references

or training, this non-scientific paper reads like a flyer for "vaccines", for the Bill & Melinda Gates Foundation and for the policy recommendations from Event 201's sponsors. The human immune system does not rate a mention.[131]

17 June 2020. The month following the NZG "earmarked close to $40 million towards finding a Covid-19 vaccine, Melinda Gates, in a teleconference, lobbied Ardern "to speak up in support of a collective approach to vaccines", to which Ardern replied "she'd be happy to assist."[132]

2021. The Bill & Melinda Gates Foundation remains the second-biggest donor to the WHO after the US, its donations amounting to more than the combined donations from Australia, Canada, France, Germany, Russia and the UK. When the Bill & Melinda Gates Foundation and Gavi's donations are combined, they are almost the equal of the US.[133]

As James Corbett elucidates: "Gates has merely used the wealth from his domination of the software market to leverage himself into a similar position in the world of global health. The whole process has been cloaked in the mantle of selfless philanthropy, but the foundation is not structured as a charitable endeavour. Instead, it maintains a dual structure: the Bill & Melinda Gates Foundation distributes money to grantees, but a separate entity, the Bill & Melinda Gates Foundation Trust, manages the endowment assets. These two entities often have overlapping interests, and, as has been noted many times in the past, grants given by the foundation often directly benefit the value of the trust's assets … This is no mere theoretical conflict of interest. Gates is held up as a hero for donating $35.8 billion worth of his Microsoft stock to the foundation, but during the course of his 'Decade of Vaccines,' Gates' net worth has actually doubled, from $54 billion to $103.1 billion."[134]

Fan Wu et al.

52 According to a paper by Fan Wu et al., on 26 December 2019, a male worker from an indoor seafood market presented at the Central Hospital of Wuhan "experiencing a severe respiratory syndrome that included fever,

[131] Ibid.
[132] Jason Walls, "Melinda Gates called on PM Jacinda Ardern to 'speak up' in support of global Covid-19 vaccine", NZ Herald (4 Nov 20): https://www.nzherald.co.nz/nz/melinda-gates-called-on-pm-jacinda-ardern-to-speak-up-in-support-of-global-covid-19-vaccine/2J22WDB5WDRXTCFN4ZMYJRPOAQ
[133] Corbett, "Who is Bill Gates?", *The Corbett Report* (5 Jan 20), 4; Josephine Moulds, "How is the World Health Organisation funded?", World Economic Forum (15 Apr 20): https://www.weforum.org/agenda/2020/04/who-funds-world-health-organization-un-coronavirus-pandemic-covid-trump/
[134] Ibid., 5.

dizziness and a cough" six days after onset.[135] As noted at 50.1 (above), 200 µl of BALF was taken from the 41-year-old from which some human RNA was extracted, presumably by centrifugation, a non-filtering process, although the authors do not say.[136] According to their paper, the virus was not isolated or purified for testing thus failing the foundational scientific test required by all four postulates – Koch's, Rivers', Falkow's, Fredericks and Relman's – to isolate the pathogenic item, including by way of Rivers' filtration criterion for viruses. The 19 co-authors also failed to record that they had observed the purported virus by electronmicroscopy and record it by an electron micrograph.[137] From the BALF they created a RNA library using the SMARTer Stranded Total RNA-Seq kit v.2, then sequenced that library into 150 base pairs using a MiniSeq platform called Illumina.[138] The 56,565,928 reads this process generated were separated "by filtering host reads using the human genome (human release 32, GRCh38.p13, downloaded from Gencode) by Bowie2" into 23,712,657 non-human reads, and the purported "viral loads of WHCV [WH-Human-1 or 2019-nCoV] in [the] BALF were determined by quantitative real-time RT–PCR (qPCR) using the Takara One Step PrimeScript RT–PCR kit (Takara RR064A) following the manufacturer's instructions."[139] (It should be noted that the verb "filtering", which applies to a tangible scientific procedure, disguises the process of "computational screening" actually taking place.) These non-human reads were then *de novo* assembled using Megahit (v.1.1.3) and Trinity (v.2.5.1), the longest contig of which (30,474 base pairs or nucleotides) was "screened for potential aeteological agents", *assumed* to be a bat, and found, unsurprisingly, in "a bat SARS-like coronavirus (CoV) isolate—bat SL-CoVZC45 (GenBank accession number MG772933)—that had previously been sampled in China, with a nucleotide identity of 89.1%".[140] Fan Wu et al. did not declare that the "isolate" had not been isolated or that the

[135] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20, author correction 2 Apr 20), 265.
[136] Ibid., 265 *inter alia*.
[137] Such structures that are passed off as viruses are indistinguishable photographically and structurally from exosomes (vesicles), nucleic acids and naturally dying cells making up BALF, along with bacteria, fungi and other extraneous matter from the lungs and sinus passages of the patient.
[138] Ibid., 266.
[139] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20), 266, S1 "Methods".
[140] Ibid., 265, 266.

sample was not a sampled virus but a man-made genome *de novo* assembled in 2018, the process of assemblage that proceeds without any genomic reference, the third generation technologies of which, as noted at 34 (above), were reported in 2018 as having an error rate of 15%-30%.[141] Nor did the paper mention that humans and chimpanzee "share perfect identity with 96%" of their "DNA sequence".[142] As the authors then record: "The genome sequence of this virus, as well as its termini, were determined and confirmed by reverse-transcription PCR (RT–PCR) and 5′/3′ rapid amplification of cDNA ends (RACE), respectively."[143] The last step was to sequence 99.95% of the genome by way of sequence alignment with the two genomes they thought could represent the causative agents of their imaginary virus, namely, the genome described above (SL-CoVZC45) associated with bats and "a coronavirus associated with humans (SARS-CoV Tor2, GenBank accession number AY274119)", from 2003 and curated from 12 other man-made genomes, the sequences of which were "mapped on the basis of this sequence alignment and ORF [Open Reading Frame] prediction."[144] Thus was born in true Frankensteinean tradition a 29,903 base pair genome called WH-Human-1 (WHCV), also known as nCoV-2019, which, when deposited at GenBank on 5 January 2020, received an accession number MN908947, a version number MN908947.3, along with the descriptor "isolate", which it certainly was not.[145]

53 The paragraph above is not intended as a shaggy-dog story but as an aid to better understand how the substituted meaning of *isolation*, as formulated by virologists, disguises *the double deception* foundational to virology itself and the COVID-19 fraud, namely, that virology (a) claims isolation for an unobserved and non-isolated virus and (b) uses faux proxies for the important postulated step of

[141] Xingyu Liao, Min Li, You Zou, Fang-Xiang Wu, Yi-Pan, Jianxin Wang, "Current challenges and solutions of de novo assembly", (16 Jun 18), 98, 104.
[142] "New Genome Comparison Finds Chimps, Humans Very Similar at the DNA Level", *National Institute of Health* (31 August 2005): https://www.genome.gov/15515096/2005-release-new-genome-comparison-finds-chimps-humans-very-similar-at-dna-level
[143] Ibid., 266.
[144] Ibid.
[145] Ibid.; Fan Wu et al., "Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1, complete genome", GenBank, Accession: MN908947, Version: MN908947.3 (5 Jan 20), 1-10
: https://www.ncbi.nlm.nih.gov/nuccore/MN908947

establishing causality in a *non-diseased* host, which, in the case of Fan Wu et al., took the form of "determining" computationally and statistically the "viral loads" in the human BALF instead of identifying, isolating and purifying the virus, or altering it genetically, and then inoculating a healthy human host to observe the results.[146]

54 Hence, this *double deception* – the replacement of the dictionary and postulated meaning of *isolation* with an antonymic signified and the use of an illegitimate proxy for the causality postulate – has resulted in a catastrophic scientific failure in which the protocol assay sequences derived from the SARS-CoV-2 genome, purportedly constructed from non-human reads to detect the SARS-CoV-2 virus to which they are meant to be exclusive, are found throughout the human genome in all 23 human chromosome pairs, and thereby in the DNA of every human cell. It is this junk or pseudo-science that has upended the world with its phoney 180 million-plus cases of COVID-19 and is now threatening humanity itself with its equally fraudulent and highly hazardous mRNA devices being injected into populations to protect them from a phantom disease without even a sting in its cytopathic tail.

55 Significantly, none of the postulated steps developed by scientists over 112 years for identifying pathogens and establishing them as causative of a disease were met by Fan Wu et al. The purported virus was not even observed or recorded with available technology. Precisely because the authors were unable to extract actual DNA from source with which to conduct Sanger Sequencing, they relied in the end on two fictive genomes to which their aeteological hunch and longest contig had pointed them, Bat SL-CoVZC45 and SARS-CoV Tor2, to sequence-align their notional genome, which, hardly surprisingly, appears almost identical to the two genomes from which it was sequenced.[147] In short, the entire virology project is predicated on a vicious circularity arising from pseudo-

[146] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20), 266, "Methods" unnumbered page 1.
[147] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20), 266, Fig. 1.

scientific methods and procedures supporting hypotheses based on hunches and computational statistical methodologies of questionable reliability and accuracy.

56 Although falsely claiming "isolation of the virus from only a single patient", Fan Wu et al. nevertheless cautioned their readers about accepting their findings without further corroboration because no bats had been found for sale in the seafood market where the patient worked following "[e]pidemiological investigations by the Wuhan Center for Disease Control and Prevention", and because the authors themselves had not identified or found an intermediate host and a "viral reservoir" to confirm their aeteological guess.[148]

57 As noted at 32 (above), that the virus had not been isolated was confirmed by Dr Wu Zunyou of the Chinese Centre for Disease Control in an interview with NBC's Janis Mackey-Frayer on 23 January 2021.[149]

58 This foundational fraud was rewarded with grants totalling US$900,000 from the Bill & Melinda Gates Foundation made to the two institutions with which 14 of the 19 co-authors were affiliated: Fudan University received a grant under INV-006277 "to support the epidemiology study and identify the high risks of COVID-19 infection, which will contribute to national and international public health intervention strategy and product development", totalling US$300,000; and the China CDC received a grant under INV-005832 "to support emergency response and evaluation, and prepare China for the potential pandemic, which will not only help disease control and containment but contribute China's experience to global health".[150]

Peng Zhou et al.

[148] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20, author correction 2 Apr 20), 265, 268-9.
[149] Interview by Janis Mackey-Frayer of Dr Wu Zunyou, "Wuhan One Year Later", NBC Nightly News Broadcast (Full) - January 23rd, 2021 | NBC Nightly News, NBC (23 Jan 21).
[150] Bill & Melinda Gates Foundation (accessed 7 May 2021): https:// www.gatesfoundation.org/-/media/files/-bmgf-grants.csv

59 Similar pseudo-scientific methods and procedures and the same false claim of isolation are found in the paper of Peng Zhou et al., received by *Nature* 13 days after Fan Wu et al.'s but published online in the same volume, 579, on the same day, 3 February 2020.[151]

60 As well as oral and anal swabs, blood and BALF samples were taken from seven patients and used to identify potential aeteological agents.[152] Of the 10,038,758 total reads, only 1,582 were retained after "filtering", by which is meant computational screening, against the human genome to ensure there was no human genomic content.[153] Quantitative PCR (qPCR) analysis for predictive structure sequencing using "the HiScript II One Step qRT-PCR SYBR Green Kit" for RNA structure was conducted by designing "primers based on the *S* gene of 2019-nCoV".[154] Of note is that both primers – CAATGGTTTAACAGGCACAGG and CTCAAGTGTCTGTGGATCACG – are found in the following human chromosomes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, XY – thereby making meaningless the results of this paper and its first genome being devoid of any human genetic content and unique to itself – that is, unique to the genomic sequence of 29,891 base pairs submitted to GISAID with an accession number EPI_ISL_402124, as well as their four other full-length genomes given GISAID accession numbers EPI_ISL_402127-402130.[155]

61 Peng Zhou et al. claim successful isolation of what they call "2019-nCoV BetaCoV/Wuhan/WIVO4/2019" (EPI_ISL_402124) on the basis of the cytopathic effects (CPEs) they observed in three cell lines, the illegitimate proxy for the postulated healthy (non-diseased) animal or host.[156] These three cell lines are:

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[151] Peng Zhou et al., "A pneumonia outbreak associated with a new coronavirus of probable bat origin", *Nature*, 579 (12 Mar 20), 270-273 plus 16 unnumbered supplementary papers: https://www.nature.com/articles/s41586-020-2012-7.pdf

[152] Ibid., "Methods unnumbered page 1, 270.

[153] 270.

[154] "qScript One-Step SYBR Green qRT-PCR Kit", QuantaBio (undated, accessed 4 Jun 21): https://www.quantabio.com/media/wysiwyg/pdfs/IFU/IFU-063.1%20REV%20A%2095087%20(qScript%20One-Step%20SYBR%20Green%20qRT-PCR%20Kit%20PPS)-2016-12%20%20EFF%2019DEC2016.pdf . 2019-nCoV is also known as WH-Human-1 and WHCV, which was subsequently renamed SARS-CoV-2.

[155] Peng Zhou et al., "A pneumonia outbreak associated with a new coronavirus of probable bat origin", *Nature*, 579 (12 Mar 20), unnumbered "Methods" unnumbered first page, 270-271.

[156] Ibid., 272.

Vero E6 cells from the kidney of an African green monkey; Huh7, a cell line derived from a cellular carcinoma cell line taken from a human male liver tumor in 1982 and subsequently cultured; and human HeLa cells derived from a female human in 1951 suffering from cervical carcinoma and subsequently cultured, the last two cultures failing to meet the postulated criterion of a healthy host with which to test for CPEs, and no doubt producing an abundance of exosomes as cancerous cells are wont to do.[157] To the cell lines were added, among other items, inorganic salts, foetal bovine serum to feed the cells, and an array of cytotoxic items such amphotericin B – an anti-fungal, trypsin – which hydrolyzes protein, penicillin – an antibiotic, streptomycin – another antibiotic, glutaraldehyde, which, it should be noted, also produce exosomes from the cell culture that are indistinguishable from the short strands from the host's BALF – a disinfectant, and osmium tetroxide – an acutely toxic oxidising agent, and epoxy resin – to create a solid substrate for ultra-thin slicing.[158] Bizarrely, on the basis that human RNA was part of the culture in which many cells died by way of induced starvation and inoculation with cytotoxic ingredients, the authors claimed that they had successfully isolated their virus, 2019-nCoV BetaCov, not that the cocktail of cytotoxic ingredients had decimated their cell lines.

62 In short, Peng Zhou et al. fulfilled none of the postulates to identity the virus or confirm it as being causative of the unidentified virus that had also not been isolated and purified for testing, had not been physically filtered, had not been cultured in a healthy host and established as causative of the illness, and had not been re-isolated from a healthy host. In the end, by not following postulated procedure, all they achieved was a scientific blunder: in targeting WH-Human-1 S gene with their two assay sequences for purposes of performing qPCR analysis and "next-generation sequencing", they located not the fictive *S* gene but human RNA.[159]

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[157] Ibid., Reporting Summary, unnumbered second page.
[158] Ibid., "Methods" unnumbered first page; Andrew Kaufmann, "Koch's Postulates: Have They Been Proven for Viruses or The Rooster in the River of Rats", Andrew Kaufman MD (10 Oct 20): www.youtube.com/watch?v=Wp_PwYFMyM
[159] Peng Zhou et al., "A pneumonia outbreak associated with a new coronavirus of probable bat origin", *Nature*, 579 (12 Mar 20), "Methods" unnumbered first page; "qScript One-Step SYBR Green qRT-PCR Kit", QuantaBio

63 Despite claiming isolation, the authors nevertheless produced their own caveated conclusion, advising their readers that their results were not postulate-confirmed: "However, there are still many urgent questions that remain to be answered. The association between 2019-nCoV and the disease has not been verified by animal experiments to fulfil the Koch's postulates to establish a causative relationship between a microorganism and a disease."[160]

64 The caveat was apparently of no concern to the Bill & Melinda Gates Foundation, which provided the Chinese Academy of Sciences, with which 24 of the 27 co-authors were affiliated, with a 2020 COVID-19-related grant under INV-006377 for US$359,820 for the following purpose: "To support developing assays platform of drug screening and subunit vaccines of coronavirus, which will contribute to product innovation of COVID-19 pandemic control".[161]

Na Zhu et al.

65 While virology's violation of scientific principles is bringing humanity to its knees, for the sake of completeness, the plaintiff will mention selected points of interest from three other papers, which, early in the life of this phantom pandemic also claimed isolation of the SARS-CoV-2 virus.

66 Published in *The New England Journal of Medicine* on 20 February 20, Na Zhu et al. describe their study of lower respiratory tract samples, including BALF, collected from four patients with pneumonia of unknown cause, all of whom had

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(undated, accessed 4 Jun 21): https://www.quantabio.com/media/wysiwyg/pdfs/IFU/IFU-063.1%20REV%20A%2095087%20(qScript%20One-Step%20SYBR%20Green%20qRT-PCR%20Kit%20PPS)-2016-12%20%20EFF%2019DEC2016.pdf ; "What is qPCR?", Ask A Scientist (2 Jul 20), 1-2: https://www.thermofisher.com/blog/ask-a-scientist/what-is-qpcr/ . Supernatant is the clear fluid above a sediment."Investigation into COVID-19 RT-PCR assay protocol sequences found in the human genome", Heterodoxies Society Incorporated (18 and 19 May 2021).

[160] Ibid., 272.

[161] Bill & Melinda Gates Foundation (hereinafter Gates Foundation) (accessed 7 May 2021): https:// www.gatesfoundation.org/-/media/files/-bmgf-grants.csv

visited the Huanan Seafood Market in Wuhan shortly before their clinical presentation.[162]

67 Despite claiming isolation of the virus, it is clear that the authors do not mean isolation in the dictionary and postulated sense but virology's substituted antonymic meaning and the substitution of a diseased for an non-diseased host to establish causality between a purported virus and the patient's illness.[163] In this case, the supernatant centrifuged from patient BALF "was inoculated on human epithelial cells … resected from patients undergoing surgery for lung cancer", although purportedly pathogen-free.[164] In any event, cancer cells would be present in such cells, and, as they are wont to do, such cells produce an abundance of exosomes, which would be visible by way Transmission Electron Microscopy.[165] Unlike Fan Wu et al. and Peng Zhou et al., Ng Zhu did produce images of what they described as "2019-nCoV particles" but without any verification of their composition or making a biochemical determination from an isolated specimen.[166] Without isolation, it is simply impossible to establish that the images do not belong to exosomes, which they most likely are, but what they do show is that there is no viral genome of around 30,000 base pairs.

68 Yet despite this double deception that haunts virology, virologists still cling to their beliefs and their jobs. For as Na Zhu put it: "Although our study does not fulfil Koch's postulates, our analyses provide evidence of *implicating* 2019-nCoV in the Wuhan outbreak."[167]

69 Implication, however, was good enough for the Bill & Melinda Gates Foundation, which provided the National Institute for Viral Disease Control and Prevention, with which 13 of the 18 co-authors were affiliated, with a 2020

[162] Na Zhu et al., "A Novel Coronavirus from Patients with Pneumonia in China, 2019", *The New England Journal of Medicine*, 382 (20 Feb 20, first published 24 Jan 20, updated 29 Jan 20), 728.
[163] Ibid., 728, 730-31.
[164] Ibid., 728.
[165] Ibid., 731.
[166] Ibid.
[167] Ibid., 733. Emphasis added.

COVID-19-related grant under INV-019121 for US$71,700 "to support China CDC to evaluate the quality of COVID-19 serological diagnostic reagents in China and provide evidence for scientific use of reagents in clinical diagnosis and epidemiological survey".[168]

Leon Caly et al.

70 Leon Caly et al. produced their own brand of antipodean nationalism under the title "Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia" when they reported on a 58 year-old man from Wuhan who "felt unwell" when he arrived in Melbourne on 19 January 2020.[169]

71 The deployment of virology's *double deception* is front-and-centre with this paper, this time Vero/hSLAM African green monkey kidney cells being inoculated "with material from the nasopharyngeal swab led to the isolation of SARS-CoV-2 virus in culture."[170] However, to repeat, "isolation" does not mean isolation, but the inoculation of Vero/hSLAM African green monkey cells "with material from the nasopharyngeal swab".[171] Caly et al. also inoculated the Vero cells with a growth medium of Earl's salts, Glutamine, and Geneticin, an antibiotic, plus 5% Foetal Bovine Serum. The authors continue: "For electron microscopy, a 4mL aliquot of supernatant from cell cultures grown in the presence of 4µg/mL trypsin, a pancreatic enzyme that hydrolyzes proteins, which was inactivated with 5% glutaraldehyde, a sterilising disinfectant, while the supernatant was negatively stained with 3% phosphotungstic acid and the remaining pellet embedded in resin.[172] Hardly, a neutral culture, Caly et al. were not done yet. When, so they claimed, the Vero cells "showed cytoplasmic membrane-bound

[168] Bill & Melinda Gates Foundation (hereinafter Gates Foundation) (accessed 7 May 2021).
[169] Leon Caly et al., "Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia", MJA, 212/10 (1 Jun 20, received 25 Feb 20, accepted Mar 20, published 9 Mar 20), 459: https://onlinelibrary.wiley.com/doi/epdf/10.5694/mja2.50569
[170] Ibid.
[171] Ibid.
[172] Ibid., 460.

vesicles containing coronavirus particles", they were unable to find virions with the spike protein, so they added more trypsin to the cell culture medium, and before they could say Jack Robinson, the trypsin, the function of which is to digest proteins, had gobbled up the outer protein layer of a 100 nm spherical virion to reveal "the characteristic crown-like fringe of spike proteins", which, they added without the slightest hint of irony, "immediately improved virion morphology."[173] In other words, when the exosome did not look like their imaginary virus, they gave it a little trypsinized encouragement.

72 Nothing further need be said about the follies of this paper and the virological nonsense that informs it, except to add that NZ's MOH believes this is one example "of the virus being isolated and cultured in a laboratory setting."[174]

Jennifer Harcourt et al.

73 On 11 March 2020, the day the WHO declared the pandemic, Jennifer Harcourt et al. published a paper in which they described creating a genome "to serve as the SARS-CoV-2 reference strain for the United States".[175]

74 To accomplish this, Harcourt et al. used a variety of cell lines, including two monkey cell lines – Vero E6 (African green monkey) and Vero CCL81 (kidney cells from the Vervet monkey, an Old World monkey native to Africa), a big brown bat kidney cell line (EFK3B), and three human cell lines – adenocarcinoma cells (A549), human liver cells (HUH7.0), and human embryonic kidney cells (HEK-293T).[176] They cultured these "in Dulbecco minimal essential medium (DMEM) supplemented with heat-inactivated fetal bovine serum (5% or 10%) and antibiotics/antimycotics", before trypsinizing and re-suspending the "Vero cells

[173] Ibid., 461-62.
[174] Letter of Rebecca Drew, Group Manager, Science and Insights, COVID-19 Health System Response, undated OIA letter Ref: H202008345, Ministry of Health.
[175] Jennifer Harcourt et al., "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States", *Emerging Infectious Disease Journal*, 26/6 (June 2020, first published 11 March 2020): https://dx.doi.org/10.3201/eid2606.200516
[176] Ibid., 1267, 1270.

in DMEM containing 10% fetal bovine serum, 2× penicillin/streptomycin, 2× antibiotics/antimycotics, and 2× amphotericin B", an antifungal medicine used for serious fungal infections.[177] Once again, this illegitimate proxy bears no resemblance to a healthy, non-diseased host postulated as fundamental to establishing causation between a putative pathogen and a disease.

75 Having "designed 37 pairs of nested PCRs spanning the genome on the basis of the coronavirus reference sequence" WH-Human-1 (GenBank accession no. NC045512)", they proceeded by "consensus sequences from nanopore sequencing" using various technologies to prepare for *de novo* assembly of the reads into contigs.[178] It is not surprising, therefore, that "[a] nearly full-length viral contig obtained in each sample had 100% identity to the 2019-nCoV/USA-WA1/2020 strain (GenBank accession no. MN985325.1)", their own genome, and that the latter's base pair count of 29,882 was within 21 base pairs of Fan Wu et al.'s with its 29,903.[179] In other words, providing a *de novo* assembly platform with the template of what you want it to produce is like feeding the perforated paper of "Don't Dream It's Over" into a Pianola and hearing the melody played back honky-tonk style.[180]

76 An equivalency is offered by the American physician Tom Cowan: "A group of researchers claim to have found a unicorn because they found a piece of a hoof, a hair from a tail, and a snippet of a horn. They then add that information into a computer and program it to re-create the unicorn, and they then claim this computer re-creation is the real unicorn. Of course, they had never actually seen a unicorn so could not possibly have examined its genetic makeup to compare their samples with the actual unicorn's hair, hooves and horn."[181]

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[177] Ibid., 1267.
[178] Ibid.
[179] Ibid., 1267-68
[180] Neil Finn, "Don't Dream It's Over", Crowded House, 1986. Template song idea courtesy of Tom Cowan, MD, in "Dr Tom Cowan - Analysis of isolation of the COVID-19 virus (SARS-CoV-2) in Australia", Tom Cowan, Bit Chute (20 Apr 21): https://www.bitchute.com/video/BFX5TD4VDTti/
[181] Tom Cowan, "Only poisoned monkey cells "grew the virus" Dr Tom Cowan (15 Oct 20): https://drtomcowan.com/only-poisoned-monkey-kidney-cells-grew-the-virus/

77 As for the results: "No CPE was observed in any of the cell lines except in Vero cells."[182] In short, the purported virus, SARS-CoV-2, did not damage human cells, although not according to Tedros's same-day announcement: "Good afternoon. In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives. Thousands more are fighting for their lives in hospitals. In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher. WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized as a pandemic. Pandemic is not a word to use lightly or carelessly … We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus. And we have never before seen a pandemic that can be controlled, at the same time. WHO has been in full response mode since we were notified of the first cases. And we have called every day for countries to take urgent and aggressive action. We have rung the alarm bell loud and clear."[183]

78 How then might Harcourt et al.'s description of the "outbreak" spreading with "unprecedented rapidity" from Wuhan, the critical need therefore for "viral lysates to serve as diagnostic references", and the need for "virus isolates to test antiviral compounds, develop new vaccines, and perform basic research", be explained when the 35 co-authors had just published the results of their experiment demonstrating no CPE in human cells?

Investigation into the human genome[184]

[182] Ibid.
[183] "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020", WHO (11 Mar 20), 1-2: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 ; *Immunisation Handbook* (2020, Chapter 5 19 Feb 21), 4.
[184] "Investigation into COVID-19 RT-PCR assay protocol sequences found in the human genome", (May-June 2021).

79 **Investigation**. From mid-May to early June 2021, the plaintiff conducted an investigation into whether the WHO RT-PCR protocol assay primer and probe sequences were detecting SARS-CoV-2 in human subjects or the human genome itself.[185]

80 **Method**. A total of 55 RT-PCR protocol assay primer and probe sequences for China, Germany, Hong Kong, Japan, Thailand, and the US, posted online by the WHO during January 2020, were downloaded from the WHO's website.[186] Each of the 55 sequences was entered separately into the US National Institute of Health (NIH) computer programme Basic Local Alignment Search Tool (BLAST) and searched for individually using the "highly similar sequences" option. Each alignment results table was downloaded as a CSV file and imported into an Excel spreadsheet, sorted by chromosome, and counted.

81 **Results.** All 55 protocol assay primer and probe sequences were found across the human genome in all 23 chromosomes pairs, with most at 100% identity. The alignment of sequences with each chromosome pair and their percentage of identity is set out in the Heterodoxies Soc. Inc. report (attached).

82 **Conclusion**. The plaintiff repeats 3 to 6 (above), and re-states: The WHO RT-PCR protocol assay sequences detect only human RNA.

83 All 55 RT-PCR protocol assay primer and probe sequences taken from a fictive man-made genome (curated from 13 other man-made genomes), all of which purport to be exclusive to the SARS-CoV-2 genome but are instead found

[185] "Investigation into COVID-19 RT-PCR assay protocol sequences found in the human genome", Heterodoxies Society Incorporated (18 and 19 May 2021): www.heterodoxies.com The Plaintiff wishes to acknowledge the article by Jesús García Blanca that inspired this idea: "The scam has been confirmed: PCR does not detect SARS-CoV-2", *D-Salud-Discovery*, 242 (8 Nov 20): https://www.dsalud.com/reportajes/fraudes-y-falsedades-en-el-ambito-medico/ ; English trans.: http://philosophers-stone.info/wp-content/uploads/2020/11/The-scam-has-been-confirmed-Dsalud-November-2020.pdf

[186] "WHO inhouse assays: Summary table of available protocols", WHO (January 2020).

to be exclusive to the human genome, invalidates the entire statistical basis of and voids all NZG responses to the phantom pandemic called COVID-19.[187]

84 Because no SARS-CoV-2 virion has ever been seen, recorded and isolated from any human subject and subsequently sequenced, all purported viral lysates and isolates informing medicinal device development in regard to COVID-19 are fake and that the consequential products of such development may be of even greater danger than already has been displayed. Therefore, it is of the utmost urgency that Pfizer's active ingredient BNT162b2 is seized and made public, representative vials of all doses so far administered securely retained and the balance of the remaining stock destroyed.

85 It is also now clear that the "unprecedented rapidity" with which COVID-19 spread around the globe was due not to its contagiousness but because the RT-PCR protocol assay sequences are exclusive to the human genome.[188]

Virology debunked

86 Virology's *double deception* appears to have had its beginnings, at least for modernity, in "the cell theory of life" developed by the German pathologist, Rudolf Virchow in his 1858 publication, *Cellular Pathology*, in which he proposed that all life as well as all disease emanates from a single cell, which, when taken over by an unseen pathogen, given the signifier *virus*, begins, even as it deteriorates, to propagate that virus.[189] While "the infection theories" of virology were finally abandoned in 1952 due to their repeated failure to demonstrate that

[187] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20), S1 "Methods".
[188] Harcourt et al., "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States", 1.
[189] E Ashworth Underwood (updated by Amy Tikkanen), "Rudolf Virchow", *Encyclopaedia Britannica* (14 Jan 21), 4: https://www.britannica.com/biography/Rudolf-Virchow . The full title of *Cellular Pathology*, with its English translation, is: *Handbuch der speziellen Pathologie und Therapie* or *Handbook of Special Pathology and Therapeutics*; Stefan Lanka, "The Virus Misconception", *WiSSeNSCHAFFtPLUS magazin*, 4/2020, 6: https://archive.org/details/dr-stefan-lanka-the-misconception-called-virus/mode/2up ; Stefan Lanka, "The causes of the corona crisis are clearly identified: Virologists who claim disease-causing viruses are science fraudsters and must be prosecuted", *WiSSeNSCHAFFtPLUS magazin*, 4/2020, 4: https://dryoshi.com/wp-content/uploads/2021/02/Dr.-Stefan-Lanka.pdf

"putrescent genetic material … allegedly infected by a virus" no more infected healthy tissue than normal processes of decay, it was revived two years later when John Enders jointly won the Nobel Prize in Physiology or Medicine in 1954 with Thomas Weller and Frederick Robbins "for their discovery of the ability of poliomyelitis viruses to grow in cultures of various types of tissue".[190] But this was a highly questionable discovery given that Enders and Thomas Peebles, also in 1954, had failed to distinguish "with confidence" the cytopathic effects observed between their inoculated culture of monkey kidney cells containing "measles agents" and their control culture of monkey kidney without the "measles agents".[191] As a consequence, they issued a high-level warning to the scientific community about such pursuits: "Great caution should therefore be exercised in the interpretation of any new claims that the virus has been propagated in other hosts or systems. Accordingly, the results that are summarized here must be subjected to the most critical analysis."[192]

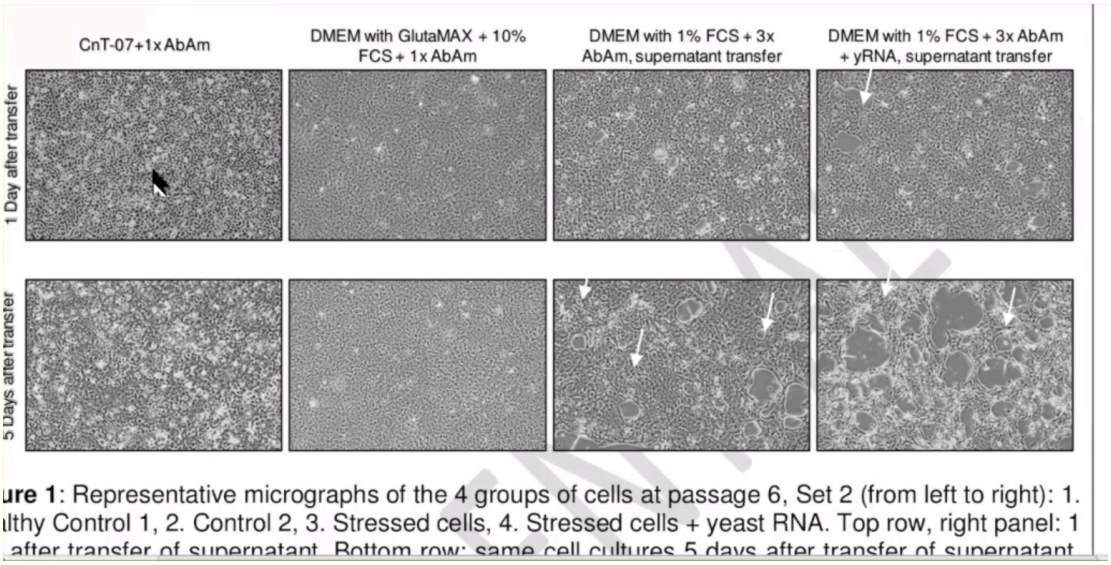
87 As the papers concerning SARS-CoV-2 discussed above demonstrate, virology, after 155 years, has yet to isolate, photograph and "biochemically characterise" a virus as a whole unique structure.[193] As the German virologist Dr Stefan Lanka concludes: "All scientists who *think* they are working with viruses in laboratories are actually working with typical particles of specific dying tissues or cells that were prepared in a special way. They believe that those tissues and cells are dying because they were infected by a virus. In reality, those prepared tissues and cells are dying because they were starved and poisoned as a consequence of the experiments in the lab." In other words, "the death of the tissue and cells takes place in the exact same manner when no 'infected' genetic material is added".[194]

[190] Lanka, "The Virus Misconception", 9; "The Nobel Prize in Physiology or Medicine 1954", The Nobel Prize (1954): https://www.nobelprize.org/prizes/medicine/1954/summary/
[191] John F Enders and William C Peebles, "Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles", Proceedings of the Society for Experimental Biology and Medicine (PSEBM), 86 (received 16 May 1954), 285.
[192] Ibid.
[193] Lanka, "The Virus Misconception", 3.
[194] Ibid.

88 On 20 April 2021, Lanka announced the first stage results of his control experiment that demonstrates virology's *double deception*.[195]

89 The control experiment was conducted following standard virological procedures using equivalent cells line and ingredients as in the experiments described above but without adding infected genetic material from an unwell subject. As Lanka explains below, the cells died in the selfsame manner without the infected material, which virologists claim contains the purported virus that not only causes the cells to die but is also causative of the patient's disease.

90 The experiment may be summarised as follows (with the aid of the paired micrographic images as **Figure 1**. Micrographic images from Dr Stefan Lanka.[196]



ure 1: Representative micrographs of the 4 groups of cells at passage 6, Set 2 (from left to right): 1. lthy Control 1, 2. Control 2, 3. Stressed cells, 4. Stressed cells + yeast RNA. Top row, right panel: 1 after transfer of supernatant. Bottom row: same cell cultures 5 days after transfer of supernatant

90.1 The far-left pairing shows a standard cell culture, CnT-07, comprised of human and mouse epithelial cells to which have been added a small amount of AbAm, an antibiotic. Virologists term this culture a cell.

[195] Dean Braus interview of Dr Stefan Lanka, "Virology refuted: CPE control experiment", *Dean's Danes*, (20 Apr 21): www.odysee.com/@DeansDanes:1/cpe-english:f
[196] Braus interview of Lanka, "Virology refuted: CPE control experiment".

90.2 To convert the cell culture into the medium used by virologists, Lanka used Dulbecco's Modified Eagle Medium (DMEM) with GlutaMax, "a widely used basal medium for supporting the growth of mammalian cells", and nutrition in the form of 10% foetal cow serum (FCS), also called foetal bovine serum (FBS).[197]

90.3 The experiment commences at the third pair of slides from the left when the FCS is drastically reduced to 1%, which has the effect of starving the cells. To this is added, as virologists also do, a large amount of antibiotics. The CPE or the killing of cells in the culture is readily observable and dramatically increased after five days. Most importantly, the CPE has occurred without any material from a patient, which virologists add to their culture *assuming* it contains the virus, but which they never observe, locate or isolate or use in a purified form to reinfect another host to establish causation.

90.4 To emphasise that CPE occurs in the cell culture without the patient sample, Lanka added messenger yeast RNA to see how the cells would cope. As can be observed in the right-hand pair of images, the CPE increased still further.

90.5 Thus, in the first of three stages of his control experiment, Lanka demonstrated unequivocally that the method employed by virologists to claim they have isolated the virus and established causation between virus and disease, "is disproved in the first step."[198] Put otherwise, virologists kill

[197] "DMEM – Dulbecco's Modified Eagle Medium, ThermoFisher Scientific" (accessed 10 Jun 21): https://www.thermofisher.com/nz/en/home/life-science/cell-culture/mammalian-cell-culture/classical-media/dmem.html . According to ThermoFisher: "DMEM is unique from other media as it contains 4 times the concentration of amino acids and vitamins than the original Eagle's Minimal Essential Medium. DMEM was originally formulated with low glucose (1 g/L) and sodium pyruvate, but is often used with higher glucose levels, with or without sodium pyruvate. DMEM with GlutaMAX supplement minimizes toxic ammonia build-up and improves cell viability and growth in an easy-to-use format. DMEM contains no proteins, lipids, or growth factors. Therefore, DMEM requires supplementation, commonly with 10% Fetal Bovine Serum (FBS)." See: ""DMEM, high glucose, GlutaMAX Supplement", ThermoFisher Scientific (accessed 10 Jun 21): https://www.thermofisher.com/order/catalog/product/10566016#/10566016

[198] Braus interview of Lanka, "Virology refuted: CPE control experiment".

the cells in the culture by starvation and with cytotoxic substances such as antibiotics and antifungals then attribute causation to a virus they have never isolated.

90.6 It is the dying cells the virologists call an isolate, and which, according to Lanka, "they offer on the market for €2,000" from which, they say, a vaccine can be created, either using the whole, which they call a life vaccine, or an inactive vaccine, once they remove individual proteins.[199] "Thus, the resulting toxic mixture full of foreign proteins, foreign nucleic acids (DNA/RNA), cytotoxic antibiotics, microbes and spores of all types is labelled a 'live vaccine' and "implanted in children through vaccination mainly into the muscles, in a quantity which if it were injected into the veins would immediately lead to certain death."[200] The selfsame principles and practice are being applied to mRNA vaccines such as Comirnaty, whereby a purported spike gene in the fictive WH-Human 1 genome become the basis, with modification, of the synthetic mRNA encased in nanolipid particles to produce the a poisonous spike protein, which because of its nanometre size and encasement in the nanolipid particle avoids detection by the human immune system, enter the bloodstream and thereby travel around the body, accumulating in various tissues and at critical sites, as discussed (below).

90.7 The second of the three-phase refutation is electronmicroscopy, which, as Lanka could already advise, "will detect the same exact particles in the non-infectious tissues that virologists always claim to demonstrate as virus particles."[201]

90.8 The final refutal phase is to create on their own computers the SARS-CoV-2 genome using the programs virologists use to create the SARS-CoV-2 genome from the uninfected culture. For as Lanka notes: "With only a

[199] Braus interview of Lanka, "Virology refuted: CPE control experiment".
[200] Lanka, "The Virus Misconception", 3.
[201] Ibid.

few mouse clicks … a program can create any virus by putting together molecules of short parts of nucleic acids from dead tissue and cells with a determined biochemical composition, thus arranging them as desired into a longer genotype which is then declared to be the complete genome of the new virus. In reality, not even this manipulation, called "alignment", can result in the "complete" genetic material of a virus which could then be called its genome. In this process of theoretical construction of the so-called "viral DNA or viral RNA strands", those sequences that don't fit are "smoothed out" and missing ones are added. Thus, a RNA or DNA sequence is invented which doesn't exist in reality and which was never discovered and scientifically demonstrated as a whole."

91 For wont of such a control experiment since 1954, the world could have been saved the current unfolding tragedy that has now become an all-out assault on humanity, the early reported consequences of which are not only already apparent in the reported 2,970,871 adverse reactions and 24,432 deaths in the EU, UK and US alone following injections from COVID-19 experimental medical devices but also in the potential ongoing and as yet unknown long-term consequences including degenerative diseases of this worldwide medical and scientific experimentation.[202]

92 That is why people such as Dr Miguel Quiñones-Mateu, Professor Webster Family Chair in Virol Pathogenesis at the University of Otago, who claims that SARS-CoV-2 has been isolated, is promoting a scientific fraud and is complicit in crimes against humanity by promoting vaccine maiming and homicide on the back of pseudo-science and comments of exceeding hubristic ignorance.[203] "I am writing to you", wrote Quiñones-Mateu to Professor Richard Blaikie on 5 October 2020, "to briefly describe – on lay terms – the process that we, and basically all virology laboratories across the world, have used to detect and isolate SARS-CoV-

[202] See Heterodoxies Soc. Inc. report at Table 2.
[203] Letter of Miguel E Quiñones-Mateu to Information Act request – isolation of SARS-CoV-2 from Richard Blackie, University of Otago (5 Oct 20); Ministry of Health (2 July 20), FYI.org.nz (2 Jul 20): https://fyi.org.nz/request/12850-isolation-and-testing-of-covid-19#comment-3652

2 from patient-derived specimens. As you know, this is a relatively simple and standard procedure used for numerous virology groups to isolate viruses … In the case of SARS-CoV-2, we followed protocols described in the literature to originally isolate the virus in China (Zhu et al 2020 NEJM 382:727) and Australia (Caly et al 2020 Med J Aust 2L2:459)", about whom Quiñones-Mateu failed to mention to Blaikie that Zhu et al. did not isolate the virus and acknowledged that their study did "not fulfil Koch's postulates", and that Caly et al. engaged in scientific fraud by trypsinizing what appears to be an exosome to give it a spiked morphology they imagined a SARS-CoV-2 virion should have.[204]

93 That is why Raj Nahna and the Office of the Prime Minister are complicit in the defendants' crimes against humanity, including vaccine maiming and homicide, when they claim: "The Prime Minister receives information and advice, including in relation to responding to the COVID-19 pandemic, from Ministers, her Chief Science Advisor, and Officials as well as a wide range of other sources. Although this Office does not hold the specific scientific information you are seeking, there is a large volume of publicly available evidence that the virus SARS-CoV-2 that causes COVID-19 exists, and refer to my letter of 7 December 2020 which contains mater identified by the Prime Ministers Chief Science Advisor."[205]

94 Nick Allan, Manger OIA Services at the MOH, acknowledged on 7 August 2020, in response to an Official Information Act (OIA) letter dated 30 July 2020 requesting "All records in the possession, custody or control of the Ministry of Health describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient)", acknowledged that: "The Ministry does not hold records that describe the isolation of a SARS-COV-2 virus. As such, we

[204] Letter of Quiñones-Mateu to Blaikie, 5 Oct 20.
[205] Raj Nahna, Chief of Staff, Office of the Prime Minister, Official Information Act request relating to purification of SARS-CoV-2, Ref: PMO 2021-068 (23 Apr 21).

are refusing this request under section 18(e) of the [Official Information] Act [1982]", which states in turn, "that the document alleged to contain the information requested does not exist or, despite reasonable efforts to locate it, cannot be found".[206] Allan also confirmed that the ESR, which provides "scientific expertise to support the national response to COVID-19 on behalf of the Ministry, primarily in health intelligence and diagnostic testing", also held "no information" in the scope of the request.[207]

95 Finally, the MOH made the following acknowledgement on 19 February 2021: "The precise origin of this virus is unknown. First identified in humans in Wuhan, China, this virus shares a strong genetic sequence similarity to bat coronaviruses found in China", the latter being hardly surprising given that, as noted at 47 (above) the fictive man-made SARS-CoV-2 genome (WH-Human-1) was sequenced using another fictive man-made genome entitled bat SL-CoVZC45 (GenBank accession number MG772933).[208]

DR TEDROS ADHANOM GHEBREYESUS

SELECTED CHRONOLOGY

2005-2012. Ethiopian Health Minister.[209]

2008-09. Served as a member of the board of Gavi, co-founded by Gates. Also served as chair of the Gates-founded Global Fund to Fight AIDS, Tuberculosis and Malaria, and sat on the boards of Gavi and the Gates-funded Stop TB Partnership before joining the WHO in 2017.[210]

[206] Nick Allen, Manager OIA Services, Office of the Director-General, Ministry of Health (hereinafter MoH), Ref: H202005599, 7 August 2020, 1; Official Information Act 1982, 24: https://www.legislation.govt.nz/act/public/1982/0156/latest/DLM64785.html
[207] Ibid., 2.
[208] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, Vol 579 (3 Feb 20), 266 *inter alia*.
[209] David Steinmann, "Communication requesting an investigation by the International Criminal Court of Dr. Tedros Adhanom Ghebreyseus, filed by email (1 Dec 20), 1: https://onedrive.live.com/view.aspx?resid=DD3397B848192E5E!25703&ithint=file%2cdocx&authkey=!AIcbIBOPW2LsVzo
[210] Corbett, Who is Bill Gates?", 4; "Gavi welcomes election of new WHO Chief", Gavi (23 May 17), 4: https://www.gavi.org/gavi-welcomes-election-of-new-who-chief ; Donald G McNeil Jr, "Candidate to Lead the W.H.O. Accused of Covering Up Epidemics", *The New York Times* (13 May 17), 2,4: https://www.nytimes.com/2017/05/13/health/candidate-who-director-general-ethiopia-cholera-outbreaks.html

2012-2016. Ethiopian Foreign Affairs Minister, and a member of the eleven-person Tigrayan People's Liberation Front (TPLF) Executive Committee.[211]

1 July 2017. Appointed Director-General of the WHO. Accusations of covering up epidemics accompanied his candidature.[212]

5 January 2020. The WHO sent out a disease outbreak notification, provisionally naming the pathogen "2019 novel coronavirus".[213]

10 January 2020. The WHO issued guidance for all countries to "take precautionary measures to prevent the spread of the virus."[214]

13 January 2020. The WHO published a paper by Drosten et al. entitled "Diagnostic detection of Wuhan coronavirus 2019 by real-time RT-PCR".[215] The paper was not peer-reviewed.

17 January 2020. The WHO published a second version of the Drosten et al. paper, again without peer review.[216] The same day, the WHO published "Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases: Interim guidance", in which it was claimed that: "The etiologic agent responsible for the cluster of pneumonia cases in Wuhan has been identified as a novel betacoronavirus, (in the same family as SARS-CoV and MERS-CoV) via next generation sequencing (NGS) from *cultured virus or directly from samples received from several pneumonia patients*. *Electron microscopy revealed a virus with a characteristic crown morphology: a coronavirus*. Working directly from sequence information, the team developed a series of genetic amplification (PCR) assays used by laboratories associated with the China CDC to detect several dozen cases as of today."[217] * The text continued: "Full genome sequence data from the viruses have been shared officially with WHO and on the GISAID platform (https://www.gisaid.org/) and can inform the development of specific diagnostic tests for this emergent coronavirus. It is expected that validated PCR tests will become available soon."[218]

21 January 2020. The WHO released its "Novel Coronavirus (2019-nCoV) Situation Report - 1" highlighting events from 31 December 2019 to 20 January 2020. At page 1 it states: (a)"On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. From 31 December 2019 through 3 January 2020, a total of 44 case-patients with pneumonia of unknown etiology were reported to WHO by the national authorities in China. During this reported period, *the causal agent was not identified."* (b) "The Chinese authorities *identified a new type of coronavirus, which was isolated on 7 January 2020*." (c) "On 12 January 2020, China shared the *genetic sequence of the novel*

[211] Ibid.
[212] Donald G McNeil Jr, "Candidate to Lead the W.H.O. Accused of Covering Up Epidemics", *The New York Times* (13 May 17): https://www.nytimes.com/2017/05/13/health/candidate-who-director-general-ethiopia-cholera-outbreaks.html
[213] Bloomfield, Affidavit (13 Jul 20), 7.
[214] Ibid., 8.
[215] Drosten et al., "Diagnostic detection of Wuhan coronavirus 2019 by real-time RT- PCR", WHO, (13 Jan 20).
[216] Drosten et al., "Diagnostic detection of Wuhan coronavirus 2019 by real-time RT- PCR", WHO, (17 Jan 20).
[217] "Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases: Interim guidance", WHO (17 Jan 20), 1: https://www.who.int/publications/i/item/laboratory-testing-of-2019-novel-coronavirus-(-2019-ncov)-in-suspected-human-cases-interim-guidance-17-january-2020
[218] "Novel Coronavirus (2019-nCoV) Situation Report - 1", WHO (21 Jan 20), 1: https://apps.who.int/iris/bitstream/handle/10665/330760/nCoVsitrep21Jan2020-eng.pdf?sequence=3&isAllowed=y . Emphasis added.

coronavirus for countries to use in developing specific diagnostic kits."[219] ** The report also states at page 1 that at 20 January 2020 there were a total of 278 cases in China, one in Japan, one in the Republic of Korea, and two in Thailand, a total of 282 cases in four countries, that is 0.0000167% of a combined total population of 1,686,869,409.[220]

22-24 January 2020. The WHO convened an emergency meeting to monitor the international situation despite there being only 17 deaths and 581 cases reported at that stage.[221] This lack of cases posed a problem for pharmaceutical companies wanting to get their novel and highly experimental genetic encoding systems, disguised as vaccines, onto the market without having to go through the normal approval processes for which they had serious doubts they could pass. A public health emergency could be the means to bypass the normally stringent licensing conditions of regulatory authorities.[222]

30 January 2020. By now the phony RT-PCR protocol assay sequences were in overdrive, producing enough cases for Tedros to declare "a public health emergency of international concern" (PHEIC), and to stoke the rhetoric: "This is the time for facts, not fear. This is the time for science, not rumours. This is the time for solidarity not stigma."[223] For in just seven days from 24 January, COVID-19 case numbers had risen worldwide by 1,245.61%, from 581 to 7,818, although only 98 of which were outside of China.[224] By the next day they had increased to 9,826.[225] Here was the fraud in full view, astronomical growth of a phantom virus that had not been isolated let alone shown to be causative of any disease. Unsurprisingly, Tedros recommended as even more important than the "public health emergency of international concern", accelerating "the development of vaccines, therapeutics and diagnostics", "combatting the spread of rumours and misinformation", and "support[ing] countries with weaker health systems."[226]

11 February 2020. Tedros announces that the ICTV has named the virus SARS-CoV-2, spells out for the world the name the WHO for its companion disease: "C-O-V-I-D hyphen one nine – COVID-19."

28 February 2020. At a media briefing, Tedros, having provided an update on cases and deaths outside China and having mentioned the WHO-China Joint Mission Report, offered, among other educational tips, the following comment: "Everyone should know the symptoms – for most people, it starts with a fever and a dry cough, not a runny nose. Most people will have mild disease and get better without needing any special care."

11 March 2020. It was now apparent that the Berliner Boys, Christian Drosten et al., had conjured up more than a storm with their protocol assay sequences. As Tedros explained to the world: "Good afternoon. In the past two weeks, the number of cases of COVID-19 outside China has increased 13-

[219] Ibid. Emphasis added.
[220] Ibid.
[221] Bloomfield, (13 Jul 20), 8; "COVID-19 pandemic cases in January 2020", Wikipedia (accessed 17 Jun 21): https://en.wikipedia.org/wiki.COVID-19_pandemic_cases_in_January_2020
[222] James Delingpole interview of Reiner Fuellmich, The Delingpod (23 May 21): www.odysee.com/@JamesDelingpoleChannel:0/feullmich:8
[223] "WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)", WHO (30 Jan 20): https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)
[224] "COVID-19 pandemic cases in January 2020", Wikipedia (accessed 17 Jun 21); Andrew Joseph, "WHO declare coronavirus outbreak a global health emergency", *STAT* (30 Jan 20): [URL]
[225] Ibid.
[226] Ibid.; "WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)", WHO (30 Jan 20), 3.

fold, and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives. Thousands more are fighting for their lives in hospitals. In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher. WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized as a pandemic. Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death … We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus. And we have never before seen a pandemic that can be controlled, at the same time. WHO has been in full response mode since we were notified of the first cases. And we have called every day for countries to take urgent and aggressive action. We have rung the alarm bell loud and clear."[227] With a frightening case fatality rate of 3.64% (4,291 /118,000), the fraud was flying high.

23 March 2020. The foxes were well and truly in the henhouse by the time Tedros wrote to Ardern: "I have the honour to write to you to thank you for all your efforts to limit the scale and impact of the coronavirus disease (COVID-19) pandemic, and to request your support in catalysing an urgently needed, extensive societal 'movement' to stop this disease as rapidly as possible. Never before has the world been faced with an infectious respiratory disease like COVID-19 – a disease that is decimating communities and economies, and causing significant human suffering. Despite this, COVID-19 is a disease that can be stopped through the implementation of an effective response strategy … Prime Minister, your personal engagement is needed to mobilize communities and catalyze a societal movement to combat COVID-19. Amplifying your voice and presence through prominent multimedia channels, and equipping your citizenry with evidence-based guidance and a clear understanding of the action needed by means of regular addresses to the nation, will prove invaluable … Once again, thank you, Prime Minister, for your resolve and for your commitment to stopping the spread of COVID-19 … Please accept, Prime Minister, the assurances of my highest consideration."[228]

1 December 2020. David Steinmann, a US economist, Nobel Prize nominee and advisor to the Ethiopia's democracy movement for 27 years, sent a communiqué to the International Criminal Court (ICC) requesting an investigation into Tedros and those under his command in Ethiopia for genocide and crimes against humanity "disproportionately committed against non-Tigrayans" including murder, the partial destruction of non-Tigrayan populations, forcible transfer, torture, rape, forced sterilisation, enforced disappearance, deprivation of fundamental rights, and including killing, "causing serious bodily and mental harm to members of the Amhara, Konso, Oromo and Somali tribes with intent to destroy those tribes in whole or in part."[229] As Steinmann states in his communiqué: "[Tedros] was the charming public face of a homicidal dictatorship and played a major role in keeping it afloat."[230]

[227] "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020", WHO (11 Mar 20), 1-2: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 ; *Immunisation Handbook* (2020, Chapter 5 19 Feb 21), 4.
[228] Letter from Dr Tedros Adhanom Ghebreyseus Director-General to Ms Jacinda Ardern, Prime Minister and Minister for Arts, Culture and Heritage, and National Security and Intelligence of New Zealand" (23 March 2020), 1, 4. Letter available under the OIA.
[229] David Steinmann, "Communication requesting an investigation by the International Criminal Court of Dr. Tedros Adhanom Ghebreyseus, filed by email (1 Dec 20), 4-8: https://onedrive.live.com/view.aspx?resid=DD3397B848192E5E!25703&ithint=file%2cdocx&authkey=!AIcbIBOPW2LsVzo
[230] Ibid., 9.

* No virus had been isolated or identified in the experiment of Peng Zhou et al. to which the text appears to refer. NGS is *de novo* assembly, which, without an isolated genome purports to turn random non-human RNA, of unknown locational and genomic origin, into genomic sequences, which is only ultimately achieved by relying on other fictive man-made genomes as templates with which to sequence their imaginary fictive genome computationally and statistically. Furthermore, electronmicroscopy had not "revealed a virus with a characteristic crown morphology"; all that had been shown was an item indistinguishable from an exosome.[231] As noted at 56 (above), the two human cell lines had been grown from cancerous cells, known to produce an abundance of exosomes, and to which, along with the third cell line from an African green monkey, were added an array of cytotoxic materials including trypsin, which hydrolyzes protein, antifungals and antibiotics.

** Three of the four pillars of the COVID-19 fraud are contained in the opening summary of this report, namely: (a) a new type of coronavirus had not been identified but invented; (b) the purported novel coronavirus was not isolated as the originating paper from Fan Wu et al. demonstrates and as Dr Wu Zunyou of the Chinese Centre for Disease Control subsequently confirmed; (c) China did not share the genetic sequencing of the coronavirus but the fictive man-made sequencing, which is comprised of 13 other fictive man-made coronaviruses; (d) the genetic sequencing, by which is meant the protocol primer and probe assay sequences designed "for use in developing diagnostic kits", detect only human RNA.

RT-PCR – underwriter, superspreader and third pillar of the COVID-19 fraud

96 On 13 January 2020, the WHO published a paper by Christian Drosten et al. entitled "Diagnostic detection of Wuhan coronavirus 2019 by real-time RT-PCR".[232] As the seven co-authors advise: "We used known SARS- and SARS-related coronaviruses (bat viruses from our own studies as well as literature sources) to generate a non-redundant alignment … We designed candidate diagnostic RT-PCR assay before release of the first sequence of the Wuhan virus. Upon sequence release, three assays were selected based on their matching to the Wuhan virus as per inspection of the sequence alignment."[233] In other words, three of the 10 primers and probes protocol assay sequences contained in the paper were based on a fictive man-made genome. The paper was not peer-reviewed. Four days later, the WHO published a second version with the same title, written by the same seven authors. [234] It relied heavily on WH-Human-1, made public on 10 January, with its primers and probes protocol assay sequences

[231] Peng Zhou et al., "A pneumonia outbreak associated with a new coronavirus of probable bat origin", (12 Mar 20), sixth page of unnumbered section.
[232] Victor Corman, Tobias Bleicker, Sebastian Brünink, Christian Drosten Charité Virology, Berlin, Germany; Olfert Landt, Tib-Molbiol, Berlin, Germany; Marion Koopmans, Erasmus MC, Rotterdam, The Netherlands; Maria Zambon, Public Health England, London. Additional advice by Malik Peiris, University of Hong Kong, "Diagnostic detection of Wuhan coronavirus 2019 by real-time RT- PCR", WHO, (13 Jan 20): https://www.who.int/docs/default-source/coronaviruse/wuhan-virus-assay-v1991527e5122341d99287a1b17c111902.pdf?sfvrsn=d381fc88_2
[233] Ibid.
[234] Victor Corman, Tobias Bleicker, Sebastian Brünink, Christian Drosten Charité Virology, Berlin, Germany; Olfert Landt, Tib-Molbiol, Berlin, Germany; Marion Koopmans, Erasmus MC, Rotterdam, The Netherlands; Maria Zambon, Public Health England, London. Additional advice by Malik Peiris, University of Hong Kong, "Diagnostic detection of Wuhan coronavirus 2019 by real-time RT- PCR", WHO, 17 Jan 20: https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2

reduced to seven.[235] Its last three pages were dedicated to a workflow protocol.[236] Like version 1, it was not peer-reviewed. Version three was written by 24 co-authors, the correspondence author being Christian Drosten, Chair of the Institute of Virology at Charité Berlin.[237] It was submitted to *Eurosurveillance* on 21 January 2020, accepted the following day and published the day after that.[238] "We aimed", wrote the authors, "to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available."[239] They did so by relying "on social media reports announcing detection of a SARS-like virus", and *assuming* from those reports "that a SARS-related CoV" was "involved in the outbreak."[240] On that basis, they downloaded all 729 > 400 nt "SARS-related virus sequences available in GenBank, producing "a final list of 375 sequences" they manually checked and "used for assay design", with three eventually chosen on the basis of how well they matched "the 2019-nCoV genome" (WH-Human 1).[241]

97 It subsequently emerged that there were at least six cases of serious conflicts of interest involving authors of this paper:

97.1 Drosten and Chantal Reusken failed to declare they were members of the *Eurosurveillance's* editorial committee.[242]

[235] Victor M Corman, Olfert Landt, Marco Kaiser, Richard Molenkamp, Adam Meijer, Daniel KW Chu, Tobias Bleicker, Sebastian Brünink, Julia Schneider, Marie Luisa Schmidt, Daphne GJC Mulders, Bart L Haagmans, Bas van der Veer, Sharon van den Brink, Lisa Wijsman, Gabriel Goderski, Jean-Louis Romette, Joanna Ellis, Maria Zambon, Malik Peiris, Herman Goossens, Chantal Reusken, Marion PG Koopmans, Christian Drosten, "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", *Eurosurveillance*, 25/3 (23 Jan 20), 23: https://doi.org/10.2807/1560-7917.ES.2020.25.3.2000045
[236] Ibid.
[237] Victor M Corman, Olfert Landt, Marco Kaiser, Richard Molenkamp, Adam Meijer, Daniel KW Chu, Tobias Bleicker, Sebastian Brünink, Julia Schneider, Marie Luisa Schmidt, Daphne GJC Mulders, Bart L Haagmans, Bas van der Veer, Sharon van den Brink, Lisa Wijsman, Gabriel Goderski, Jean-Louis Romette, Joanna Ellis, Maria Zambon, Malik Peiris, Herman Goossens, Chantal Reusken, Marion PG Koopmans, Christian Drosten, "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", *Eurosurveillance*, 25/3 (23 Jan 20), 23-30: https://doi.org/10.2807/1560-7917.ES.2020.25.3.2000045
[238] Ibid., 23.
[239] Ibid., 25.
[240] Ibid.
[241] Ibid., 25.
[242] Ibid.; 23; Pieter Borger et al., "Corman-Drosten Review Report", ICSLS (27 Nov 20), 16: https://cormandrostenreview.com/report/2

97.2 Olfert Landt, CEO of TIB Molbiol, failed to declare until 29 July 2020 that his company was the maker of a PCR kit based on the paper's protocols, the marketing of which began before the paper was even published.[243] The deception paid off handsomely, as the company itself reports: "TIB Molbiol … has been supplying COVID19 PCR test kits since early January 2020. Over the last 12 months we have delivered over 60 million tests."[244]

97.3 Marco Kaiser, senior researcher at GenExpress and scientific advisor for TIB Molbiol, likewise did not declare his conflict of interest until 29 July 2020.[245]

97.4 Drosten, along with Victor Corman, failed to declare they were part of the virology diagnostics team at Labor Berlin, a commercial test laboratory that operates real-time RT-PCR testing.[246]

97.5 When 22 members of the International Consortium of Scientists in Life Sciences externally peer reviewed the *Eurosurveillance* paper nine months later, they not only found it contained the conflicts of interest listed above but also a catalogue of serious errors and inherent fallacies that rendered it "useless" as a diagnostic tool.[247]

97.6 Nonetheless, these RT-PCR protocol assay sequences worked a treat. The rapidly rising cases attributed to the phantom SARS-CoV-2 virus, generated fear around the world, and fear both pays and pays off. The institution with which this paper's most prominent creators were associated,

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[243] Ibid.; Drosten et al., "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", *Eurosurveillance*, 25/3 (23 January 2020), 23; F William Engdahl, "Coronavirus Scandal Breaking in Merkel's Germany" (10 Dec 20): www.williamengdahl.com/englishNEO10Dec2020.php

[244] "RT-PCR test kits and VirSNiP Mutation Assays for strain surveillance", TIB Molbiol (accessed 6 May 20): https://www.tib-molbiol.de/covid-19

[245] Ibid., 15; F William Engdahl, "Coronavirus Scandal Breaking in Merkel's Germany" (10 Dec 20): www.williamengdahl.com/englishNEO10Dec2020.php ; Drosten et al., "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", *Eurosurveillance*, 25/3 (23 Jan 20), 29.

[246] Ibid.; "Virology Diagnostics", Labour Berlin (accessed 6 May 21): https://www.laborberlin.com/fachbereiche/virologie/

[247] Pieter Borger et al., "Corman-Drosten Review Report", ICSLS (27 Nov 20), 2, 4-16: https://cormandrostenreview.com/report/2

the university hospital of Charité Berlin, received a 2020 grant from the Bill & Melinda Gates Foundation under INV-005971 for US$249,550 "to develop diagnostics and virology tools to enable a rapid response to the novel 2019 coronavirus".[248]

98 The plaintiff repeats 3 through 6 above.

99 It also appears that Drosten himself may be the subject of fraud, as William Engdahl reports: "[Drosten] and the officials at Frankfurt's Goethe University, where he claims to have received his medical doctorate in 2003, are being accused of degree fraud. According to Dr. Markus Kühbacher, a specialist investigating scientific fraud such as dissertation plagiarism, Dr. Drosten's doctoral thesis, by law must be deposited on a certain date with academic authorities at his University, who then sign a legal form, *Revisionsschein*, verified with signature, stamp of the University and date, with thesis title and author, to be sent to the University archive. With it, three original copies of the thesis are filed. Kühbacher charges that the Goethe University is guilty of cover-up by claiming, falsely, Drosten's *Revisionsschein*, was on file. The University spokesman later was forced to admit it was not filed, at least not locatable by them. Moreover, of the three mandatory file copies of his doctor thesis, highly relevant given the global importance of Drosten's coronavirus role, two copies have "disappeared," and the remaining single copy is water-damaged. Kühbacher says Drosten will now likely face court charges for holding a fraudulent doctoral title."[249]

100 To summarise, the Berliner chancers, promoted by Tedros and rewarded by the Bill & Melinda Gates Foundation, generated terror worldwide with their fake case multiplier, and thereby duped the world into believing humanity was under siege from a highly contagious virus. In short, this corrupt group of hustlers,

[248] Bill & Melinda Gates Foundation (accessed 7 May 2021): https:// www.gatesfoundation.org/-/media/files/-bmgf-grants.csv
[249] William Engdahl, "Coronavirus Scandal Breaking in Merkel's Germany", (10 Dec 20): www.williamengdahl.com/englishNEO10Dec2020.php

working off hunches, delivered the human immune system into the hands of allopathy, which may yet prove the end of humanity itself.

I met a traveller from an antique land,
Who said—"Two vast and trunkless legs of stone
Stand in the desert…. Near them, on the sand,
Half sunk a shattered visage lies, whose frown,
And wrinkled lip, and sneer of cold command,
Tell that its sculptor well those passions read
Which yet survive, stamped on these lifeless things,
The hand that mocked them, and the heart that fed;
And on the pedestal, these words appear:
My name is Ozymandias, King of Kings;
Look on my Works, ye Mighty, and despair!
Nothing besides remains. Round the decay
Of that colossal Wreck, boundless and bare
The lone and level sands stretch far away.[250]

Outbreak modelling – the fourth pillar of the COVID-19 fraud

101 The astronomical but fraudulent case numbers produced by RT-PCRs became the basis of the reproduction number (R_0) that initialised all COVID-19 outbreak models. Yet even relying on these worthless numbers, outbreak modelling, long notorious in epidemiology for its predictive fallability, still managed to produce predictions that were astronomically erroneous.

102 The principal purveyor of this speculative nonsense was Dr Neil Ferguson of Imperial College London, lead author of Report 9 published without peer review on 16 March 2021, which predicted, without non-pharmacological intervention, that 550,000 people in the UK and 2.2 million people in the US would die within

[250] Percy Bysshe Shelley, "Ozymandias", 1818.

approximately three months. So terrifying were these predictions that they caused governments around the world to effectively imprison their populations in their homes.[251]

103 Report 9 soon came under scrutiny, not only because of its almost immediate consequences, but also because Ferguson had co-authored a 2001 ICL report that had encouraged the Blair government to resort to culling in order to contain the already under control foot-and-mouth epidemic. All in all, around 10 million animals were slaughtered, with the total cost to the UK estimated to be US$12 billion, and the social cost unquantifiable.[252] According to R P Kitching et al., "mathematical predictive models" were "a major contributor to the slaughter", which in turn provides "a salutary warning of how models can be abused in the interests of scientific opportunism." [253] Michael Thrusfield, Professor of Veterinary Epidemiology at the University of Edinburgh, felt a sense of déjà vu about the current situation", having concluded in 2002: "The models that supported the contiguous culling policy were severely flawed, being based on data from dissimilar epidemics, used inaccurate background population data, and contained highly improbable biological assumptions about the temporal and quantitative parameters of infection and virus emission in infected herds and flocks."[254] Ferguson had also been the contact author of a 2002 report predicting 50 to 50,000 human deaths in the UK from Creutzfeldt-Jakob disease (vCJD), a mortality burden increasing to 150,000 if exposure from the worst-case ovine BSE scenario were included.[255] Observed UK deaths: 178.[256] In 2005, he had

[251] Neil M Ferguson et al., "Impact of non-pharmaceutical interventions (NPIs) to reduce COVID- 19 mortality and healthcare demand", Imperial College London (16 Mar 20), 6, 7, 13: DOI: https://doi.org/10.25561/77482
[252] R P Kitching, M V Thrusfield, and N M Taylor, "Use and abuse of mathematical models: an illustration from the 2001 foot and mouth disease epidemic in the United Kingdom", *Revue scientifique et technique* (International Office of Epizootics) (2006), 25/1, 293-4.
[253] Ibid., 293.
[254] L M Mansley, A I Donaldson, M V Thrusfield, and Naomi Honhold, "Destructive tension: Mathematics versus experience – The progress and control of the 2001 foot and mouth disease epidemic in Great Britain", *Revue scientifique et technique* (International Office of Epizootics), 30/2 (2011), 483; "Debate rages over 'severely flawed' Imperial study that sparked the UK lockdown", *Medical Brief: Africa's Medical Digest* (1 Apr 20): https://www.medicalbrief.co.za/archives/debate-rages-over-severely- flawed-imperial-study-that-sparked-the-uk-lockdown/
[255] N M Ferguson, A C Ghani, C A Donnelly, T J Hagenaars, R M Anderson, "Estimating the Human Health Risk From Possible BSE Infection of the British Sheep Flock", *Nature* 415/6870, (24 Jan 02), Abstract: https://pubmed.ncbi.nlm.nih.gov/11786878/

suggested 200 million could die from avian influenza A(H5N1). Observed deaths worldwide: 455.[257]

104 Ferguson found Report 9's programming ridiculed by academic and commercial computer experts alike when he evenutally released it for scrutiny. One commercial expert thought it a "buggy mess that looks more like a bowl of angel hair pasta than a finely tuned piece of programming", while scientists at the University of Edinburgh reported that it failed "the basic scientific test of producing the same results given the same initial set of parameters".[258] Ten days later, Ferguson, who believes models are "simplifed versions of reality", predicted in another co-authored paper from ICL that 40 million people could die worldwide from COVID-19.[259]

105 The fifith defendant (Bloomfield) found Report 9 "'very helpful'" and "particularly significant in informing the development of New Zealand's Alert Levels and the decision to move quickly from Alert Level 3 to Alert Level 4".[260] The thirteenth defendant (Hendy) and his co-authors relied on Report 9, most notably for their model's R_c number, (reproduction number with control).[261]

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[256] BBC News, "'Mad cow disease': What is BSE?", BBC (18 Oct 18): https://www.bbc.com/news/uk-45906585; Ioannidis et al., "Forecasting for COVID-19 has failed".
[257] James Sturcke, "Bird flu pandemic 'could kill 150m'", *The Guardian* (30 Sep 05): https://www.theguardian.com/world/2005/sep/30/birdflu.jamessturcke
[258] Hannah Boland and Ellie Zolfagharifard, "Coding that led to lockdown was 'totally unreliable' and a 'buggy mess', say experts", *The Telegraph* (16 May 20): https://www.telegraph.co.uk/technology/2020/05/16/coding-led- lockdown-totally-unreliable-buggy-mess-say-experts/ ; Ram Sagar, "The most devastating software mistake of all time. Why is the Imperial model under criticism?", *AIM* (24 May 20): https://analyticsindiamag.com/the-most-devastating-software-mistake- of-all-time-why-is-the-imperial-model-under-criticism/
[259] Neil M Ferguson et al., "Report 12: The Global Impact of COVID-19 and Strategies for Mitigation and Suppression ", Imperial College London (26 Mar 20), 1: https://doi.org/10.25561/77735; David Adam, "Special report: The simulations driving the world's response to COVID-19: How epidemiologists rushed to model the coronavirus pandemic", *Nature* (4 Apr 20): https://www.nature.com/articles/d41586-020-01003-6 ;
[260] Jamie Morton, "Coronavirus: ICU overload risks 'thousands' more NZ deaths - model", *NZ Herald* (22 March 20): https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=1231 8501 ; Media release, "COVID-19 modelling provides a clear warning of consequences of not acting swiftly and decisively", Ministry of Health (31 Mar 20): https://www.health.govt.nz/news-media/media-releases/covid- 19-modelling-provides-clear-warning-consequences-not-acting-swiftly- and-decisively ; Alex James, Shaun C Hendy, Michael J Plank, Nicholas Steyn, "Suppression and Mitigation Strategies for Control of COVID-19 in New Zealand", Te Pūnaha Matatini (25 Mar 20), 3-7,12: https://www.tepunahamatatini.ac.nz/2020/03/26/suppression-and- mitigation-strategies-for-control-of-covid-19-in-new-zealand/ ; Duncan Garner interview of Shaun Hendy, in Ireland Hendry-Tennent, "Disease modeller describes 'confronting' moment he realised how many Kiwis could die from COVID-19", the AM Show, Newshub (22 Mar 21): https://www.newshub.co.nz/home/new-zealand/2021/03/disease-modeller-describes-confronting-moment-he-realised-how-many-kiwis-could-die-from- covid-19.html
[261] Hendy et al., "Suppression and Mitigation Strategies for Control of COVID-19 in New Zealand", 3-7, 12.

Hendy's co-authored paper, circulated among members of the House prior to Parliament's prorogation on 25 March 2020, projected that 1.6% of the NZ population or 83,500 would die without any interventions, which, a year later, he still believes despite its self-evident absurdity and the socioeconomic carnage the paper's juvenility has caused.[262] Extrapolated directly to the world's population of 7.8 billion, Hendy et al's 1.67% produces 130,260,000 COVID-19 deaths worldwide, 100 million more than the 30 million of the fourteenth defendant (Baker) and his co-authors thought could die from COVID-19.[263]

106 Writing preposterous predictions that support the Bill & Melinda Gates Foundation's agenda produced a bumper crop of grants for ICL in 2020 totalling US$91,494,791.[264] Included in those COVID-19-related grandts were: INV-016635 for US$1,080,771 "to evaluate the potential efficacy of a Ribonucleic acid (RNA) vaccine against COVID-19"; INV-023013 for US$140,041 "to model the potential impact of rapid diagnostics for COVID-19"; and INV-023210 for US$ $1,487,605 "to understand how the social and other indirect impacts of COVID-19 (social distancing, quarantine, etc) and perceptions of risk impact sexual risk behavior that could lead to HIV".[265] Gates clearly warms to an organisation that can shut down much of the world with one scary paper, the Bill & Melinda Gates Foundation having provided grants to ICL since 2002 totalling US$302,164,640 or around US$16,000,000 per year for the last 19 years.[266]

Vacuous ontologies

107 Before examining the "new medical modelling" on which Ardern relied to decide the state of exception, it is helpful to briefly consider the philosophical

[262] Media release, "COVID-19 modelling provides a clear warning of consequences of not acting swiftly and decisively", Ministry of Health (31 Mar 20): https://www.health.govt.nz/news-media/media-releases/covid- 19-modelling-provides-clear-warning-consequences-not-acting-swiftly- and-decisively
[263] Michael G Baker, Amanda Kvalsvig, Ayesha J Verrall, Lucy Telfar-Barnard, Nick Wilson, "New Zealand's elimination strategy for the COVID-19 pandemic and what is required to make it work", *New Zealand Medical Journal*, 133/1512 (3 April 2020), 11: www.nzma.org.nz/journal
[264] Bill & Melinda Gates Foundation (accessed 7 May 2021): https:// www.gatesfoundation.org/-/media/files/-bmgf-grants.csv
[265] Ibid.
[266] Ibid.

problematic of the fake performativity of such modelling, beginning with the debt it owes Plato's Forms or Ideas, those universal concepts such as beauty and goodness, sameness and difference, that are posited as a more pure representation of the world than the corporeal world is of itself with all its imperfections.[267] At the same time it helps to recall Aristotle's critique of the univocity of his teacher's Forms – that goodness, for instance, is not a universal but a quality that differs from one example to another. It should also be noted that universals can give rise to syllogistic reasoning whereby if all As are Bs and all Bs are Cs, then all As must be Cs, a problem that can only be resolved by studying the individual cases and their particular characteristics. Broadly corresponding to this centuries-old debate over universals and particulars, we find, on the one hand, mathematical Platonists who postulate that mathematical objects are real and can be instantiated in the world despite their seeming "to play no role in generating our mathematical beliefs", while nominalists, on the other hand, postulate the inexistence of all mathematical objects and the falsity of any mathematical theory, which, although false, can nevertheless be useful.[268] Hence, Platonists argue the "indispensability of mathematics to science", while nominalists argue that although a particular mathematical statement may be false, a universal mathematical statement may be vacuously true.[269]

108 Bearing in mind the fake performativity of outbreak modelling, the plaintiff repeats 13 (above) and adds the following from Ardern: "Failure of anyone to play their part in coming days will put the lives of others at risk, and there will be no tolerance for that. We will not hesitate to use our enforcement powers if needed. We are in this together. I'm in no doubt that the measures I've announced today will cause unprecedented economic and social disruption, but they are necessary."[270] This terrorizing diatribe of unsubstantiated truth-claims,

[267] Ardern, "Prime Minister: COVID-19 Alert Level increased", Beehive (23 Mar 20).
[268] Otavio Bueno, "Nominalism in the Philosophy of Mathematics", *Stanford Encyclopaedia of Philosophy*: https://plato.stanford.edu/entries/nominalism-mathematics/#OntPro
[269] Ibid. One possible exception are sets of concrete objects. "But since the same set cannot be so instantiated, given that sets are individuated by their members and as long as their members are different the resulting sets are not the same, it is not clear that even these sets are instantiated" (Bueno, "Nominalism in the Philosophy of Mathematics").
[270] Ardern, "Prime Minister: COVID-19 Alert Level increased", Beehive (23 Mar 20).

was, as noted above, based on the logical fallacy *post hoc, ergo propter hoc*, thereby had no logical force and had to rely for its enunciative authority on the office of the Prime Minister and the power of the State to legitimate its nonsense.[271] That it did so successfully may be explained as follows: "A performative [act] produces an event only by securing for itself, in the first-person singular or plural, in the present, and with the guarantee offered by conventions or legitimated fictions, the power that an ipseity gives itself to produce the event of which it speaks—the event that it neutralizes forthwith insofar as it appropriates for itself a calculable mastery over it."[272]

109 Following further announcements by the Minister of Finance, Ardern took questions from the media:

> 109.1 Media: "Just on the modelling that shows that, without these measures, *tens of thousands of New Zealanders could die*, who was that provided by and will you make it public?"
>
> Ardern: "So there's been multiple ah, ah, estimates, all of them ah, ah, essentially make assumptions about transmission rate, they make assumptions about the level um, ah, of transmission through contact with others, ah, and ultimately they all have a range of assumptions in them. So none of us [sic] [the models] give us anything that is definitive. What we do know, though, is that unless we take measures like this, it will be *tens of thousands*. I expect that we'll be making the advice that we've received publicly available in the same way we do with other papers that we receive."[273] That did not occur.

Modelling mania – the fourth pillar of the fraud

[271] Aristotle, *Of Sophistical Refutations*, trans. W A Pickard-Cambridge, Section 1, Part 4.
[272] Jacques Derrida, *Rogues: Two Essays on Reason*, trans. Pascale-Anne Brault and Michael Naas (Stanford: Stanford University Press, 2005), 152.
[273] Ardern, "Post-Cabinet press conference", (23 Mar 20), 4-5, 8-9; "PM Jacinda Ardern Post-Cabinet Press Conference 23 March 2020 on COVID19", YouTube (23 Mar 20), 1:10:57; 1:27:01.

110 Following "the initial notification of the emergence of the virus in China in January 2020", Bloomfield, perhaps dreaming or hallucinating, saw in the distance something "like a wave coming in", distant at first but growing bigger during February.[274] He does not record in his 13 July 2020 affidavit what type of wave it was except "unprecedented", requiring, at some "tipping point", a Canutean intervention, expressed as "go hard, go early", to prevent "catastrophic" consequences.[275] By 24 January, the wave had caused "42 deaths across mainland China, mostly in the city of Wuhan."[276] By 30 January there were "just 98 cases in 18 countries outside of China", but sufficient for the WHO to declare "a public health emergency of international concern".[277] Tedros talked up this meagre number: "This is the time for facts, not fear. This is the time for science, not rumours. This is the time for solidarity not stigma", despite there never having been a coronavirus pandemic.[278]

111 On 27 February 2020, the wave morphed into modelling, when Bloomfield received a report from the fourteenth defendant (Baker) and his colleagues from the University of Otago Wellington COVID-19 Response Group (UOWCRG) in which they "estimate[d] likely deaths to be between 12,600 and 33,600, which Bloomfield "thought was likely an underestimation", despite 33,600 or 0.67% of the NZ population equating to over 52 million deaths worldwide.[279] Having conducted no due diligence into the originating circumstances of SARS-CoV-2, yet having collected miscellaneous information about it from hither and yon – "Quardle oodle ardle wardle doodle" – including their reproductive (R_0) numbers from four different sources (a Japanese study, the *Diamond Princess* cruise ship, a Chinese study, and the "2009 H1N1 influenza pandemic for NZ"), UOWCRG's

[274] Affidavit of Ashley Robin Bloomfield (13 July 20) for *Andrew Borrowdale v Director-General of Health and others* (27 July 20), 27.
[275] Ibid., 27-8.
[276] Ibid., 46.
[277] Ibid., 52.
[278] "WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)", WHO (30 Jan 20): https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)
[279] Lucy Barnard, Nick Wilson, Amanda Kvalsvig, Michael Baker, "Modelled Estimates for the Spread and Health Impact of Covid-19 in New Zealand: Revised Preliminary Report for the NZ Ministry of Health", University of Otago Wellington (27 February 2020), 1, 5, 11, 12: https://www.health.govt.nz/publication/covid-19-modelling-reports; Bloomfield, Affidavit (13 Jul 20), 101.4.

modelling, which also relied "on modelling of infected case numbers from [Australians, Jodie] McVernon et al", predicted that the country's hospital system would be overrun with "336,000 people" requiring "hospitalisation", and between 67,000 and 79,000 patients requiring intensive care units in their "worst case" scenario with less than 200 units available nationally, which, with some Number 8 wire could be increased to 358.[280]

112 From this breathless point on, modelling became the new mania fed by case numbers pouring out of the human genome into databases around the world and the Johns Hopkins University's blood-splattered dashboard that was ticking over faster than totalisators on Melbourne Cup Day.[281]

113 According to Bloomfield's affidavit, modelling mania was the basis of NZ's initial response to the phantom pandemic. It is to ponder a society in collapse to read the predicitve folly that inspired it and to shake one's head in disbelief that three High Court judges in two cases failed to even question this high-level incompetence.

114 Bloomfield was enamoured of ICL's report 9 – 550,000 people in the UK and 2.2 million people in the US would die within three months – 30 million dead worldwide in its next report.[282] It is difficult to credit how anyone with an engaged critical faculty could fall for this egregious speculation, but they did: "On 19 March 2020, the WHO reported that the number of global confirmed cases had now exceeded 200,000. While it had taken over three months to reach the first 100,000 confirmed cases of COVID-19, it had taken only 12 days to reach the next 100,000. Transmission of the virus was growing exponentially", added

[280] Ibid., 1, 2, 5; Denis Glover, "The Magpies", in *Enter Without Knocking* (Christchurch: The Pegasus Press, 1971, first published 1964), 34; "Ventilators and ICU bed capacity", Ministry of Health (11 May 20); Jamie Morton, "Coronavirus: ICU overload risks 'thousands' more NZ deaths - model", *NZ Herald* (22 March 20, 12:30 PM): https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=1231 8501

[281] Johns Hopkins Coronavirus Resource Centre dashboard (accessed 31 May 21): https://coronavirus.jhu.edu/map.html

[282] Ferguson et al., "Impact of non-pharmaceutical interventions (NPIs) to reduce COVID- 19 mortality and healthcare demand", Imperial College London (16 Mar 20), 6, 7, 13; Ferguson et al., "Report 12: The Global Impact of COVID-19 and Strategies for Mitigation and Suppression ", Imperial College London (26 Mar 20), 1

Bloomfield.[283] Not only was the growth not exponential, there was no growth at all; only a highly efficient fraud or colossal computational error detecting the WHO's man-made protocol assay sequences across the human genome. The entire NZ response was now being controlled by modelling fed by RT-PCRs. Regretfully, no one was listening to Stanford's John Ioannidis at the time, or when he stated in April 2020: "I do a lot of mathematical modeling myself. But I think we need to recognize that they're very, very low in terms of how much weight we can place on them and how much we can trust them ... They can give you a very first kind of mathematical justification to a gut feeling, but beyond that point, depending on models for evidence, I think it's a very bad recipe."[284]

115 Ardern's mass death fantasy relied substantively on two uncommissioned non-peer-reviewed modelling reports, the eight authors of which, four to each report, had no qualifications in epidemiology or any prior experience in modelling a human epidemic outbreak. Their astronomical predictions were not the product of scientific practice but of mathematical or algorithmic speculation based on rapidly escalating case numbers derived from the human genome. The first of these reports was from Wigram Capital Advisors, a small macroeconomics advisory firm with a staff of four and 100 shares specialising in China and Asia.[285] The corresponding author of the second report is the thirteenth defendant (Hendy) of Te Pūnaha Matatini (TPM), which describes itself hubristically as a "Centre of Research Excellence for Complex Systems".[286] Wigram's models were "run around 22 March" and predicted 4,000 COVID-19 cases by 3 April and 10,000 by 9 April.[287] It was Wigram's modelling to which Ardern referred in her 23 March post-Cabinet broadcast, though not by name, when she said: "If

[283] Bloomfield, Affidavit (13 Jul 20), 101.4.
[284] Allysia Finley, "The Weekend Interview with John Ioannidis: The Bearer of Good Coronavirus News", *The Wall Street Journal* (25 Apr 20), A. 13; Stanford Profiles, "John Ioannidis", Stanford University: https://profiles.stanford.edu/john-ioannidis
[285] "Wigram Capital Advisors Limited", Dun & Bradstreet: https://www.dnb.com/business-directory/company-profiles.wigram_capital_advisors_limited.218e802dadfa3ba161e5a098660e33ed.html ; Rodney Jones bioraphy attached.
[286] "Our Story", Te Pūnaha Matatini: https://www.tepunahamatatini.ac.nz/about-us/
[287] Jaijus Pallippadan-Johny, John McDermott, Rodney Jones and Michael Duddin, "Monitoring and Forecasting the COVID-19 Pandemic in New Zealand Including the Successful Impact of the Lockdown", *Public Health Expert* (22 May 20): https://blogs.otago.ac.nz/pubhealthexpert/tag/pandemic/

community transmission takes off the number of cases will double every five days."[288] Both Wigram's owner and Ardern confirmed, independently of each other, on television on 5 April and Ardern again on 9 April that she had relied on these numbers.[289] Wigram's information arrived in government's hands before TPM's because its advice that case numbers would double every five days, informaton particular to itself, had twice appeared in the All-of-Government Cabinet briefing paper dated 23 March 2020 while the astronomical deaths of 83,500 predicted by TPM had not.[290] Suffice it to say, "had COVID-19 cases doubled every five days and had community transmission begun on 24 March without lockdown the following day, the then-155 confirmed cases would have infected the entire population of NZ by 7 June 2020.[291] Had Australia had the same number of cases on the same day doubling every five days, its 25.5 million population would have been infected by the middle of June, and, on the same basis, the world's population of 7.8 billion would have been infected by the end of July 2020.

116 When Ardern also stated in her post-Cabinet press conference of 23 March that "[New] medical modelling considered by Cabinet today suggests that without the measures I have just announced, up to tens of thousands of New Zealanders could die from COVID-19", she was referring to TPM's report dated 25 March 2020, of which she and Cabinet had been given an advance copy.[292] Significantly, the lead author of that report, the thirteenth defendant (Hendy), a physicist, had made a dramatic intervention the day before, on Sunday 22

[288] Ardern, "Post-Cabinet press conference", Beehive (23 Mar 20), 1-3; Ardern, "Prime Minister: COVID-19 Alert Level increased", Beehive (23 Mar 20); "PM Jacinda Ardern Post-Cabinet Press Conference 23 March 2020 on COVID19", YouTube (23 Mar 20), 10:55.
[289] Jack Tame interview of Rodney Jones, *One Network News* (5 Apr 20), 7:43: https://www.tvnz.co.nz/one-news/new-zealand/new-zealands-goods- trade-holding-up-amid-covid-19-pandemic ; Jacinda Ardern, "Covid-19 Media Update, 5 April", *Whanganui Regional Health Network* (5 Apr 20), 5:53: http://www.wrhn.org.nz/content/covid-19-media-update-5-april
[290] All-of-Government (hereinafter AoG), "COVID-19: Moving to Alert Level 3 and Level 4, Office of the Prime Minister (proactively released by Jacinda Ardern), (23 March 2020), paras 132, 3, 43, 11: https://covid19.govt.nz/assets/resources/proactive-release/COVID-19- Moving-to-Alert-Level-3-and-Level-4.pdf
[291] Ashley Bloomfield, "COVID-19 media update, 24 March", Ministry of Health (24 Mar 20), 5:08: https://www.health.govt.nz/news- media/news-items/covid-19-media-update-24-march#vid
[292] Alex James, Shaun C Hendy, Michael J Plank, Nicholas Steyn, "Suppression and Mitigation Strategies for Control of COVID-19 in New Zealand", Te Pūnaha Matatini (25 Mar 20): https://www.tepunahamatatini.ac.nz/2020/03/26/suppression-and-mitigation-strategies-for-control-of-covid-19-in-new-zealand/

March, by going to the media with the alarming claim that his provisional modelling, produced on his kitchen table, suggested that 60,000 would die unless "an aggressive suppression strategy" was implemented "as soon as practicable", which, remarkably, would save 50,000 of those lives.[293] TPM's model was "parameterised for the spread of COVID-19 through the New Zealand population (Wilson, 2020) with intervention strategies calibrated from a recent study of COVID-19 spread through the US and UK (Fergusson, 2020)", Ferguson having predicted, as noted above, that almost 10% of the UK population would be dead within three months without non-pharmacological intervention.[294] Furthermore, Hendy's was not a model that modelled complex systems, despite TPM's tagline, but "an ordinary differential equation model" that relied on input hunches with its "standard SEIR (susceptible-exposed-infected-removed) approach" based on imaginary case numbers.[295] It was all rough-and-ready, with the modellers having no idea as to whether or not the disease even existed. As Hendy himself admitted, these results had been produced with "a lot of guesswork" relying on overseas data, while the modelling itself, treated "New Zealand as one big city where anyone has the chance of infecting anyone else", a fundamental error that contributed to the report's preposterous fatality predictions.[296] By the next morning, 23 March, Hendy's 60,000 had risen to 83,500 in TPM's final report, which, as noted at 97 (above), produces worldwide deaths of over 130 million.[297] No one in the House the day Parliament was prorogued had the wit to work out that Hendy's mortality burden was nearly three times that of the 1918 Spanish

[293] Kate Newton, "The man modelling NZ's Covid-19 spread from his kitchen table", Radio NZ (27 Mar 20): https://www.rnz.co.nz/news/in- depth/412744/the-man-modelling-nz-s-covid-19-spread-from-his-kitchen- table ; Jamie Morton, "Coronavirus: ICU overload risks 'thousands' more NZ deaths - model", *NZ Herald* (22 March 20, 12:30 PM): https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=1231 8501 ; Nikki Macdonald, "Coronavirus: Controls could cut Kiwi deaths from 60,000 to 10,000", *Stuff* (22 March 20): https://www.stuff.co.nz/national/health/coronavirus/120455106/corona virus-controls-could-cut-kiwi-deaths-from-60000-to-10000

[294] "Suppression and Mitigation Strategies for Control of COVID-19 in New Zealand", Te Pūnaha Matatini (25 Mar 20), 3.

[295] Sean Hendy et al., "Appendix: Covid-19 model specification" (25 March 20, revisions 30 March 20).

[296] Morton, "Coronavirus: ICU overload risks 'thousands' more NZ deaths - model", *NZ Herald* (22 March 20).

[297] As at 21 February 21, Johns Hopkins University Covid Resource Centre was recorded 2,462,262 COVID-19 deaths worldwide. The numbers are likely to be substantively over-stated, not intentionally, but because of misattribution of deaths due to PCR results and the practice of counting deaths with COVID-19 as deaths from COVID-19. TPM predicted that 1.67% of NZ's 5 million population would die without any control in place (Hendy et al., "Suppression and Mitigation Strategies for Control of COVID-19 in New Zealand", 6). Extrapolated directly to the world's population of 7.8 billion, 1.67% amounts to 130,260,000 deaths

flu, to which the Leader of the House, the fourth defendant (Hipkins) had even referred as he was shutting down democracy at 5.30 pm on 24 March 2020.[298]

117 Despite the astronomical absurdity of his predictions, Hendy still believes they were correct. The plaintiff repeats here part of Duncan Garner's anniversay interview of Hendy to illustrate the "unresisting imbecility" of outbreak modelling, the mainstream media, and those who rely on it as cover for their crimes.[299]

117.1 Duncan Garner (DG) Shaun Hendy (SH):

DG: This week marks one year since the concept of a lockdown and alert levels was introduced. [Ardern voice over: "We have always said we would act early and go hard."] So we did and what have we discovered over the last year? Is the system still fit for purpose? Joining us now is physics and disease modeller, the guy with the hardest job in the world, I think, over the last year, Shaun Hendy. Gidday Shaun, nice to see you.

SH: Gidday, Duncan

DG: When you reflect back, you were the modeller, you had to tell the government how bad it was going to be, what was your worst-case scenario at the time that you told the government?

SH: Yeah, I mean, we were looking at tens of thousands of deaths. That was, that was, you know, we'd play with the parameters, we'd see what we were looking at, we'd test how sensitive the predictions with the tens of thousands [were], and that was pretty confronting, um, to see those numbers.

DG: And how did you present those to the Prime Minister?

SH: Um, so we worked with Juliet Gerrard who's the PMs chief science advisor. So we were mostly working through her. And, you know, we produced some graphs, produced some short reports, sometimes with really quick turnaround times. Um, you know, this time a year ago we were flicking

[298] Chris Hipkins, "Parliamentary Debates (Hansard)", (25 Mar 20), 17320, 17322-3.
[299] This Malcolm Muggeridge syntagm kindly provided by B.

off graphs, you know, once an hour through to Parliament. So yeah, it was a [sic] intense time.

DG: Very confronting personally as well. So when you say tens of thousands of deaths what was the very worst case, was it ninety thousand or ten.

SH: The, the worst case, was if we treat it like the flu, and that was around eighty thousand, ah, deaths. And that's actually still, you know, if we look back and we tweak the model given what we know now, that's still actually the worst-case scenario. If you were, you know, to just treat it like the flu, like it's a normal flu season, then you might get um a death toll that high.

DG: Because we treat the flu like, well, if you're a bit, um, you go to work – we take a couple of Aspirin and a couple of neurofen whatever and we go to work.

SH: Absolutely, yeah, we almost ignore it. Um, I mean, a lot of people do go get a flu shot, um, but, you know, a lot of us just don't notice it. We carry on through winter, we soldier on, and we probably infect a couple of other people.

DG: Yes, and then people die.

SH: Yeah.

DG: Um, so, what we've got is, well, we're out of alert levels, we're free, we have our freedoms. Have we been successful?

SH: Yeah, I mean, I think so. I mean, we've still got to get through this year, and, you know, obviously looking forward to when the vaccination programme, um, gets going in earnest. Um, but.

DG: Isn't it getting in earnest now?

SH: Well, we're doing the border workers and the border workers' families.

DG: Slow isn't it?

SH: But but but, the delivery, the manufacture of the vaccine and the delivery to us will take most of the year. Um, so I'll start to really, I guess, put my feet up around September – October and, you know, roll my sleeve up and go get my shot around then and hopefully lots of other Kiwis will too.[300]

[300] Duncan Garner interview of Shaun Hendy, in Ireland Hendry-Tennent, "Disease modeller describes 'confronting' moment he realised how many Kiwis could die from COVID-19", the AM Show, Newshub (22 Mar

118 The moment Ardern went rogue with her "tens of thousands", the MOH was scrambling to match the interloper modellers (Wigram and TPM), because the mortality burden of its commissioned modellers (UOWCRG) in their report of 23 March 2020 fell well short, at a mere 14,400, of TPM's spectacular 83,500.[301] This called for an urgent meeting on 24 March between the eighth defendant (Town), Chief Science Adviser to the MOH, and one of the report's co-authors, Nick Wilson, to change "selected parameters as per Table 1 … (as agreed with Dr Ian Town, Chief Science Advisor for Health on 24 March)" in order to bump up the numbers.[302] Wilson promptly increased the upper-limit mortality prediction by 92%, from 14,400 to 27,600, not as a result of any new insight into the phantom virus but on the disingenuous premise that the UOWCRG's previous day's modelling had not pushed "some of the other parameters into 'worst-case' territory", and delivered the new report the same day, without peer review.[303] Wilson also claimed that the "death toll" of 27,600 "would far exceed the death toll for NZ for World War 1 (18,000 deaths)", despite the latter having no relevance for the matter at hand. Nevertheless, with this literary sleight of hand, Wilson planted World War I, like a Bruce Hutton shell case, in the court of public opinion, where it was immediately snapped up and made the banner headline for the evening's TV news.[304] Wilson's comparison with the 1918 flu pandemic was similarly misleading. As economist Ian Harrison notes: "If we adjust for the

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21): https://www.newshub.co.nz/home/new-zealand/2021/03/disease-modeller- describes-confronting-moment-he-realised-how-many-kiwis-could-die-from-covid-19.html

[301] Nick Wilson, Lucy Telfar Barnard, Amanda Kvalsvig, Michael Baker, "Potential Health Impacts from the COVID-19 Pandemic for New Zealand if Eradication Fails: Report to the NZ Ministry of Health", University of Otago Wellington (23 Mar 20), 6: https://www.health.govt.nz/system/files/documents/publications/report_for_moh_-_covid-19_pandemic_nz_final.pdf

[302] Nick Wilson, "Potential Worse Case Health Impacts from the COVID-19 Pandemic for New Zealand if Eradication Fails: Report to the NZ Ministry of Health", University of Otago Wellington (24 Mar 20), 1: https://www.health.govt.nz/system/files/documents/publications/repor t_for_chief_science_advisor_-_health_-_24_march_final.pdf

[303] Nick Wilson, Lucy Telfar Barnard, Amanda Kvalsvig, Michael Baker "Potential Health Impacts from the COVID-19 Pandemic for New Zealand if Eradication Fails", University of Otago Wellington COVID-19 Research Group (23 Mar 20), 6; Wilson, "Potential Worse Case Health Impacts from the COVID-19 Pandemic for New Zealand if Eradication Fails", 2; Henry Cooke, Henry Cooke, "Coronavirus: Plausible worst-case scenario in Government modelling shows 27,600 deaths, 146,000 hospitalised", Stuff (31 Mar 20): https://www.stuff.co.nz/national/health/coronavirus/120700742/coronavirus-plausible-worstcase-scenario-in-government-modelling-shows-27600-deaths-146000-hospitalised

[304] Wilson, "Potential Worse Case Health Impacts from the COVID-19 Pandemic for New Zealand if Eradication Fails", 2.

difference in population size (4.5 times) and life years by applying an adjustment factor of 0.15 (the 1918 epidemic disproportionately affected younger adults) then the 27,600 shrinks to 915, significantly below the 1918 pandemic disease burden" of 9,000.[305]

119 When announcing on 31 March 2020 the publication on the Ministry of Health's website of the modelling reports on which lockdown had been decided, "the last of which" had been "commissioned ... on the 24th of March", Bloomfield made the following statement: "The reports have been completed by Wellington researchers from the University of Otago."[306] This was misleading, given that Wilson's report had been delivered to the MOH the day *after* Ardern had made her announcement that she would have to lock up the population to prevent "tens of thousands" of them dying.

120 On the morning of 5 April, Rodney Jones, Wigram's managing director, spoke with Jack Tame on *One News* about his company's modelling: "New Zealand, the way it works is you want to be wrong on your forecasting. So if we go back to about the 24th of March, we were saying by this weekend New Zealand would have 4,000 cases. The fact that we only have a thousand is a big win ... The wins in this game, if you like, are unseen. You don't see this. It's the cases that never happen. So we have moved the curve lower – I prefer that term rather than suppressing the curve – we have moved the curve lower, we have 1,000 cases. So we should think of it like a rugby match. We are playing into the wind in the first half. What we have to do – this match is four weeks long – we've just got to get to the first half kind of hanging in there, which is what we're doing at the moment; we can't expect to win in the first half. But by the time we get to the last two weeks, the wind will be behind us. And that's when we will start to see the real gains and the real effect of the lockdown."[307]

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[305] Harrison, "The Ministry of Health's modeling of the impact of the Coronavirus on New Zealand, 14.
[306] Media Release, "COVID-19 modelling provides a clear warning of consequences of not acting swiftly and decisively"(31 Mar 20); Ashley Bloomfield, "Ministry of Health 31st of March 2020", YouTube (31 Mar 20), 5:24.
[307] Jack Tame interview of Rodney Jones, *One Network News* (5 Apr 20), 7:43: https://www.tvnz.co.nz/one-news/new-zealand/new-zealands-goods- trade-holding-up-amid-covid-19-pandemic

121 That afternoon, Ardern, now it was convenient to do so in support of what she was portraying as imprisonment success, would reveal that she had indeed been receiving advice from Jones for some time, including just before the move to Alert Level 4: "Economist Rodney Jones was interviewed this morning and talked about some of the modelling that has been done using the expertise of his team including a biostatistician and using key learnings and expertise from the outbreak of SARS. This is modelling that I have seen over the last few weeks and have continued to monitor closely, especially given at several points it has been accurate in predicting New Zealand's case numbers. On the eve of our lockdown, his modelling projected we had the potential to face as many as 4,000 cases this weekend. We're instead at just over 1,000. Those 3,000 fewer cases shows the difference that cumulative action can make. Three thousand fewer people sick with COVID-19. Three thousand fewer people passing the virus onto others and then to others, and then to others. We can and we must continue to break the chain of transmission. As Rodney said, we need to get to half-time and perhaps a bit beyond that to see the full gains of the lockdown. But we have made a good start and the decisions we've made to date have made a difference."[308]

122 Describing Wigram's form of modelling to Radio New Zealand's Kathryn Ryan on 7 April 2020 as "pure data science" and not "a mathematical approach", John McDermott, Executive Director of Motu, said that they just take the data, put "it through standard algorithms" and look "at what then happens": "So the first thing you do is you calculate the reproduction rate of the disease at that point in time. And then from that point say if there was no intervention, what would be the growth rate in the number of people infected from your base statistics and because that would lead to exponential growth we'd have gone from three to

[308] Jacinda Ardern, "Covid-19 Media Update, 5 April", *Whanganui Regional Health Network* (5 Apr 20), 5:53: http://www.wrhn.org.nz/content/covid-19-media-update-5-april ; New Zealand Labour, Twitter 5 Apr 20): https://twitter.com/nzlabour/status/1246719551884210177?lang=en

4,000 very quickly in the space of a week. And so that's what we were being confronted with on the eve of the lockdown."[309]

123 On 9 April, the PM would again turn to Jones to justify her mass "home detention" decision: "Modelling provided to my office by economist Rodney Jones on the eve of the lockdown suggested New Zealand was on a similar trajectory to potentially Italy or even Spain and that our 205 cases on the 25th of March could have grown to over 10,000 by now without the actions we have taken together. And new modelling due to be released later this afternoon by Te Pūnaha Matatini suggests that the current controls at Alert Level 4 have already had a significant impact on new case numbers and we are on track to meet their most optimistic scenario. Instead of the horrific scenes we have seen abroad, we are at 1,239 cases and the total number of cases has fallen for the last four days was, as Dr Bloomfield said, 29 cases today, the lowest daily number of cases since the 23rd of March before the lockdown began. We are turning a corner, and your commitment means our plan is working. But to succeed, we need it to keep working. Success does not mean we change the course. Removing restrictions now would allow the virus to spread rapidly once again and we would be back to the starting line within two weeks. That's also why we will keep enforcing the rules. In addition you will have seen an increase in police enforcement in recent days, I expect that to continue, including road blocks in some places this Easter weekend. While most people are doing the right thing, some are not. We cannot let the selfish actions of a few set us back. And we won't."[310]

124 On 2 May 2020, Jones would again explain the virtues of modelling overestimations when asked if New Zealand had overreacted by going too hard

[309] Kathryn Ryan interview of John McDermott, "Data scientist says today could be turning point", Radio NZ (7 Apr 20), 1:42, 0:10: https://www.rnz.co.nz/national/programmes/ninetonoon/audio/201874 1812/data-scientist-says-today-could-be-turning-point

[310] Jacinda Ardern, "Prime Minister's remarks halfway through Alert Level 4 lockdown", Beehive (9 Apr 20): https://www.beehive.govt.nz/speech/prime-miniter's-remarks-halfway-through-alert-level-4-lockdown ; Jamie Morton, "Covid 19 coronavirus: New data reveals bullet NZ dodged by locking down when we did", *NZ Herald* (9 Apr 20), 5:30: https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12323880

in its response: "Well you want to be seen as having overreacted because that means you succeeded."[311]

125 Wigram's report, entitled "Monitoring and Forecasting the COVID-19 Pandemic in New Zealand Including the Successful Impact of the Lockdown", was eventually published online on 22 May 2020, revealing that the daily case numbers it used to project those cases "over a short-term horizon" was from the MOH and were therefore meaningless.[312]

No statistically significant excess deaths for 2020

126 It is not surprising, then, now that the data is available, that no statistically significant excess deaths exist for 2020, from which only one conclusion can be drawn: COVID-19 is a phantom disease and pandemic made possible by the WHO-published RT-PCR protocol assay sequences that target the human genome and virology's *double deception*.[313]

127 That there are no statistically significant excess deaths for 2020 is apparent from the paper published by Oxford's Centre for Evidence-Based Medicine on 3 March 2021.[314] Entitled, "Excess Mortality across Countries in 2020", Dr Rafael Perara et al. note that an important factor in the total of any excess mortality will "depend on the age structure of a population. Countries with age structures weighted towards an older population will experience higher mortality than a country with an age structure weighted towards a younger population", and they had therefore standardised "age structures" to "make more appropriate

[311] "Govt adviser: Next Covid-19 lockdown move might have to be to 'Level 2.5'", *One Network News* (2 May 20), 1:19: https://www.tvnz.co.nz/one- news/new-zealand/govt-adviser-next-covid-19-lockdown-move-might- have-level-2-5

[312] Jaijus Pallippadan-Johny, John McDermott, Rodney Jones and Michael Duddin, "Monitoring and Forecasting the COVID-19 Pandemic in New Zealand Including the Successful Impact of the Lockdown", *Public Health Expert* (22 May 20): https://blogs.otago.ac.nz/pubhealthexpert/tag/pandemic/

[313] Ufuk Parildar, Rafael Perara, Jason Oke, "Excess Mortality across Countries in 2020", The Centre for Evidence-Based Medicine (3 Mar 21): https://www.cebm.net/covid-19/excess-mortality-across-countries-in-2020/

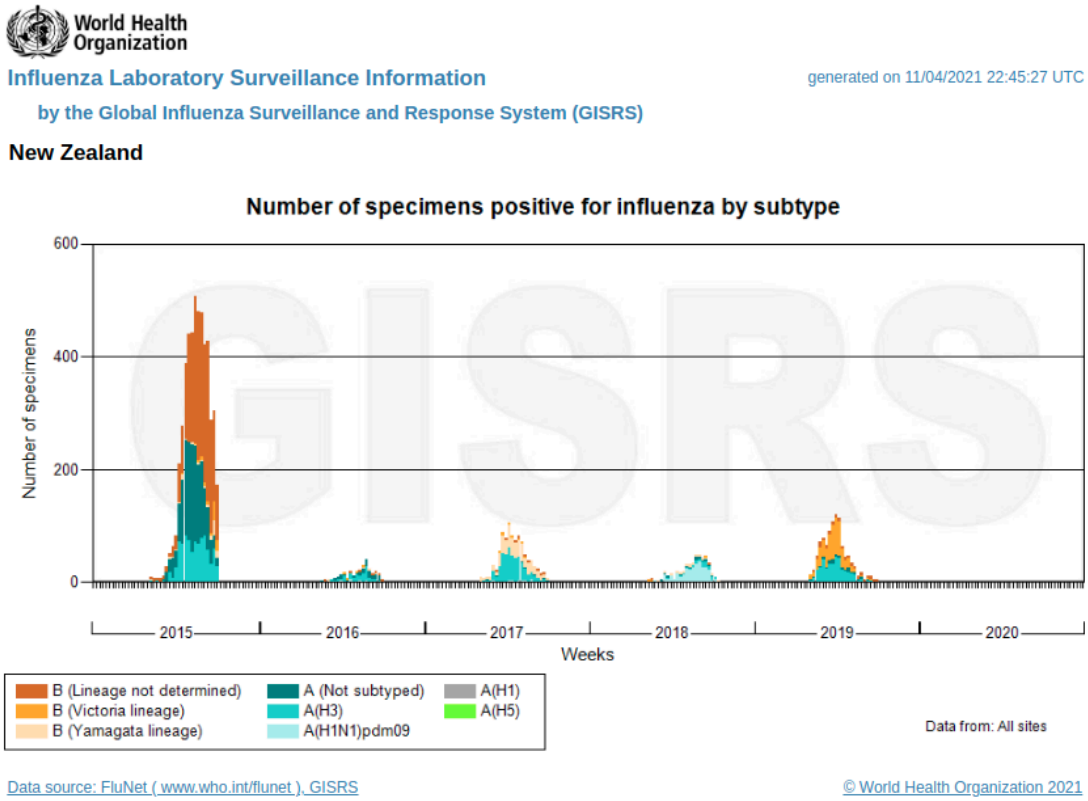
[314] Ufuk Parildar, Rafael Perara, Jason Oke, "Excess Mortality across Countries in 2020", The Centre for Evidence-Based Medicine (3 Mar 21): https://www.cebm.net/covid-19/excess-mortality-across-countries-in-2020/

comparisons." [315] To conduct their report, the authors relied on "Weekly mortality data from 37 countries" obtained "from the Short-Term Mortality Fluctuations (STMF) data series in the Human Mortality Database" and "calculated the expected mortality for each country by taking the average of the past 5 years (2015-2019)."[316] Excess death ranged from -4.3% to 13.8%, with a crude average for the 37 countries of 5.4%, which, if applied to NZ's population of five million would equate to 1,835 excess deaths. This compares with actual all-cause deaths in NZ of 7,646 over the first imprisonment period, from 21 March 2020 (when Alert Level 2 began) to 8 June 2020 (When Alert Level 1 began).[317] NZ's total all-cause mortality for the last five years is: 2015 – 31,608; 2016 – 31,179; 2017 – 33,339; 2018 – 33,225; and 2019 – 34,260; and 2020 – 32,613.[318] According to the calculations of Perara et al., NZ's increase in all-cause mortality for 2020 was -178.40, or -0.55%. Based on the plaintiff's definition of excess deaths as "one year total deaths minus preceding five-year average of total deaths, NZ's total excess deaths for 2020 was -212.6.[319]

128 Baker, the fourteenth defendant, a leading advocate for not only poisoning children and infants with Comirnaty but also imprisoning the population, claimed on 11 October 2020 that NZ's "COVID-19 response" had "largely eliminated those excess winter deaths and mortality as a whole", which were "down around 5%", meaning that "an extra 1500 people will survive this year who wouldn't have."[320] That caused Baker to ponder locking up the population again "in the event of a serious flu pandemic."[321] While it is correct to say there was a decrease in the total of all-cause deaths from 2019 to 2020 of -1647, there had also been an increase in all-cause deaths from 2016 to 2017 when they rose by 2,160. In other words, Baker now sees in what are nothing more than seasonal

[315] Ibid.
[316] Ibid.
[317] NZ all-cause mortality by week obtained from Perara et al.
[318] Stats NZ, "Births, deaths, and selected rates 2004-2020".
[319] "New Zealand deaths by age and sex", Heterodoxies Society Incorporated (10 May 21).
[320] "COVID-19 coronavirus: Influenza numbers plummet due to lockdown", *NZ Herald* (11 Oct 20): https://www.nzherald.co.nz/nz/covid-19-coronavirus-influenza-numbers-plummet-due-to-lockdown/W7QYFI5HF2Q6OXIL3KS2AESOP4/
[321] Ibid.

and annual fluctuations further opportunities to lock up the entire population. Significantly, he failed to tell *The New Zealand Herald* that the WHO data on influenza shows virtually no difference between Sweden, which did not imprison its population during part of its last flu season, 2019-2020, and NZ, which did, in 2020. That is, the number of specimens positive for influenza for both countries has flat lined irrespective of the country's "COVID-19 response", which also means that the "99.8% reduction in flu cases" for NZ, like Sweden's, is almost certainly a consequence of their being misattributed to the phantom pandemic.[322] As the WHO influenza graphs for NZ and Sweden demonstrate, such truth-claims, as with much of this tragedy, are self-preening gobbledegook, based as they inevitably are on unsupported speech acts as acts of authority.[323] They are also highly misleading and in large part responsible for the enormous harm being done to the people of this whenua.



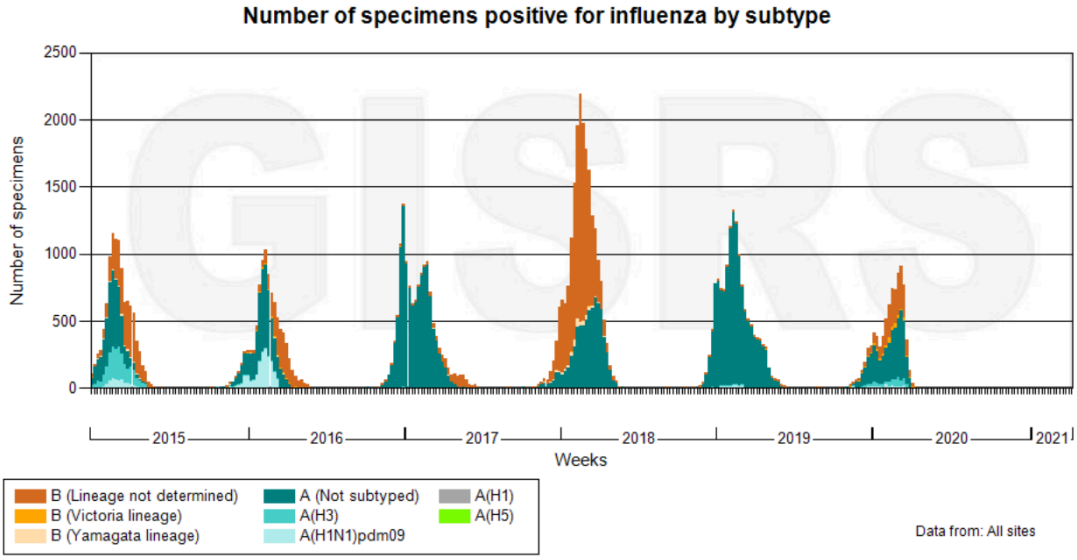
[322] "COVID-19 coronavirus: Influenza numbers plummet due to lockdown", *NZ Herald* (11 Oct 20).
[323] "Influenza Laboratory Surveillance Information: Sweden" and "Influenza Laboratory Surveillance Information: New Zealand" from the Global Influenza Surveillance and Response System (GISRS), generated for Heterodoxies Society Incorporated on 11 Apr 21. Data source: FluNet (www.who.int/flunet).GISRS

World Health Organization

Influenza Laboratory Surveillance Information generated on 14/04/2021 20:26:23 UTC

by the Global Influenza Surveillance and Response System (GISRS)

Sweden



Data source: FluNet (www.who.int/flunet), GISRS

NUREMBERG II

> *The "people" thus always already carries the fundamental biopolitical fracture within itself. It is what cannot be included in the whole of which it is a part and what cannot belong to the set in which it is always already included. Hence the contradictions and aporias to which it gives rise every time that it is evoked and put into play on the political scene. It is what already is and yet must, nevertheless, be realized; it is the pure source of identity but must, however, continually be redefined and purified through exclusion, language, blood, and land ... In this sense, our age is nothing but the implacable and methodical attempt to overcome the division dividing the people, to eliminate radically the people that is excluded.*[324]

[324] Agamben, *Homo Sacer*, 177-9.

Vera Sharav

129 The parallels between contemporary NZ and Nazi Germany are chilling. Vera Sharav explains: "As a child survivor of the Nazi reign of terror I learned indelible lessons about the nature of evil. I know the consequences of being stigmatised and demonised as a spreader of disease. My perspective is informed by my experience, by the historical record, and by the empirical evidence. We were required, as Germans know, to wear a yellow Star of David to identify us, to segregate Jews. Exclusionary laws barred the family from normal life, from attending ordinary activities. Our property was impounded. We were forbidden to participate in all educational, religious, cultural gatherings. Travel was forbidden for Jews, so there was no escape. These painful memories from my childhood sensitised me to the threat posed by current restrictive government dictates. Now, in 1776, Benjamin Rush, a doctor and the signer of the Declaration of Independence, foresaw the danger of medicine organising as what he called "an undercover dictatorship". Under the Nazi regime moral norms were systematcially obliterated. The medical profession and institutions were radically transformed. Academic science, the military, industry, and clincial medicine were tightly interwoven, as they are now. The Nazi system destroyed a social conscience in the name of public health. Violations against individuals and classes of human beings were institutionalised. Eugenics-driven public health policies replaced the physician's focus on the good of the individual. German medical profession and institutions were perverted. Coercive public-health policies violated individual, civil, and human rights. Criminal methods were used to enforce policies. Nazi propaganda used fear of infectious epidemics to demonise Jews as spreaders of disease as a menace to public health … Fear and propoganda were the psychological weapons the Nazi's used to impose a genocidal regime. And today, some are beginning to understand why the German people didn't rise up. Fear kept them from doing the right thing. Medical mandates today are a major step backward towards a fascist dictatorship and genocide. Government dictates, medical interventions, these undermine our dignity as well as our freedom. First it was vaccination mandates for children.

Now it's for adults … The stark lesson of the Holocaust is that whenever doctors join forces with government and deviate from their personal, professional, clinical commitment to do no harm to the individual, medicine can then be perverted from a healing, humanitarian profession to a murderous apparatus … What sets the Holocaust apart from all other mass genocides is the critical role played by the medical establishment, the entire medical establishment. Every step of the murderous process was endorsed by the academic and professional medical establishment. Medical doctors and prestigious medical societies and institutions lent the veneer of legitimacy to infanticide, mass murder of civilians. [Aktion] T4 was the first industrialised medical murder project in history. The first victims were disabled German infants and children under three. They were identified by midwives who reported their existence to the state. The next victims were the mentally ill, followed by the elderly in nursing homes. The murderous operations were methodical and followed protocol very very carefully. Questionnaires were sent out to all psychiatric institutions requiring detailed information about each patient. A committee of 54 psychiatrists made the final life-and-death decisions for each patient. Now, the objective of T4 was to eliminate the economic burden of those the regime and the doctors deemed worthless eaters. It was also to make empty beds to make room for wounded soldiers during the war. T4 also served as a testing ground for various lethal chemicals and pharmaceuticals. The financial beneficiaries of the Nazi genocide were the corporate elite … Without the financial support of Wall Street bankers and collaboration by major US, German, and Swiss corporations that provided the chemical, the industrial, and the technological material, Hitler could not have carried out this unprecedented murderous operation. Among the companies that profiteered from the Holocaust, Standard Oil and Chase Manhatten, both owned by Rockefellers. IBM, Coda, Ford, Coca-Cola, Nestle, BMW, and of course IG Farben and Beyer as well as Echer Vise. IG Farben was the largest WWII profiteer, using Auschwitz patients as slave labourers. Doctors actually sent those whom they deemed able to be slave labourers to the IG Farben factories and mines. They also had their own camp. They also conducted experiments. IBM technology facilitated the rapid implementation of the Holocaust. Census data

was contained in IBM computer punch cards.The Jews of Europe were quickly identified, rounded up, segregated, deported, tracked, imprisoned, tattooed, enslaved, and exterminated. COVID-19 pandemic … is a chilling replay of T4."[325]

Nuremberg Code abandoned

130 The plaintiff here sets out the ten points of the Nuremberg Code (1947).

(1) "The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity."[326]

(2) "The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature."[327]

[325] Testimony of Vera Sharav, given before session 44 Stiftung Corona Ausschuss the Corona Ausschuss: Investigative Corona Committee, Germany, (19 Mar 21), commences at 3:10:00.
[326] "Nuremberg Code", *BMJ*, 7070/313 (7 Dec 1996), page 1448, 1-2.
[327] Ibid., 2.

(3) "The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment."[328]

(4) "The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury."[329]

(5) "No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects."[330]

(6) "The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment."[331]

(7) "Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death."[332]

(8) "The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment."[333]

(9) "During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or

328 "Nuremberg Code", *BMJ*, 7070/313 (7 Dec 1996), 1-2.
329 Ibid.
330 Ibid.
331 Ibid.
332 Ibid.
333 Ibid.

mental state where continuation of the experiment seems to him to be impossible."[334]

(10) "During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject."[335]

131 The plaintiff claims that the defendants are in breach of points 1-10 of the Nuremberg Code:

(1) The defendants have not told the people of NZ that their inoculation with the medical mRNA device called Comirnaty constitutes a "medical or scientific experimentation" interdicted by the Nuremberg Code.[336] The defendants have not told the polity that fully informed consent cannot be given pursuant to sections 10 and 11 of the New Zealand Bill of Rights Act 1990 because the requisite information for such consent does not yet exist and will not be available until after the clinical trials are completed on 6 April 2023 and the results made available for international scrutiny, peer review and regulatory approval or decline. In addition, the defendants have intervened with "elements of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion", which includes a propaganda campaign promoting the saftey and efficacy of Comirnaty that is nothing less than "an orchestrated litany of lies."[337]

[334] Ibid.
[335] Ibid.
[336] US National Library of Medicine, "Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals", Sponsor: BioNTech SE, Collaborator: Pfizer, ClinicalTrials.gov Identifier: NCT04368728, ClinicalTrials.gov (12 Apr 21, last update).
[337] Mahon, "Report of the Royal Commission to inquire into the crash on Mount Erebus, Antarctica of a DC10 aircraft operated by Air New Zealand Limited 1981", 150 [377].

(2) There exists no justification for the current medical experiment given that the more than 180 million COVID-19 cases and more than three million deaths have been incorrectly attributed by RT-PCR methodology to SAR-CoV-2. As such, Comirnaty can yield no "fruitful results", yet it is putting the health and wellbeing of New Zealanders at great risk due to its novel and experimental character and the extreme toxicity of its components.

(3) The experiment is not based on animal studies and there is no "knowledge of the natural history of the disease" because the host or natural reservoir of the purported virus has not been identified and the virus itself has never been located in or isolated from a human subject of been shown to be causative of COVID-19.[338]

(4) The Comirnaty medical experiment has already caused immense physical and mental suffering around the world with over 8,000 deaths and one million adverse reactions reported in Europe the UK, and US alone following its injection into human subjects.[339]

(5) No clinical need or medical justification exists for the Comirnaty experiment as the defendants have not demonstrated that SARS-CoV-2 and therefore COVID-19 has been found in any human subject.

(6) The risks from these mRNA medical devices, including death and serious injury, vastly exceed their humanitarian importance, which is nonexistent given that the human genome has now revealed the nature of the fraud being perpetrated against humanity.

(7) The possibilities of injury, disability or death are now realities while all relevant information regarding the serious dangers of Comirnaty are being

[338] Fan Wu et al., "A new coronavirus associated with human respiratory disease in China", *Nature*, 579 (3 Feb 20, author correction 2 Apr 20), 268-69.
[339] See Heterodoxies Summary Table of total reported adverse reaction and death at XXX

withheld suppressed by the defendants as they continue their coercive campaign of lies and disinformation promoting the product's "safety".

(8) The "experiment" is being conducted in NZ by many persons who are not scientifically qualified. To carry out its mass immunisation programme, the NZG is employing "vaccinators" whom they authorise following a two-day "vaccinator course" or a 12-hour online course and four-hour tutorial, provided the applicants pay their tuition fees.[340] However, authorisation can be circumvented if "the vaccines are prescribed by a doctor" or the vaccinator has "standing orders."[341]

(9) Taking part in the Comirnaty experiment is not a voluntary option; indeed, the people seem unaware that they are taking place in a mass "medical or scientific experimentation". As will be discussed at XXX (below) government workers are being coerced into being inoculated with Comirnaty.

Juridical failure

132 What this unfolding tragedy represents politically is an assault on the People as "people" and the beginnings of totalitarianism. This would not have happened in NZ had the medical and scientifc communities and the judiciary not been, respectively, actively complicit and passively complicit in the rollout of Comirnaty and instead held the defendants to account. Particularly unsettling is the failure of the judiciary to uphold the country's laws – indeed, it has encouraged the defendants to break them – by claiming in *Borrowdale v the Director-General of Health* that the government acted unlawfully but was justified in doing so, and in *Nga Kaitiaki Tuku Ihu v the Minister of Health and others* that the government acted *ultra vires* but was likewise justified in acting beyond its powers.[342] The

[340] "Training FAQ" Immunisation Advisory Centre (undated, downloaded 18 Jun 21), 2-3: https://www.immune.org.nz/health-professionals/education-training/training-faq
[341] Ibid., 3.
[342] Judgement of Thomas, Venning and Ellis JJ, *Borrowdale v Director- General of Health and others*, New Zealand High Court (19 Aug 20), [292]; Judgement of Ellis, J, *Nga Kaitiaki Tuku Iho Medical Action Society Incorporated v the Director-General of Health, the Minister of Health, the Director-General of Health, Christopher James, The*

imprisoning and poisoning of the people of this whenua has been sanctioned in these two trials by three judges, Thomas, Venning, and Ellis JJ, despite their conceding on both occasions that the plaintiffs effectively won the argument. The decisions in both cases turn on the issue of justification, which Their Honours allowed, thereby ignorning the Numremberg Code and overriding the New Zealand Bill of Right Act 1990. At no stage was the justificatory basis of the government's actions interrogated by Their Honours, the matter to which the plaintiff will now turn.

133 In their judgement dated 19 August 2020, Thomas, Venning, and Ellis JJ state: "By various public and widely publicised announcements made between 26 March and 3 April 2020 in response to the COVID-19 public health crisis, members of the executive branch of the New Zealand Government stated or implied that, for that nine-day period, subject to limited exceptions, all New Zealanders were required by law to stay at home and in their 'bubbles' when there was no such requirement. Those announcements had the effect of limiting certain rights and freedoms affirmed by the New Zealand Bill of Rights Act 1990 including, in particular, the rights to freedom of movement, peaceful assembly and association. *While there is no question that the requirement was a necessary, reasonable and proportionate response to the COVID-19 crisis at that time*, the requirement was not prescribed by law and was therefore contrary to the New Zealand Bill of Rights Act."[343]

134 In her judgement dated 12 May 2021, Ellis J states: "I necessarily proceed on the basis that: (a) the nature and scale of the public health risk posed nationally and internationally by the COVID-19 epidemic are *as assessed by those charged with administering New Zealand's public health system*; (b) there is a public health benefit in the administration of lawfully approved vaccinations to those at

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Prime Minister of New Zealand, the Minister for COVID-19 Response, the Attorney-General, Pfizer New Zealand Limited, CIV-2021-485-181 [2021]NZHC 1107, [67]-[68], [71]. Nga Kaitiaki Tuku Iho Medical Action Society Incorporated will hereinafter be referred to as KTI.

[343] *Andrew Borrowdale v the Director-General of Health and others*, 19 August 2020, [292]. Emphasis added.

risk of COVID-19".[344] Ellis J further states: "I have also found that it is reasonably arguable that the provisional consent granted to the Comirnaty vaccine was ultra vires s 23 of the Act, and I would urge the Crown now to consider that question carefully. For now, I decline to exercise my discretion to grant the interim orders sought. *The adverse public and private repercussions of doings [sic] so are too great, by some very considerable margin*."[345]

135 In the plaintiff's view, both judgements constitute a dereliction of duty in which Their Honours have found in favour of unlawful conduct based on truth-claims they failed to interrogate at the behest of the plaintiff, thereby giving the defendants a "green light" to continue riding roughshod over the polity's guaranteed rights and freedoms, hard won, need it be said, over hundreds of years.

136 The plaintiff repeats 3 to 9 (above) and states that it is self-evident that there there can be no risk to the people of this whenua from a virus that has not been isolated, shown to exist, or found to be causative of any disease, and is detectable only in the genome. There exists, therefore, no justification by which the defendants can continue to override section 5 of the New Zealand Bill of Rights Act 1990 and roll out a poison-making genetic device disguised as a vaccine. Likwise, there can be no repercussions, public or private, for ordering the cessation of the distribution of Comirnaty, except for saving those who have no yet been inoculated from harm, as well as the infants and children, whom, out of some dormant insanity or profound malevolency, the defendants are now targeting. To make this clear, and to emphasise the great urgency of the moment, the plaintiff will will gloss "the further significant matters that would count against interim relief", as Ellis J has it at paragraph [71] of her judgement:

136.1 "The risk to public health. Pausing the immunisation programme would mean that COVID-19 remains a real threat to the population of New

[344] *KTI v The Minister of Health and others*, 12 May 2021, [8].
[345] Ibid., [75]. Emphasis added.

Zealand, and a particularly grave threat to vulnerable groups, including not only the elderly and infirm, but also Māori and Pasifika. The vaccine rollout is designed to mitigate such inequitable COVID-19 outcomes."[346] The contrary is the case with each item in this statement: (a) a disease that has not been demonstrated to exist poses no threat to any population, even more so given that its causative viral agent is detected by RT-PCR in each of the 46 human chromosomes; (b) as already noted, Comirnaty has so far killed 12,000 people and produced one million adverse reactions in Europe (EMA) the UK (Yellow Card) and the US (CDC) alone as at the end of June 2021, and appears to be particularly lethal to vulnerable groups such as "the elderly and infirm".[347] These reported numbers are thoughts to be far higher due to significant under-reporting, and with corresponding data from other regions of the world still not published. To provide "bioethical context" for the deaths so far reported, the New Zealand Doctors Speaking Out With Science advise that "the 1976 swine flu jab was 'pulled' after 50 deaths."[348]

136.2 "Logistics. Many people … have consented to full vaccination and protection, not to a 50% vaccination and partial (and possibly ineffectual) protection."[349] This statement is incorrect. No one in NZ has fully consented to even the first injection because the requisite information for their consent to be fully informed does not exist and will not be available until after Pfizer's clinical trials are concluded on 6 April 2023 and the data published for international scrutiny. Furthermore, the non-verified information supplied by Pfizer cannot be considered reliable given its criminal record of medical fraud and what appears to be its misleading inhouse data supplied following the first part of their 1/2/3 clinical trial.[350] Furthermore, the second of the two

[346] *Nga Kaitiaki Tuku Ihu v the Minister of Health and others*, [71](a).
[347] See "Adverse Reaction" summary data sheets prepared for Heterodoxies Society Incorporated. The latest data available from the three different sources covers the period 17 to 29 June 2021.
[348] "A call to action" to "elected representatives", New Zealand Doctors Speaking Out With Science (28 Jun 21): https://nzdsos.com/
[349] *Nga Kaitiaki Tuku Ihu v the Minister of Health and others*, [71](b).
[350] Peter Doshi, "Pfizer and Moderna's '95% effective' vaccines—we need more details and the raw data", *The BMJ* (4 Jan 21): https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/

injections poses even greater risk, if that is possible, than the first to those injected. Also, the public does not know what the Pfizer vials contain because the information is proprietary and to the best of the plaintiff's knowledge has never been publicly released. Finally, Comirnaty is not a vaccine but a gene-encoding device of immense danger to the health and wellbeing of the people of NZ and provides no benefit whatsoever given that SARS-CoV-2 has never been isolated or shown to be causative of COVID-19.[351]

136.3 "Vaccine expiry" … Pausing the programme could result in significant vaccine expiry and wastage."[352] Apart from retaining keep-sample vials of the doses already administered to provide a reference for the injuries and deaths that are already occurring and will continue to occur, all Comirnaty stock should be destroyed forthwith given the clear and present danger it poses to the health and wellbeing of NZ. This is all the more so given the Minister of Finance has granted Pfizer immunity from prosecution.[353]

136.4 "Delay to national COVID-19 recovery. The vaccination programme is a key part of the country's plan to deal with COVID-19."[354] As the plaintiff has demonstrated, there is nothing to recover from. Besides, national recovery, a notional construct, has no basis in actuality, apart from it being used to conduct human rights abuses against the people of NZ, which constitute crimes against humanity and acts of terror.

136.5 "Reduced public confidence."[355] The public should have no confidence in a product that is worthless, not fit for purpose and about which the details

[351] US National Library of Medicine, "Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals", Sponsor: BioNTech SE, Collaborator: Pfizer, ClinicalTrials.gov Identifier: NCT04368728, ClinicalTrials.gov (12 Apr 21, last update): https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1
[352] *Nga Kaitiaki Tuku Ihu v the Minister of Health and others*, [71](c).
[353] Ben Strang, "Government grants vaccine suppliers indemnity against claims", *Stuff* via *Radio NZ* (25 Jan 21): https://www.stuff.co.nz/national/health/coronavirus/300213490/government-grants-vaccine-suppliers-indemnity-against-claims
[354] Ibid., [71](d).
[355] Ibid., [71](e)

of its contents have not been declared and, to repeat, is responsible for at least 12,000 homicides and one million adverse reactions.

136.6 "Public health risks to Pacific neighbours. New Zealand has committed to providing our Pacific neighbours with vaccinations."[356] NZ distributing Comirnaty to Pacific countries will cause immense harm to the health and wellbeing of these Pacific populations.

Approving poison

137 Regarding the process for provisional approval for Comirnaty, Ellis J, at [69] of her judgement, made the following statement: "First, it must be recognised that the process gone through here was not an orthodox provisional consent process—it went above and beyond. Although s 23 applications are not required to provide the s 21 particulars about the safety and efficacy of the vaccine, it is clear that those particulars were, in fact, provided by Pfizer, in part (no doubt) because an application for full consent was also made. And it is difficult to see how the assessment process could, in the circumstances, have been more thorough. As set out above, Mr James' evidence makes it clear that there were a number of layers of reflection and review in addition to those that would ordinarily be expected in a provisional consent assessment. The risks with which s 23 is concerned—and the reason for the restrictions around granting a provisional consent—have therefore been considerably diminished."[357] At [73] Ellis J added the following: "A very significant margin of appreciation must be afforded to those who are charged with making public health decisions—including decisions about managing public health risk—of a very significant kind. In the present case, the evidence is that the Minister has been advised by a plethora of experts in the relevant fields. And as just noted, the approval of the vaccine is in step with international developments."[358]

[356] Ibid., [71](e).
[357] Ibid., [69].
[358] Ibid., [73].

138 Not only does it appear that being "in step with international developments" carries far more weight for Ellis J than the Nuremberg Code and its significance for sections 10 and 11 of the New Zealand Bill of Rights Act 1990, it also appears that going "above and beyond" means a mere six hours' consideration by two committees of a novel and highly experimental product that contains a technology and products never before permitted for use on human beings for this purpose, let alone *en masse*. Can a NZ High Court judge really be unmindful that the people of this whenua are being enticed and coerced into a "medical or scientific experimentation", an astounding act of ethical and medical recklessness that contravenes the Nuremberg Code and the New Zealand Bill of Rights Act? Had she not even read the MOH's *Immunisation Handbook*, which states: "This clinical trial is ongoing, and further data is anticipated as predefined endpoints are reached. The trial is due to be completed in January 2023", a date now extended to 29 October of that year, as mentioned above?[359] That the clinical trial is ongoing is confirmed by many other sources, including the US National Library of Medicine, CNN and by Pfizer itself.[360] Furthermore, Pfizer made the experimental nature of its medical device abundantly clear on 6 January 2021: "The Pfizer-BioNTech COVID-19 vaccine has not been approved or licensed by the U.S. Food and Drug Administration (FDA), but has been authorized for emergency use by FDA under an Emergency Use Authorization (EUA) to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 16 years of age and older."[361]

[359] "Coronavirus disease (COVID-19)", in *Immunisation Handbook 2020* (Wellington: Ministry of Health, 2020, Chapter 5 published online 19 Feb 21), 149.
[360] US National Library of Medicine, "Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals", Sponsor: BioNTech SE, Collaborator: Pfizer, ClinicalTrials.gov Identifier: NCT04368728, ClinicalTrials.gov (12 Apr 21, last update); Maggie Fox, "Ongoing trial shows Pfizer Covid-19 vaccine remains highly effective after six months", CNN (1 Apr 21): https://edition.cnn.com/2021/04/01/health/pfizer-covid-vaccine-efficacy-six-months-bn/index.html ; "A Phase 3 study to evaluate the safety, tolerability, and immunogenicity of multiple production lots and does levels of BNT162B2 RNA-based COVID-19 vaccines against COVID-19 in healthy participants NCT04713553", Pfizer (latest update 14 Jun 21): https://www.pfizer.com/science/find-a-trial/nct04713553
[361] "The facts about Pfizer and BioNTech's COVID-19 vaccine", Pfizer (6 Jan 21): https://www.pfizer.com/news/hottopics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine

139 As for those committee meetings, on 20 January 2021 the Medicines Adverse Reactions Committee (MARC) held "an out of session meeting" that "commenced at 3pm and closed at 4pm."[362] The minutes of the meeting confirm that those present – nine MARC members, two MARC secretariat, and four Medsafe staff – were aware that the matter under consideration, Medsafe's "Risk Management Plan (version 0.1) for Comirnaty", was part of an ongoing "medical or scientific experimentation".[363] As the minutes have it: "The Committee discussed *the clinical trial information available to date*."[364] From the description of the product in the minutes, the members understood that it turned the body against itself, and, understandably, appeared unconvinced as to its protective capabilities. The minutes also noted: "*Medsafe considers that the safety specification for this product is currently inadequate and does not accurately reflect the important known risks, important potential risks or missing information*."[365] Yet, without a hint of irony, the minutes also "acknowledged the incredible work done to date in developing safe and effective vaccines through accelerated but well-established pathways."[366] Despite the Committee's concerns, after just one hour's deliberation of a major matter of national importance, it "agreed with the proposed requests for amendments to the Risk Management Plan".[367] It is therefore reasonable to count as an act of commission that the minutes with their notable concerns were not published until 13 April 2021, seven weeks after the rollout of Comirnaty began on 20 February 2021.[368]

140 On 1 February 2021, MAAC published the agenda for its 109th meeting, the only item of business being: "Applications for consent to distribute a new medicine under section 20 / 23 /23 of the Medicines Act 1982 (referred by the

[362] "Minutes of the out of session Medicines Adverse Reactions Committee (MARC)", MARC (20 Jan 21), 1.
[363] Ibid., 1.
[364] Ibid., 3. Emphasis added.
[365] Ibid., 3.
[366] Ibid., 2. Emphasis added.
[367] Ibid., 3.
[368] Ibid., 1.

Minister of Health under section 22(2)).”[369] It went on to state: “The application is being referred to the Committee for independent advice as to whether the Minister of Health should grant provisional consent for the proposed indications. The Committee is also asked to consider the appropriateness of the conditions proposed for consent.” [370] The committee met the next day, its unnamed members, after six hours with Medsafe, recommended “that the Minister of Health should grant provisional consent to distribute this medicine under Section 23 of the Medicines Act 1981 and impose the conditions proposed by Medsafe as amended by the Committee. The Committee recommended that the provisional consent should have an effect of nine months.”[371]

141 On 3 February 2021, under delegated authority from the fourth defendant (Little), the sixth defendant (James), pursuant to Section 23(1) of the Medicines Act 1981, consented “to the sale, supply or use in New Zealand of the new medicine set out in the Schedule”, namely, Pfizer-BioNTech’s Comirnaty (COVID-19 mRNA vaccine), with the active ingredient BNT162b2 [mRNA] 0.5mg/mL.[372] The entire letter constitutes acknowledgement that the nationwide rollout of Comirnaty is a “medical or scientific experimentation”, which James further confirms at condition 13 with reference to “data” becoming “available from ongoing clinical trials”.[373] “Provisional consent” was “granted for nine months to address “an urgent clinical need”, subsequently defined as “the global pandemic and the potential for an outbreak to occur at any time.”[374]

142 No mention was made by the defendants concerning the unprecedented nature of the genetic intervention they had just approved, including: (a) that it

[369] “Agenda for the 109th meeting of the Medicines Assessment Advisory Committee to be held on 2 February 2021”, Medsafe (1 Feb 21), 1: https://www.medsafe.govt.nz/committees/maac/Agenda109-2Feb21.htm
[370] Ibid., 1-2.
[371] “Summary of recommendation from the 109th meeting of the Medicines Assessment Advisory Committee held in Wellington on Tuesday February 2021 at 09:30 AM”, Medsafe (10 Feb 21), 1: https://www.medsafe.govt.nz/committees/maac/Recommendation109-2February2021.htm ; “Pfizer vaccine gets provisional approval for use in NZ”, Radio NZ (3 Feb 21): https://www.newsroom.co.nz/government-approves-pfizer-vaccine-for-use-in-nz
[372] James, “Provisional Consent to the Distribution of a New Medicine”, (3 February 2020)
[373] Ibid.
[374] OIA letter from Medsafe (Apr 21).

was still in the Primary stage of its clinical trials; (b) that it would be the first injection to use polyethylene glycol (PEG), a polymer derived from petroleum known to cause anaphylactic shocks; (c) that it would be the first to make no clear claims about reducing infections, transmissibility, or deaths; (d) that it would be the first coronavirus "vaccine" ever attempted in humans; and (e) that it would be the first injection of modified polynucleotides in the general population."[375] It would also be the first so-called vaccine with only preliminary efficacy data, data that Pfizer appears to have misrepresented to the public by claiming 95% efficacy when preliminary efficacy data excluded "over 3400 'suspected COVID-19 cases' that were not included in the interim analysis of the Pfizer vaccine data submitted to the FDA", and which, as the plaintiff has now established, are meaningless because a positive test result in the trial is principally determined by RT-PCR methodology that only detects the virus in the human genome.[376]

143 The granting of provisional consent by Medsafe was a profoundly malevolent act executed in full knowledge that this was a novel and highly hazardous device to which no one could consent because the requisite information to fully inform that consent will likely not be available until 2024, after the clinical trials conclude on 29 October 2023. As Pfizer advised the EMA, it "intends to continue the ongoing pivotal Phase 3 study with participants as originally allocated for as long as possible, to obtain long-term data and to ensure sufficient follow-up to support a standard marketing authorisation. In case of availability of any COVID-19 vaccine, the sponsor will appeal to participants to remain in the ongoing study as originally randomized for as long as possible, ideally until a COVID-19 vaccine has full regulatory approval."[377]

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[375] Stephanie Seneff and Greg Nigh, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19", *International Journal of Vaccine Theory, Practice, and Research, 2/1*), (10 May 21), 38: https://ijvtpr.com/index.php/IJVTPR

[376] Stephanie Seneff and Greg Nigh, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19", *International Journal of Vaccine Theory, Practice, and Research*, 2/1, (10 May 21), 40: https://ijvtpr.com/index.php/IJVTPR ; Doshi, "Pfizer and Moderna's '95% effective' vaccines—we need more details and the raw data", *The BMJ* (4 Jan 21).The number of cases excluded totalled 3410.

[377] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", European Medicines Agency (19 Feb 21), 14.

144 Medsafe's letter of provisional consent dated 3 February 2021 placed the health and wellbeing of the polity of NZ hugely at risk, yet the defendants can hide behind section 20(3) of the Medicine's Act – "No consent given under this section shall be deemed to warrant the safety or efficacy of the medicine to which the consent relates" – and Pfizer and BioNTech can hide behind immunity from prosecution granted by the Minister of Finance on 5 October 2020, notified to the House on 22 November 2020.[378]

145 However, as befitting a corporation with a major record of criminal medical fraud, Pfizer's announcement on 3 February 2021 left nothing to chance, despite Robertson's gift of immunity: "Today's Provisional Consent in New Zealand marks an historic moment in the fight against COVID-19 … "We thank both the New Zealand Government and the Ministry of Health for their strong partnership to bring our vaccine to New Zealanders. We are proud to be part of this breakthrough, which was made possible through unparalleled collaboration between companies, governments, regulators, public health bodies, and the academic and scientific communities coming together urgently to find solutions to the pandemic … **Pfizer Disclosure Notice** Information contained in this release is as of 3 February 2021. Pfizer assumes no obligation to update forward-looking statements contained in this release as the result of new information or future events or developments. This release contains forward-looking information about Pfizer's efforts to combat COVID-19, the collaboration between BioNTech and Pfizer to develop a COVID-19 vaccine, the BNT162 mRNA vaccine program and modRNA candidate BNT162b2 (including qualitative assessments of available data, potential benefits, expectations for clinical trials, Provisional Consent in New Zealand, regulatory submissions, including pending requests for emergency use authorization and other marketing applications, the anticipated timing of regulatory submissions, regulatory approvals or authorizations and anticipated manufacturing, distribution and supply), involving substantial risks and

[378] Ben Strang, "Government grants vaccine suppliers indemnity against claims", *Stuff* via *Radio NZ* (25 Jan 21).

uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Risks and uncertainties include, among other things, the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with preliminary or clinical data (including the Phase 3 data), including the possibility of unfavourable new preclinical clinical or safety data and further analyses of existing preclinical or clinical or safety data; the ability to produce comparable clinical or other results, including the rate of vaccine effectiveness and safety and tolerability profile observed to date, in additional analyses of the Phase 3 trial and additional studies or in larger, more diverse populations upon commercialization; the ability of BNT162b2 to prevent COVID-19 caused by emerging virus variants; the risk that more widespread use of the vaccine will lead to new information about efficacy, safety, or other developments, including the risk of additional adverse reactions, some of which may be serious; the risk that pre-clinical and clinical trial data are subject to differing interpretations and assessments, including during the peer review/publication process, in the scientific community generally, and by regulatory authorities; whether and when additional data from the BNT162 mRNA vaccine program will be published in scientific journal publications and, if so, when and with what modifications and interpretations; whether regulatory authorities will be satisfied with the design of and results from these and any future preclinical and clinical studies; whether and when any other biologics license and/or emergency use authorization applications may be filed in any particular jurisdictions for BNT162b2 or any other potential vaccine candidates, and if obtained, whether or when such emergency use authorization or licenses will expire or terminate; whether and when any applications that may be pending or filed for BNT162b2 may be approved by particular regulatory authorities, which will depend on myriad factors, including making a determination as to whether the vaccine candidate's benefits outweigh its known risks and determination of the vaccine candidate's efficacy and, if approved, whether it will be commercially successful; decisions by

regulatory authorities impacting labelling or marketing, manufacturing processes, safety and/or other matters that could affect the availability or commercial potential of a vaccine, including development of products or therapies by other companies; disruptions in the relationships between us and our collaboration partners or third-party suppliers; risks related to the availability of raw materials to manufacture a vaccine; challenges related to our vaccine candidate's ultra-low temperature formulation, two-dose schedule and attendant storage, distribution and administration requirements, including risks related to storage and handling after delivery by Pfizer; the risk that we may not be able to successfully develop other vaccine formulations; the risk that we may not be able to create or scale up manufacturing capacity on a timely basis or have access to logistics or supply channels commensurate with global demand for any potential approved vaccine, which would negatively impact our ability to supply the estimated numbers of doses of our vaccine candidate within the projected time periods as previously indicated; whether and when additional supply agreements will be reached; uncertainties regarding the ability to obtain recommendations from vaccine technical committees and other public health authorities and uncertainties regarding the commercial impact of any such recommendations; uncertainties regarding the impact of COVID-19 on Pfizer's business, operations and financial results; and competitive developments."[379]

[379] Helen Han et al., "Pfizer and BioNTech Achieve Approval by Medsafe For Their Vaccine Against COVID-19", Pfizer, BioNTech (3 Feb 21), 1-3. See also the following: "Pfizer and BioNTech Submit Request to Expand Conditional Marketing Authorization of COMIRNATY® in the EU to Adolescents", Pfizer (30 Apr 21), as provided to the United States Securities and Exchange Commission for the month of Aril 2021, 1-3: https://investors.biontech.de/static-files/1a0caa6a-f335-452e-8edd-ab1cc3e0ea51
NEW YORK and MAINZ, GERMANY, April 30, 2021 (GLOBE NEWSWIRE) — Pfizer Inc. (NYSE: PFE) and BioNTech SE (Nasdaq: BNTX) today announced they have submitted a variation to the Conditional Marketing Authorization (CMA) in the European Union (EU) to the European Medicines Agency (EMA) for the Pfizer-BioNTech vaccine COMIRNATY® (BNT162b2) to request an extension of the indication for use in adolescents 12 to 15 years of age … This release contains forward-looking information about Pfizer's efforts to combat COVID-19, the collaboration between BioNTech and Pfizer to develop a COVID-19 vaccine, the BNT162 mRNA vaccine program and COMIRNATY®**,** the Pfizer-BioNTech COVID-19 vaccine (BNT162b2) (including qualitative assessments of available data, potential benefits, expectations for clinical trials, the potential of BNT162b2 for adolescents 12 to 15 years of age, the anticipated timing of regulatory submissions, regulatory approvals or authorizations and anticipated manufacturing, distribution and supply) involving substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Risks and uncertainties include, among other things, the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with preclinical and clinical data (including the topline data outlined in this release), including the possibility of unfavorable new preclinical, clinical or safety data and further analyses of existing preclinical, clinical or safety data (including the topline data outlined in this release); etc.

146 Given the foregoing, the plaintiff submits that Comirnaty is part of a malefic fabrication being perpetrated against humanity including the people of this whenua. In its briefing document dated 10 December 2021, Pfizer claimed that the "unmet clinical need" Comirnaty aimed to meet was a novel coronavirus outbreak in Wuhan, China, which has never been established, and SARS-CoV-2, which has never been isolated or shown to be causative of COVID-19, and that as of 19 November 2020 there had been 56 million globally confirmed COVID-19 cases and 1.3 million deaths, most if not all of which were based on RT-PCR methodology that "detects" SARS-CoV-2 across the human genome.[380] This is further confirmed by the evidential support of this "unmet clinical need" Pfizer offers at endnote 3 of its briefing document, namely, Na Zhu et al., who noted towards the end of their paper: "The association between 2019-nCoV and the disease has not been verified by animal experiments to fulfil the Koch's postulates to establish a causative relationship between a microorganism and a disease."[381]

147 This, then, is the nether world inhabited by virologists and their allopathic bedfellows, a world of viral dreams and Munchean screams. For as the plaintiff has also now established relying on the Japanese Primer assay protocol No 7 targeting WuhanCoV-spk1-f, the imaginary spike protein on which the active ingredient BNT162b2 is based is detected with 100% identity in all 46 chromosomes of the human genome.[382] In other words, the spike protein is just another facet of the COVID-19 fraud, making Comirnaty not only unfit for purpose but also highly hazardous when, in synthetic and nanoparticle form, it instructs the human body to produce these poisonous proteins. It is therefore of the utmost urgency that an immediate halt is brought to the rollout of this

[380] Pfizer-BioNTech COVID-19 (BNT162, PF-07302048 vaccines and related biological products advisory committee briefing document", Pfizer (meeting date 10 Dec 20), 10: https://www.fda.gov/media/144246/download

[381] Na Zhu et al., "A Novel Coronavirus from Patients with Pneumonia in China, 2019", *The New England Journal of Medicine*, 382 (20 Feb 20, first published 24 Jan 20, updated 29 Jan 20), 733.

[382] Shilhavy, "EU Database of Adverse Drug Reactions for COVID-19 Shots, June 19, 2021" Health Impact News (21 Jun 21).

product and the full details of this experimental device obtained from Pfizer and made immediately available for independent scientific scrutiny and the public.

CATASTROPHIC CONSEQUENCES

Manufacturing poison

148 The NZG claims that "the COVID-19 vaccine" – which "vaccine" of the 251 in development, the 60 in clinical testing, and the 11 in use as at 17 March 2021 it does not say, although it apparently includes "our Pfizer vaccine", Comirnaty, which, to repeat, is not a vaccine but a genetic encoding medical device – "is a triumph of modern science. The world united to take on the challenge with medical professionals and scientists from across the planet working thousands of hours to bring it to us quickly and safely."[383] On the contrary, this is a highly competitive business with the two leading mRNA manufacturers, BioNTech, the Pfizer partner, and Moderna, both young, loss-making companies desperate to get their product to market.

149 BioNTech was founded in 2008 by Ugur Sahin, Christoph Huber, and Özlem Türec "on the understanding that every cancer patient's tumor is unique".[384] On that premise, individualised treatments for each patient would need to be developed, which could be accomplished, the co-founders considered, with the development of "multiple proprietary formats and formulations of messenger ribonucleic acid, or mRNA, to deliver genetic information to cells" where it would be "used to express proteins for therapeutic effect."[385] This called for the invasion and colonisation of the human immune system, which the co-founders called immunotherapy.[386] Despite having raised $1.1 billion since 2008 in private

[383] New Zealand Government, Unite against COVID-19, "With the vaccine it's all possible", *North Canterbury News* (29 Apr 21), 7.
[384] BioNTech SE, United States Securities and Exchange Commission, Form F-1 Registration Statement", (undated, assumed 2019), 1: https://investors.biontech.de/static-files/0eb8771c-1cda-4868-bb9f-bdb22dfd29e4
[385] Ibid., 2.
[386] Ibid., 1.

placement of their shares, BioNTech still made a before-tax loss of €85,950,000 for 2017 and €48,262,000 for 2018.[387]

150 Moderna, Pfizer-BioNTech's mRNA competitor, was founded by Flagship Pioneering in 2010 and incorporated in 2016, with Stéphane Bancel the founding CEO from the original private company retaining that role.[388] Its goal was "to develop and commercialize a new category of medicines to treat human diseases" using mRNA.[389] Moderna calls mRNA "the software of life" because it "transfers the instructions stored in DNA to make the proteins required in every living cell", and its mRNA platform its "operating system".[390] All that is needed to change a protein encoded by an mRNA molecule is to change the sequence within that molecule.[391] And because "mRNAs can encode proteins with divergent chemical properties and functions", an opportunity arises "that could meaningfully exceed that of other classes of biopharmaceuticals.[392] One such class, recombinant protein therapeutics, which focuses on secreted proteins, today generates over $200 billion in annual worldwide sales."[393]

151 However, there is high risk in developing novel gene-based products, as the BMGF backed-Moderna rightly declared to the US Securities and Exchange Commission in 2018.

(a) "We have incurred significant losses since our inception and anticipate that we will continue to incur significant losses for the foreseeable future."[394] Since its incorporation, these had amounted to $230,314,000 for

[387] Ibid., 5, F-7.
[388] Moderna, Inc., "United States Securities and Exchange Commission, Form F-1 Registration Statement" (9 Nov 2018), 13, 10: https://www.sec.gov/Archives/edgar/data/1682852/000119312518323562/d577473ds1.htm
[389] Ibid., 10.
[390] Ibid., 5; mRNA Platform … Our Operating System", Moderna Inc.: https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development .
[391] Ibid., 6.
[392] Moderna, Inc., "United States Securities and Exchange Commission, Form F-1 Registration Statement" (9 Nov 2018), 6.
[393] Ibid.
[394] Ibid., 12.

2016, $255,916,000 for 2017, and $243,308,000 for nine months to end September 2018, and would need more investment.[395]

(b) "No mRNA drug has been approved in this new potential category of medicines, and may never be approved as a result of efforts by others or us. mRNA drug development has substantial clinical development and regulatory risks due to the novel and unprecedented nature of this new category of medicines."[396]

(c) "Our business is highly dependent on the clinical advancement of our programs and modalities. Delay or failure to advance programs or modalities could adversely impact our business."[397]

(d) "While we attempt to diversify our risks by developing one or more programs in each modality, there are risks that are unique to each modality and risks that are applicable across modalities. These risks may impair our ability to advance one or more of our programs in clinical development, obtain regulatory approval or ultimately commercialize our programs, or cause us to experience significant delays in doing so, any of which may materially harm our business."[398]

(f) "Preclinical development is lengthy and uncertain, especially for a new category of medicines such as mRNA, and therefore our preclinical programs or development candidates may be delayed, terminated, or may never advance to the clinic, any of which may affect our ability to obtain funding and may have a material adverse impact on our platform or our business."[399]

[395] Ibid., 94.
[396] Ibid., 12.
[397] Ibid.
[398] Ibid.
[399] Ibid.

(g) "Clinical development is lengthy and uncertain, especially with a new category of medicines such as mRNA medicines. Clinical trials of our investigational medicines may be delayed, and certain programs may never advance in the clinic, or may be more costly to conduct than we anticipate, any of which may affect our ability to fund the Company and would have a material adverse impact on our platform or our business."[400]

(h) "mRNA medicines are a novel approach, and negative perception of the efficacy, safety, or tolerability of any investigational medicines that we develop could adversely affect our ability to conduct our business, advance our investigational medicines, or obtain regulatory approvals."[401]

(i) "Our mRNA development candidates and investigational medicines are based on novel technologies and any development candidates and investigational medicines we develop may be complex and difficult to manufacture. We may encounter difficulties in manufacturing, product release, shelf life, testing, storage, and supply chain management or shipping. If we or any of our third-party manufacturers encounter such difficulties, our ability to supply material for clinical trials or any approved product to patients could be delayed or stopped."[402]

152 Far from being "a triumph of modern medicine" and a testament to global cooperation, as the MOH portrays it, the development and packaging of these toxic medical devices was the product of accumulated desperation and losses of nearly US$1 billion between the two companies over 2.5 years, which saw them breaking longstanding medical and scientific protocols to assault humanity with their mRNA technologies, even as J P Morgan, BofA Merrill Lynch, UBS Investment Bank, SVB Leerink (for BioNTech), and Morgan Stanley, Goldman Sachs, J P Morgan, BofA Merrill Lynch, Barclays, Piper Jaffray, Bryan Garner &

[400] Ibid.
[401] Ibid.
[402] Ibid.

Co., Oddo BHF, Oppenheimer & Co., Needham & Company, Chardan, and, of course, the BMGF (for Moderna) were no doubt breathing down their necks.[403]

153 Pfizer, on the other hand, was already planning a COVID Christmas in March 2021. Without mention of the Hippocratic oath, Frank D'Amelio, Pfizer Chief Financial Office and Executive Vice-President of Global Supply, put it like this: "In terms of the guidance we have provided for 2021 … the $15 billion in COVID revenues are growing operationally 41% … If you remove the COVID revenues and the COVID P&L from our overall numbers … the top line next year is growing operationally 6%. So from my perspective, we've got a nice operational rhythm going relative to the operational performance of the business."[404]

154 In September 2019, the BMGF "invested $55 million on a pre-IPO equity investment into BioNtech", which, as at April 2021, was "worth over $550 million dollars" based on BioNTech's market capitalization.[405]

155 In 2016, the BMGF issued grant number OPP1147787 totalling US$19,984,859 to Moderna "to develop a [sic] novel platform technologies for antibodies or vaccines to reduce HIV acquisition in developing countries".[406] In 2019, the BMGF issued to Moderna grant number OPP1203278 totalling US$1,051,12 "to assess the feasibility of mRNA technology to deliver antibody combinations in selected neonates in low resource settings in order to reduce the impact of neonatal sepsis in this vulnerable population".[407] In brief, BNY162b2 is produced in bulk as follows. Firstly, the product's "active substance is manufactured by in vitro transcription using a linear DNA template, produced

[403] BioNTech SE, United States Securities and Exchange Commission, Form F-1 Registration Statement", (undated, assumed 2019), F-7; Moderna, Inc., "United States Securities and Exchange Commission, Form F-1 Registration Statement" (9 Nov 2018), 94.
[404] Frank A D'Amelio, Chief Financial Officer and Executive Vice-President of Global Supply, "PFE.N - Pfizer Inc at Barclays Global Healthcare Conference", Refinitiv Streetevents (11 March 21): https://s21.q4cdn.com/317678438/files/doc_downloads/Transcripts/PFE-USQ_Transcript_2021-03-11.pdf
[405] Editors team, "Bill Gates turned his $55 million investment in Pfizer's partner, BioNTech, into $550 million in just under two years", *Tech News* (30 Apr 21).
[406] OPP1147787, BMGF (accessed 7 May 2021).
[407] OPP1203278, BMGF (accessed 7 May 2021).

via plasmid DNA from transformed *Escherichia coli* [E Coli] cells."[408] "The linear DNA template is not part of the final product but defines the sequence of the mRNA product". [409] Following fermentation, the cells are harvested and chemically lysed to recover the plasmid DNA", after which "the circular plasmid DNA is purified … filtered and stored frozen."[410] Secondly, the DNA is used as a template to create the mRNA, which is encoded "for the full-length SARS-CoV-2 spike glycoprotein (S)", which has never been shown to exist but which is believed to be the mechanism by which the phantom virus enters human cells, and where, within the host cell's cytosol, the mRNA is "translated into the SARS-CoV-2 S protein".[411] Thirdly, the mRNA is encased in lipid nanoparticles – ALC-0315 and ALC-0159 (functional lipids), DSPC and cholesterol (structural lipids) – before being packaged in vials, frozen and delivered it to the unsuspecting public.[412]

156 An array of problems were identified in the manufacture Comirnaty by the European Medicines Agency (EMA), and subsequently commented on by Dr Vanessa Schmidt-Krüger (VSK), a Cell Biologist with over 20 years' experience in molecular medicine at the Max Delbrück Center for Molecular Medicine.[413] For the clinical trials, with relatively small amounts of end product required only high quality materials and very expensive techniques were used.[414] However, with mass production that was no longer possible.[415] Hence, Pfizer-BioNTech switched to lower-cost processes, such as manufacturing by way of the fermentation of transformed bacteria, *Escherichia coli* cells, containing the DNA template for the

[408] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", European Medicines Agency (19 Feb 21), 16.
[409] Ibid.
[410] Ibid.
[411] Ibid., 13.
[412] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", European Medicines Agency (19 Feb 21), 14-15, 22.
[413] Evidence of Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee, trans. Gilian Crowther, member of the BDÜ**,** the Federal Association of Interpreters and Translators, 30 January, 2021: https://enformtk.u-aizu.ac.jp/howard/gcep_dr_vanessa_schmidt_kreuger/ ; Dr Vanessa Schmidt-Krüger, Max Delbrück Center for Molecular Medicine: https://www.mdc-berlin.de/person/dr-vanessa-schmidt-kruger
[414]
[415] Ibid.

fictive spike protein.[416] The bacteria multiply the DNA in huge amounts, and this leads to new dangers or risks, particularly contamination.[417] As VSK explained in January 2021: "At the moment, for instance, the situation is that the DNA is transformed in the bacteria, it is multiplied, next the bacteria are opened and the DNA is extracted, then it is linearised via enzymes, and after that the linearised DNA undergoes in-vitro transcription to produce the RNA using various procedures", but there are no processes in place "to ensure that the substrate is free of microbiological contaminants from E Coli bacteria, for example."[418] It is also imperative to have pure RNA without any [linearised] DNA.[419] Hence, it is theoretically possible, if linearised DNA, which is optimal for integration, is in there as a contaminant, could integrate into the host's cell nucleus in a dividing cell. That is the risk: genes can be switched on and off, unregulated and downregulated, cancer can develop – there are a lot more possibilities."[420]

Nanolipid particles: ALC-0159 and ALC-0315

157 Great dangers also reside with the nanolipid particles (NLPs), which encase the mRNA, dangers that have been known about since NLPs were first considered for non-viral gene delivery in the late 1980s, especially cationic or positively-charged lipids.[421] As Shaohui Chui et al. note: "As effective non-viral vectors of gene therapy, cationic lipids still have the problem of toxicity, which has become one of the main bottlenecks for their applications. The toxicity of cationic [positively-charged] lipids is strongly connected to the headgroup structures", such that these headgroup structures interact with anionic or negatively charged cells.[422] As the EMA noted, "ALC-0315 and ALC-0159 are

[416] Ibid.; Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", European Medicines Agency (19 Feb 21), 16.
[417] Ibid.; Evidence of Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee.
[418] Ibid.
[419] Ibid.
[420] Ibid.
[421] Tyler Goodwin, Leaf Huang, in *Advances in Genetics* (2014): https://www.sciencedirect.com/science/article/pii/B9780128001486000018
[422] Shaohui Cui et al., "Correlation of the cytotoxic effects of cationic lipids with their headgroups", Toxicology Research, Royal Society of Chemistry, 7/473 (accepted 9 Mar 2018), 473: https://academic.oup.com/toxres/article/7/3/473/5545061 ; "What is the potential risk of the cationic lipid in

novel excipients, not previously used in an approved finished product within EU."[423]

158 The primary function of the nanoparticles used in Comirnaty is to protect the mRNA, which "would dissipate immediately after being injected if [it were] not encapsulated."[424] In other words, the four NLPs in Comirnaty each play their part in stabilising the NLP, aiding its entry into cells, and "enabling the nanosphere to burst open when it is inside the cell."[425] Importantly, the NLP "shell" also hides the mRNA from the immune system, which would otherwise break it down and thereby prevent cell entry.[426] It is unknown how many LNPs are contained in each Comirnaty injection, but if they are numerous, this process will be occurring in numerous cells at the same time.

159 This is the first occasion in which polyethylene glycol (PEG), a polymer made from petroleum, has been injected into human subjects.[427] As the EMA explains: "ALC-0159 is comprised of a polyethylene glycol (PEG) headgroup (~2000 M.Wt.) attached to hydrophobic carbon chains (ie, the lipid anchor)" and "is present in BNT162 at a low mol% (<2 mol%), and therefore dose, relative to the other lipids. PEGylated lipid can exchange out of the NLP after administration, thus allowing the desired binding of endogenous proteins (eg, Apolipoprotein E) and removing the steric barrier that would otherwise restrict interactions of the NLP with target cells and proteins."[428] It amounts to only "2%-6% [of the NLP] in the case

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the Pfizer/BioNTech vaccine?", UK Medical Freedom Alliance (2 Mar 21), 1: https://uploads ssl.webflow.com/5fa5866942937a4d73918723/603f7c2bc3f872e7e67deb52_Potential_risk_of_cationic_lipid_in_the_Pfizer-BioNTech_vaccine.pdf

[423] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 28.

[424] "What is the potential risk of the cationic lipid in the Pfizer/BioNTech vaccine?", UK Medical Freedom Alliance (2 Mar 21), 1.

[425] Ibid.

[426] Interview with Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee, trans. Gilian Crowther, member of the BDÜ, the Federal Association of Interpreters and Translators, 30 January 21.

[427] Ibid., 39.

[428] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 53, 14, 24.

of BioNTech" but is the substance likely to cause anaphylactic shocks.[429] Its job is facilitate entry into the cells by suppressing the positive charge of the cationic lipid ALC-0139. However, as Drs Stephanie Seneff of the Computer Science and Artificial Intelligence Laboratory, MIT, Cambridge, Massachusetts and Gregory Nigh of Naturopathic Oncology, Immersion Health, Portland, Oregon point out, a 2019 article "described a number of concerning findings regarding PEG and the immunological activation it had been shown to produce, which includes humoral, cell-mediated, and complement-based activation. They note that, paradoxically, large injection doses of PEG cause no apparent allergic reaction. Small doses, though, can lead to dramatic pathological immune activation. Vaccines employing PEGylation utilize micromolar amounts of these lipids, constituting this potentially immunogenic low-dose exposure. In animal studies it has been shown that complement activation is responsible for both anaphylaxis and cardiovascular collapse, and injected PEG activates multiple complement pathways in humans as well."[430]

160 The most important and dangerous of the four NLPs is ALC-0139. Because "ALC-0315 has no known biology", Pfizer could only guess at how long it would take to be removed from the human body, that guess being "4-5 months for 95% elimination", a particularly long period for such a toxic ingredient.[431] As Cui et al note: "The cytotoxic effects are severely associated with the cationic nature of the vectors, which is mainly determined by the structure of its hydrophilic group. The hydrophilic headgroup exhibits positive charges which trigger their interaction with negatively charged DNA through electrostatic attractions, leading to the formation of complexes containing condensed DNA."[432]

[429] Interview with Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee, trans. Gilian Crowther, member of the BDÜ**,** the Federal Association of Interpreters and Translators, 30 January 21, 1.00.34 – 1.15.00 (about).
[430] Seneff and Nigh, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19", *International Journal of Vaccine Theory, Practice, and Research*, 48.
[431] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 53.
[432] Shaohui Cui et al., "Correlation of the cytotoxic effects of cationic lipids with their headgroups", Toxicology Research, Royal Society of Chemistry, 7/473 (accepted 9 Mar 2018), 473.

161 According to VSK, the man-made spike protein is rightly "called a genetically modified cell" and why "[w]e become a genetically modified organism. As long as the spike proteins are there and the RNAs, we are GMOs. They'll go away at some point, then we'll no longer be a GMO but we are a GMO for as long as they are there. This is genetic modification. It is not integrated in the DNA but happens in a different way, namely indirectly."[433] The biomechanics of ALC-0315 may be briefly described as follows. There are proteins in the blood called ApoE (Apolipoprotein E) that bind to cholesterol and hence to the NLPs, while each cell has over ten different ApoE receptors which bind in turn to the lipoprotein, at which point the NLP passes, like a Trojan horse, into the cell, having avoided detection by the TLR (toll-like receptor) which would have broken it down had it been detected. Protons now migrate into the cell and everything becomes positively charged, the PEG lipid splits off – it can no longer suppress the cationic charge in the NLP shell – the lipid is broken apart, at which point the TLR now accesses the man-made RNA and sends off a signal beyond the cell, which is the first part of the immune response. At the same time, the RNA migrates to that part of the cell where protein is made and where the spike protein is resynthesised. The spike protein migrates to the surface of the cell where it is soon found everywhere. In response, the cell produces chemokines and cytokines, which may be thought of as "cries for help". APCs (antigen-presenting cells) respond by absorbing the spike protein and taking it back to the spleen for digestion. At this point, the B cells become activated, producing antibodies, which migrate through the bloodstream looking for the antigens expressed by the spike protein. T cells are also activated, becoming cytotoxic as they likewise migrate through the bloodstream looking to bind the antigens via their T-cell receptors. As VSK elucidates: "This is how a complex arises. Once formed, the T-cell substance enters the cell so that this cell is prompted to commit cell suicide – cell death. This is called programmed cell death or apoptosis. What we have here that is new within this vaccine is not just proteins … injected into us that swim in

[433] Interview with Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee, trans. Gilian Crowther, member of the BDÜ**,** the Federal Association of Interpreters and Translators, 30 January 21, 1.00.34 – 1.02.00 (about).

the blood and are then eliminated by the antibodies: we have here various avenues whereby toxicity/cell destruction takes place. One way is via … the cytotoxic T-cell [that] forces the muscle cell into apoptosis. And then we have RNA, which is fundamentally also toxic for the cell from a certain length onwards. And above all – this is particularly important – the *cationic lipid*, it is cationic, i.e., it has a positive charge. And that is *very very toxic*, [and] we have *known that for over 20 years*."[434]

Pharmacokinetics of Comirnaty

162 In regard to the pharmacokinetics of Comirnaty, VSK made the following comment: "They injected the whole muscle and watched how the lipids spread out throughout the body, and found that these lipids were in many organs after just 15 minutes. Most were at the injection site, in this case it was the muscle, but a lot in the plasma, too. [This is] logical, because it's transported in the plasma, but also 22% in the liver. And if you inject it into the veins then 60% of the cationic lipids can be found in the liver, and 20% of the PEG lipids. They were also found in the spleen, the adrenals, and in both sexual organs. Further organs were not described. So I assume that it spread out throughout all organs. It is basically absorbed everywhere where blood flows."[435] According to VSK, up to 50% of the LNPs are comprised of the cationic lipids … [which] is very high. They are toxic because they have this positive charge. This enables them to enter into interactions with other components of the cell really well; they can also basically interact with negatively charged amino acids. This destroys the proteins, which lose their ability to function because they "unfold" as it is called. In principle they can interact with the DNA because the DNA is also negatively charged due to its phosphate groups, creating DNA strand breaks. They can also interact with other lipids because they are also negatively charged, especially the lipids of … the cell membrane of the mitochondria, which are the powerhouses of the cell that are

[434] Interview with Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee, trans. Gilian Crowther, member of the BDÜ**,** the Federal Association of Interpreters and Translators, 30 January 21, 1.00.34 – 1.06.49 (ending about). Emphasis included in the translation.
[435] Ibid.

vital for energy generation … If however these cationic lipids gain entry … they destroy … the mitochondrial membrane and this leads to the formation of a large number of oxygen radicals. These oxygen radicals create a lot of damage in the cell. They interact – they alter the amino acids, the cell pours out as many cytokines as it can, the oxygen radicals also attack membranes and create lipid peroxidation. Membrane integrity is jeopardised, the membrane becomes porous, and when a cell membrane becomes porous water flows in and then the ion balance is disrupted. This means the entire cell loses its function because the function of proteins depends on the ion concentration, on the calcium ion for example, and the magnesium ion. The cell experiences maximum oxidative stress … And when that stress is so high and the DNA is also damaged, then the cell goes into apoptosis – it self-destructs."[436] In confirmation of this potential devastation, the UK Medical Freedom Alliance elucidates as follows: "Every cell (apart from red blood cells), contains multiple mitochondria … that need to be contained and neutralised. The delicate membranes of the mitochondria which rely on their negative charge for their voltage gradient would soon be compromised by cationic lipids reacting with it. Once the delicate mitochondrial membrane becomes porous from attack by the cationic lipids, the radical oxygen species from inside the mitochondria are no longer contained and the reaction is likely to be exponential, as cells often contain many thousands of mitochondria. Dopaminergic neurons in the substantia nigra have around 2 million mitochondria each. The implications depend on which cells the LNPs happen to land inside, how many of them there are, and which pathways are being impaired by the cell death this free radical attack causes. But certainly a putative link can be made with severe neurological sequelae if cationic lipids should find their way into the basal ganglia, for example, or the substantia nigra."[437]

163 That the NLPs escape into the bloodstream shortly after inoculation will almost certainly have catastrophic consequences, still not widely known, and to

[436] Ibid.
[437] "What is the potential risk of the cationic lipid in the Pfizer/BioNTech vaccine?", UK Medical Freedom Alliance (2 Mar 21), 2.

the best of the plaintiff's knowledge has not yet been advised to the people of NZ. Significantly, these consequences could have been avoided had the clinical trials for Comirnaty been allowed to run full term before it was rolled out under emergency or provisional use to many millions of unsuspecting subjects. This apparent design flaw is confirmed by Pfizer's pharmacokinetic Report No. 185350 presented to Japanese authorities concerning Test Article BNT162b2 and the biodistribution of two of the four NLPs it contains, ALC-0159 and ALC-0315.[438] These are the same NLPs with which 26 out of 58 conditions in Medsafe's letter of provisional consent dated 3 February 2021 were concerned.[439] The same biodistribution report number, 185350, is referenced in the EMA's assessment report on Comirnaty, with the disquieting addendum that "expression of the full-length spike (S) protein is expected to follow similar kinetics".[440] The sites in the mammalian body to which these highly toxic NLPs migrate shortly after inoculation are: Adipose tissue; Adrenal glands; Bladder; Bone; Bone marrow; Brain; Eyes; Heart; Injection site; Kidneys; Large intestine; Liver; Lung; Lymph node (mandibular); Lymph node (mesenteric); Muscle; Ovaries; Pancreas; Pituitary gland; Prostate; Salivary glands; Skin; Small intestine; Spinal cord; Spleen; Stomach; Testes; Thymus; Thyroid; Uterus; Whole blood; Plasma.[441] Pages 6 and 7 of Pfizer pharmacokinetics Report No. 185350 are shown below.

[438] "SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 薬物動態試験の概要文", Pfizer, 1-13.
[439] Chris James, "Provisional Consent to the Distribution of a New Medicine", *The New Zealand Gazette*, Notice Number 2021-go338, (3 Feb 21), 2-3: https://www.medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf
[440] Committee for Medicinal Products for Human Use (CHMP), "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 54, 47.
[441]

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [^{3}H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159
Report Number: 185350

Species (Strain):	Rat (Wistar Han)
Sex/Number of Animals:	Male and female/3 animals/sex/timepoint (21 animals/sex total for the 50 µg dose)
Feeding Condition:	Fed ad libitum
Method of Administration:	Intramuscular injection
Dose:	50 µg [^{3}H]-08-A01-C0 (lot # NC-0552-1)
Number of Doses:	1
Detection:	Radioactivity quantitation using liquid scintillation counting
Sampling Time (hour):	0.25, 1, 2, 4, 8, 24, and 48 hours post-injection

Sample	Mean total lipid concentration (µg lipid equivalent/g (or mL) (males and females combined)							% of administered dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181	--	--	--	--	--	--	--
Adrenal glands	0.271	1.48	2.72	2.89	6.80	13.8	18.2	0.001	0.007	0.010	0.015	0.035	0.066	0.106
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365	0.000	0.001	0.001	0.001	0.001	0.002	0.002
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687	--	--	--	--	--	--	--
Bone marrow (femur)	0.479	0.960	1.24	1.24	1.84	2.49	3.77	--	--	--	--	--	--	--
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068	0.007	0.013	0.020	0.016	0.011	0.010	0.009
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112	0.000	0.001	0.001	0.002	0.002	0.002	0.003
Heart	0.282	1.03	1.40	0.987	0.790	0.451	0.546	0.018	0.056	0.084	0.060	0.042	0.027	0.030
Injection site	128	394	311	338	213	195	165	19.9	52.6	31.6	28.4	21.9	29.1	24.6
Kidneys	0.391	1.16	2.05	0.924	0.590	0.426	0.425	0.050	0.124	0.211	0.109	0.075	0.054	0.057
Large intestine	0.013	0.048	0.093	0.287	0.649	1.10	1.34	0.008	0.025	0.065	0.192	0.405	0.692	0.762
Liver	0.737	4.63	11.0	16.5	26.5	19.2	24.3	0.602	2.87	7.33	11.9	18.1	15.4	16.2
Lung	0.492	1.21	1.83	1.50	1.15	1.04	1.09	0.052	0.101	0.178	0.169	0.122	0.101	0.101

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [^{3}H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159
Report Number: 185350

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% of Administered Dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--	--	--	--	--	--	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--	--	--	--	--	--	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--	--	--	--	--	--	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001	0.009	0.008	0.016	0.025	0.037	0.095
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--	--	--	--	--	--	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024	0.130	0.319	0.543	0.776	0.906	0.835
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013	0.093	0.325	0.385	0.982	0.821	1.03
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000	0.001	0.001	0.001	0.001	0.001	0.001
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--	--	--	--	--	--	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--	--	--	--	--	--	--
Blood:Plasma ratio[a]	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--	--	--	--	--	--	--

164 Following receipt of this study, Dr Byram Bridle, a pro-vaccine developer of vaccines and Associate Professor at the University of Guelph, spoke out with ominous clarity about these findings: “The assumption, all up until now, has been that these vaccines behave like all of our traditional vaccines, that they don’t go anywhere other than the injection site. So they stay in our shoulder, some of the protein will go to the local drainial lymph node in order to activate the immune system. However, this is where the cutting-edge science has come in, and this is where it gets scary. Through a request for information from the Japanese Regulatory Agency, myself and several international collaborators, have been able to get access to what’s called the bio-distribution study. It’s the first time ever that scientists have been privy to seeing where these messenger RNA vaccines go after vaccination. In other words, is it a safe assumption that it stays in the shoulder muscle? The short answer is absolutely not. It’s very disconcerting. The spike protein gets into the blood, circulates through the blood in individuals over several days post-vaccination. Once it gets into the blood it accumulates in a number of tissues such as the spleen, the bone marrow, the liver, the adrenal glands. One that’s of particular concern for me is it accumulates at quite high concentrations in the ovaries. And then also a scientific paper just accepted for publication that backs this up looked at 13 young health-care workers that had received the Moderna vaccine, which is the other messenger RNA-based vaccine we have in Canada, and they confirm this. They found the spike protein in circulation, so in the blood of 11 of those 13 health-care workers that had received the vaccine. We have known for a long time that the spike protein is a pathogenic protein. It is a toxin. It can cause damage in our body if it gets into circulation. Now, we have clear-cut evidence that the vaccines that make the cells in our deltoid muscles manufacture this protein, the vaccine itself plus the protein gets into blood circulation. When in circulation, the spike protein combined to the receptors that are on our platelets and the cells that line our blood vessels, when that happens, it can do one of two things: it can either cause platelets to clump and that can lead to clotting, that’s exactly why we’ve been seeing clotting disorders associated with these vaccines; it can also lead to bleeding. And of course the heart’s involved – that’s actually part of the

cardiovascular system. That's why we're seeing heart problems. The protein can also cross the blood-brain barrier and cause neurological damage. That's why also in the fatal cases of blood clots, many times it's been in the brain. There is also evidence of a study – this has not yet been accepted for publication, yet, this one – they were trying to show that the antibodies from the vaccine get transferred through breast milk. And the idea was this may be a good thing because it would confer some partial protection to babies. However, what they found, inadvertently, was that the messenger vaccines actually get transferred through the breast milk; so they're delivering the vaccine vector itself into infants that are breast-feeding. Also we know the spike protein gets into circulation, any proteins in the blood will get concentrated in breast milk. Looking into the adverse events database in the United States we have found evidence of suckling infants experiencing bleeding disorders in the gastro-intestinal tract … So, this has implications for blood donation. Right now Clean Blood Services are saying that people who have been vaccinated can donate. We don't want transfer of these pathogenic spike proteins to fragile patients who are being transfused with that blood. This has implications for infants that are suckling. And this has serious implications for people for whom SARS coronavirus 2 is not a high-risk pathogen, and that includes all of our children. In short, the conclusion is, we made a big mistake, we didn't realise it until now, 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. In some people this gets into circulation, and when that happens in some people it can cause damage especially to the cardiovascular system. And I have many other legitimate questions about the long-term safety therefore of this vaccine, for example with it accumulating in the ovaries, one of my questions is, will we be rendering young people infertile?"[442]

[442] Alex Pierson interview of Byram Bridle, *On Point* (28 May 21): https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge . The document to which Dr Bridle refers is a confidential Pfizer bio-distributional study obtained from the Japanese Regulatory Authority and entitled "SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 薬物動態試験の概要文", 1-13. It is a pharmacokinetics report, Report Number: 185350, with the test article being BNT162b2 and the study covering the organ distribution of the nanolipid particles containing ALC0135 and ALC0159, the items with which Medsafe's 58 provisions dated 3 February 2021 is most concerned. Dr Byram W Bridle, "Full CV", Confirmation Number 1297092, Canadian Common CV, submitted 10 April 2021, 7.

"Insanely reckless"

165 In their comprehensive review of "possible unintended consequences of the mRNA vaccines", Seneff and Nigh point out that "unprecedented vaccines", such as Moderna and Pfizer's, normally take 12.5 years to develop and have a 2% chance of success at the Phase 3 clinical trial stage, yet both have been rushed into production in under a year, evading standard and critically important steps such as animal trials.[443] "To have developed this incredibly new technology so quickly, and to skip so many steps in the process of evaluating [its safety], it's an insanely reckless thing that they've done," says Seneff, who has a distinguished career of over five research decades at MIT.[444]

166 While sudden death is an obvious and alarming side effect, Seneff's predicts that over the next 10-15 years there will be a "spike in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, and blood disorders such as blood clots, hemorrhaging, stroke and heart failure."[445] "Prion diseases are a group of severe neurodegenerative diseases that are caused by misfolded prion proteins. The most common prion disease in humans is the always-fatal sporadic Creutzfeldt-Jakob disease (CJD), which accounts for more than 85% of the cases".[446] Because SARS-CoV-2 is a transmembrane protein that contains *five* GxxxG motifs (known as a "glycine zipper") in its sequence (the bovine prion linked to MADCOW has ten such motifs), and because Comirnaty's spike protein has been modified – the mRNA vaccines are designed with an altered sequence that replaces two adjacent amino acids in the fusion domain with a pair of prolines, which forces the protein to remain in its open state and make it harder for it to fuse with the membrane – "mRNA vaccines induce an

[443] Seneff and Nigh, "Worse Than the Disease?" (10 May 21), 40.
[444] Joseph Mercola interview of Stephanie Seneff, "COVID Vaccines May Bring Avalanche of Neurological Disease", Mercola (23 May 21): https://articles.mercola.co./sites/articles/archive/2021/05/23/stephanie-seneff-covid-vaccine.aspx
[445] Ibid.
[446] Stephanie Seneff, "SARS-CoV-2 Vaccines and Neurodegenerative Disease", *Health Research* (1 Jun 21), 7: https://stephanieseneff.net/sars-cov-2-vaccines-and-neurodegenerative-disease/

ideal situation for prion formation from the spike protein, and its transport via exosomes along the vagus nerve to the brain", the vagus nerve been well-connected to the liver and spleen, the two sites where Comirnaty's spike protein most accumulates in high concentrations.[447]

167 Seneff and Nigh also draw attention to recent research "showing deaths are 14.6 times more frequent during the first 14 days after the first COVID injection among people over the age of 60, compared to those who aren't vaccinated."[448] "It's a nightmare," adds Seneff. "And I can see how it can happen. Basically, the vaccine is so unbelievably unnatural, and it has a single-minded goal, which is to get your body to produce antibodies to the spike protein. The RNA has been manipulated. It's not natural RNA because it has methyl-pseudouridine on it ... And the goal is to keep it alive. Normally, if you get injected with RNA, you have enzymes in your system, in your tissues, that will immediately break it down. Your body knows it must get rid of the RNA. What you do with the vaccine is you make sure [your body] can't get at it ... Then there's the lipid [in which the RNA is encased]. The lipids are very abnormal, very weird ... They're not natural but they have some cholesterol in there, probably to help it look like a natural LDL particle so that your cells will take it up. It's not being taken up by the ACE2 receptor. It's not being taken up the same way that the virus is being taken up. It's a totally different mechanism that brings it into all the cells. You've gone past all the mucosal membranes. Usually, a virus is going to come into the lungs or any kind of cavity where there's a mucosal system that's going to hit the virus first. The virus [will trigger] your natural mucosal system to respond to it and clear it if you're a healthy person, and that's the end of it. [With the vaccine], we never get a chance to do that. You're just getting it shot right into your muscle, past all the barriers and the muscle goes crazy ... sending out all kinds of alarms."[449]

[447] Seneff and Nigh, "Worse Than the Disease?" (10 May 21), 60-1.
[448] Ibid.
[449] Ibid.

168 "The really worrisome thing is, there's potential for it to become integrated into your DNA. If that happens, it will last your entire lifetime, and you may pass this new genetic code on to your offspring."[450] Seneff and Nigh explain: "It has been claimed that mRNA-based vaccines are safer than DNA-vectored vaccines that work by incorporating the genetic code for the target antigenic protein into a DNA virus, because the RNA cannot become inadvertently incorporated into the human genome. However, it is not at all clear that this is true. The classic model of DNA → RNA → protein is now known to be false … More than a third of the human genome is devoted to mysterious mobile DNA elements called SINEs and LINEs (short and long interspersed nuclear elements, respectively). LINEs provide reverse transcriptase capabilities to convert RNA into DNA, and SINEs provide support for integrating the DNA into the genome. Thus, these elements provide the tools needed to convert RNA into DNA and incorporate it into the genome so as to maintain the new gene through future generations … Furthermore … the mRNA in the new SARS-CoV-2 vaccines could also get passed on from generation to generation, with the help of LINEs expressed in sperm, via non-integrated cDNA encapsulated in plasmids. The implications of this predictable phenomenon are unclear, but potentially far-reaching." [451] This highlights the inadequacy and carelessness of Wiles's truth-claim that "[b]ecause the vaccine is made of mRNA and not DNA it isn't able to get into our nucleus to interfere with our DNA"[452]

169 Wide-ranging problems are inevitable precisely because the mRNA devices are designed to bypass the innate human immune system, which "is very powerful. The problem is your innate immune system is definitely going to fail if you get a COVID-19 shot, because it's bypassing all of the areas where your innate immune system would be brought to bear. Your body will essentially believe that the innate immune system has failed, which means it must bring in the backup cavalry. In essence, your body is now over-reacting to something that

[450] Mercola interview of Seneff, "COVID Vaccines May Bring Avalanche of Neurological Disease", Mercola (23 May 21).
[451] Seneff and Nigh, "Worse Than the Disease?" (10 May 21), 60-1.
[452] Siouxsie Wiles & Toby Morris, "How the Pfizer vaccine for Covid-19 works", *The Spinoff* (24 Feb 21).

isn't true. You're not actually infected with a virus and your innate immune system has not failed, but your body is forced to respond as if both are true."[453] The spike protein succeeds precisely because it is designed "to avoid being metabolized by your body."[454] Seneff and Nigh cover off a range of potential and observed issues, including anti-body dependent enhancement, which, it is theorised, could occur "in the case of a SARS-CoV-2 vaccine" if "non-neutralizing antibodies form immune complexes with viral antigens to provoke excessive secretion of pro-inflammatory cytokines, and, in the extreme case, a cytokine storm causing widespread local tissue damage".[455]

170 As an example of thrombocytopenia, Seneff and Nigh cite the demise of Dr. Gregory Michael, an obstetrician in Miami Beach, died of a cerebral hemorrhage 16 days after receiving the first dose of the Pfizer/BioNTech COVID-19 vaccine. Within three days of the vaccine, he developed idiopathic thrombocytopenic purpura (ITP), an autoimmune disorder in which the immune cells attack and destroy the platelets. His platelet count dropped precipitously, and this caused an inability to stop internal bleeding, leading to the stroke".[456]

171 Seneff and Nigh conclude their wide-ranging peer-reviewed review of novel mRNA technology with the following: "The mRNA vaccines are an experimental gene therapy with the potential to incorporate the code for the SARS-CoV-2 spike protein into human DNA. This DNA code could instruct the synthesis of large numbers of copies of proteinaceous infectious particles, and this has the potential to insert multiple false signals into the unfolding narrative, resulting in unpredictable outcomes. Experimental mRNA vaccines have been heralded as having the potential for great benefits, but they also harbor the possibility of potentially tragic and even catastrophic unforeseen consequences", which "might not be evident for years or even transgenerationally." [457] In her

[453] Mercola interview of Seneff, "COVID Vaccines May Bring Avalanche of Neurological Disease", (23 May 21).
[454] Ibid.
[455] Seneff and Nigh, "Worse Than the Disease?", (10 May 21), 50.
[456] Ibid., 54.
[457] Ibid., 67.

subsequent interview with Joseph Mercola, Seneff put it more matter-of-factly: "So, in summary, the take-home here is that COVID-19 vaccines, offered to hundreds of millions of people, are instruction sets for your body to make a toxic protein that will eventually wind up concentrated in your spleen, from where prion-like protein instructions will be sent out, leading to neurodegenerative diseases."[458]

172 Dr Dolores Cahill, an immunologist, Group Leader, Max Planck Institute, Berlin from 1994 to 2003, currently Professor at the University College Dublin since 2005, and "a recognised international expert in this field", is profoundly concerned at the lack of completion of clinical trials in humans before the mass use of the experimental mRNA medical devices, and insists that their delivery should be stopped immediately given the consequential adverse events resulting from the rollouts.[459] Indeed, there had never been human clinical mRNA trial precisely because of the mortality that occurred in mRNA animal trials.[460] As she explains, what the mRNA is doing is actually setting up a low-grade autoimmune response in everybody who has been injected. And because the spike protein is being expressed throughout the body by the unstoppable mRNA, when the immune system is stimulated by another infection, it will not only see the new infection but will also recognise the antigenic protein instructed by the mRNA and will begin attacking those organs in the body where it finds it, which will be in every cell of those organs. That, she says, will lead initially to sepsis and then to organ failure.[461] The potential consequences are not only short- and medium-term, but also intergenerational: "[I]t's not yet known if that mRNA integrates into the genes, into the chromosomes, but it must do. That's why it causes so much death. So that's why we need the viral repository to see what the mRNA is.

[458] Mercola interview of Seneff, "COVID Vaccines May Bring Avalanche of Neurological Disease", (23 May 21).

[459] "About [Dolores Cahill]", Dolores Cahill (undated, accessed 6 Jul 21): https://dolorescahill.com/pages/about; John O'Sullivan, "Professor Dolores Cahill: People Will Start Dying After COVID Vaccine", Principia Scientific International (21 Jan 21). "About [Dolores Cahill]", Dolores Cahill (undated, accessed 6 Jul 21): https://dolorescahill.com/pages/about; John O'Sullivan, "Professor Dolores Cahill: People Will Start Dying After COVID Vaccine", Principia Scientific International (21 Jan 21). German Corona Committee [interview details and URL required]

[460] German Corona Committee [interview details and URL required]

[461] German Corona Committee [interview details and URL required]

If they have integration-like sequences in this mRNA it will go into your chromosome; you will express it for the rest of your life. Potentially it can go into your reproductive organs so that your children will be genetically modified organisms … That is the definition of a genetically modified organism – you have the DNA, RNA from another organism", and is the reason, she adds, given the large number of people involved in the clinical trials, that "on the 17th of July 2020 there was an announcement in the EU that they were relaxing all of the genetically modified restrictions, regulations".[462] Cahill is particularly concerned for the elderly, because, if they have one or two comorbidities they may not also have the additional energy required for the immune system to cope with the antigenic protein, leading to them becoming very tired and exhausted when they come across the mRNA again, leading to "life-limiting adverse events" or death.[463] She is insistent that any mRNA products should not be given to the elderly.[464] Cahill strongly advocated for a vial repository, of say one from every 100, so that what is in the mRNA can be determined and sequences and also to check that no other mRNAs contained in the vials.[465]

173 After gaining his MD at the University of Bonn, Germany, Sucharit Bhakdi was appointed a post-doctoral researcher at the Max Planck Institute of Immunobiology and Epigenetics in Freiburg from 1972 to 1976, and at The Protein Laboratory in Copenhagen from 1976 to 1977. He joined the Institute of Medical Microbiology at Giessen University in 1977 and was appointed associate professor in 1982. He was named chair of Medical Microbiology at the University of Mainz in 1990, where he remained until his retirement in 2012. He has published over three hundred articles in the fields of immunology, bacteriology, virology, and parasitology, for which he has received numerous awards and the Order of Merit of Rhineland-Palatinate.[466] Bhakdi and his wife, Dr Karina Reiss, an associate professor at the University of Kiel who has published over sixty articles

[462] German Corona Committee [interview details and URL required]
[463] German Corona Committee [interview details and URL required]
[464] German Corona Committee [interview details and URL required]
[465] German Corona Committee [interview details and URL required]
[466] Sucharit Bhakdi and Karina Reiss, *Corona False Alarm: Facts and Figures*, (London: Chelsea Green Publishing, 2020).

in the fields of cell biology, biochemistry, inflammation, and infection, which have gained international recognition and received prestigious honors and awards", likewise express profound concern at the rollout of these mRNA devices without proper scrutiny, let alone an immensely greater scrutiny given their novel and highly experimental nature, the indecent speed at which they have been produced, and their potential for enormous harm to humanity. As they point out in their latest accessible book: "A natural respiratory infection typically affects only the respiratory tract itself. If, at worst, cell death occurs, the damage is local and can be repaired relatively easily. With a [mRNA] vaccine, however, the viral genetic information is injected into the muscle. Many believe that the packaged viral genes remain at the site of injection – that is, within the muscle. The genes would be taken up by cells at the site, which is where most "virus factories" would be created. Side effects such as swelling, redness and pain at the injection site would be expected because of this, but they would remain relatively harmless and go away after a few days. What a fatal mistake! The virus genes in the Moderna and Biontech/Pfizer vaccines are packaged in so-called nanoparticles – which can be thought of as tiny packages, not made of paper, but of fat-like substances. This protects the contents and makes it easier for them to be absorbed by the cells of our body. The packaging itself causes a risk of severe allergic reactions that is many times higher than with conventional vaccines. It is thus not without reason that people with allergies are now being warned not to get vaccinated – life-threatening reactions (anaphylactic shock) could be triggered. In fact, such dangerous side effects did occur in some vaccination volunteers, who required emergency treatment. In addition, nanoparticles can have numerous other harmful effects because they can interfere with the function of our blood cells and clotting system. But it gets infinitely worse. It is part of basic medical knowledge that all soluble substances injected into muscle tissue enter the bloodstream and are distributed throughout the body within a very short time. This is precisely why substances that are supposed to act immediately are injected into the muscles … We are now witnessing large-scale experiments on humans. This is absolutely irresponsible, especially since there was reason for caution from the beginning. The potential dangers from the

'packaging' were already known. More significantly, however, alarming antibody-dependent enhancement – in this case, the antibodies do not prevent uptake of the virus into cells, but rather enhance it – has been observed in animal studies on SARS and other coronaviruses. In the decades-long, yet futile effort to develop vaccines against SARS or MERS, this enhancement effect was repeatedly observed, as one problem among many others … And more seriously, could the inoculation of viral genes trigger other novel immune-related enhancement effects? Shouldn't such very elementary things have been considered and tested beforehand?"[467]

174 Of necessity, this has only been a passing glance at the panorama of horrors awaiting the people of NZ, thanks to the crimes committed by the defendants. At this point it seems appropriate that Seneff, with her evident compassion and over 50 years of research at the world's leading university, be invited to both ask the final questions and sound a final warning: "Today's children are by far the most vaccinated generation in the history of humankind. If we decide in the near future to deliver a booster COVID-19 shot to them every year, as seems possible given the current climate of enthusiasm for these vaccines, are we inviting disaster for them in years to come? Will their immune system 'age' much faster than that of previous generations, due to the exhaustion of the pool of progenitor B cells by all these vaccines? Will they succumb to Parkinson's disease or other debilitating prion-based neurodegenerative diseases much sooner and in much greater numbers than previous generations? This is an experiment that I hope we finally decide not to carry out. There are many reasons to be wary of the COVID-19 vaccines, which have been rushed to market with grossly inadequate evaluation and aggressively promoted to an uninformed public, with the potential for huge, irreversible, negative consequences. One potential consequence is to exhaust the finite supply of progenitor B cells in the bone marrow early in life, causing an inability to mount new antibodies to infectious agents. An even more worrisome

[467] Karina Reiss, Sucharit Bhakti, *Corona Unmasked: New Facts and Figures* (Berlin: Golden Verlag GmbH) 2021, 13-15.

possibility is that these vaccines, both the mRNA vaccines and the DNA vector vaccines, may be a pathway to crippling disease sometime in the future. Through the prion-like action of the spike protein, we will likely see an alarming increase in several major neurodegenerative diseases, including Parkinson's disease, CKD, ALS and Alzheimer's, and these diseases will show up with increasing prevalence among younger and younger populations, in years to come. Very convenient for the vaccine manufacturers, who stand to make huge profits off of our misfortunes — both from the sale of the vaccines themselves and from the large medical cost of treating all these debilitating diseases."[468]

175 That the synthetic poisonous protein is being expressed all around the body is evidenced by the categories of adverse events, including deaths summarised in the data below.

ADVERSE EVENTS AT A GLANCE

REPORTED DEATHS AND INJURIES FOLLOWING COVID-19 INOCULATION FOR EUROPE, UK, AND US AS AT 17-19 JUNE 2021

Region	As at	Source	Total adverse events	Total deaths
Europe	26/6/21	EMA	1,598,895	16,535
UK	17/6/21	Yellow Card	973,435	1,356
US	29/6/21	VAERS	398,541	6,542
Total			**2,970,871**	**24,432**

EMA adverse events categories: Blood and lymphatic system disorders; Cardiac disorders; Congenital, familial and genetic disorders; Ear and labyrinth disorders; Endocrine disorders; Eye disorders; Gastrointestinal disorders; General disorders and administration site conditions; Hepatobiliary disorders; Immune system disorders; Infections and infestations; Injury, poisoning and procedural complications; Investigations; Metabolism and nutrition disorders; Musculoskeletal and connective tissue disorders; Neoplasms benign, malignant and unspecified (incl cysts and polyps); Nervous system disorders; Pregnancy, puerperium and perinatal conditions; Product issues; Psychiatric disorders; Renal and urinary disorders; Reproductive system and breast disorders; Respiratory, thoracic and mediastinal disorders; 6,538 Skin and subcutaneous tissue disorders; Social circumstances; Surgical and medical procedures; Vascular disorders.

[468] Stephanie Seneff, "SARS-CoV-2 Vaccines and Neurodegenerative Disease", (1 Jun 21), 12-13.

EUROPEAN DATA 26/6/21

EUROPEAN DATA 26/6/21

	PFIZER		ASTRA- ZENECA		MODERNA		JANSSEN	
TOTAL REACTIONS	**600326**	**7977**	**820708**	**3633**	**140347**	**4356**	**37478**	**569**
ADVERSE REACTION	**TOTAL**	**DEATHS**	**TOTAL**	**DEATHS**	**TOTAL**	**DEATHS**	**TOTAL**	**DEATHS**
BLOOD & LYMPH DISORDERS	16949	88	9546	150	2571	31	355	17
CARDIAC DISORDERS	13860	1078	12754	431	3875	474	580	62
CONGENITAL DISORDERS	112	9	106	3	54	4	15	0
EAR DISORDERS	7552	5	9211	0	1691	0	214	0
ENDOCRINE DISORDERS	298	2	324	3	95	1	10	1
EYE DISORDERS	8837	18	14045	14	2196	8	453	3
GASTROITESTINAL DISORDERS	54670	377	84027	169	12183	148	3514	24
GENERAL DISORDERS	165525	2412	219619	952	38464	1849	9853	144
HEPATIC DISORDERS	515	31	571	29	241	14	56	4
IMMUNE SYSTEM DISORDERS	6571	36	3229	13	1231	5	101	0
INFECTIONS	18771	804	18656	236	4333	245	462	14
INJURIES	6791	116	8336	86	2876	82	372	8
INVESTIGATIONS	14324	292	17588	85	3048	93	2174	39
METABOLIC DISORDERS	4461	152	10029	51	1450	87	205	11
MUSCLE & CONNECTIVE TISSUE DISORDERS	84401	99	127296	47	17328	80	6393	17
NEOPLASMS	355	24	358	8	145	17	16	0
NERVOUS SYSTEM DISORDERS	108173	843	174641	573	24952	438	7939	73
PREGNANCY CONDITIONS	440	15	238	4	300	2	10	1
PRODUCT ISSUES	117	0	112	0	19	0	10	0
PSYCHIATRIC DISORDERS	10575	113	15436	29	2816	70	400	5
RENAL & URINARY DISORDERS	1900	126	2926	34	924	60	128	8
REPRODUCTIVE & BREAST DISORDERS	3192	2	6482	0	588	2	136	0
RESPIRATORY DISORDERS	25677	928	27818	414	6463	416	1274	44
SKIN DISORDERS	28796	70	37749	23	7455	30	972	2
SOCIAL CIRCUMSTANCES	918	12	818	5	600	13	80	3
SURGICAL & MEDICAL PROCEDURES	343	20	706	16	475	41	359	26
VASCULAR DISORDERS	16239	305	18087	258	3974	146	1397	63
TOTALS	**600362**	**7977**	**820708**	**3633**	**140347**	**4356**	**37478**	**569**
TOTAL REACTIONS	**1598895**							
TOTAL DEATHS	**16535**							

UK DATA 17/6/21

Vaccine Adverse Events UK Data

	PFIZER		ASTRA-	ZENECA	MODERNA		OTHER	
ADVERSE REACTION	TOTAL	DEATHS	TOTAL	DEATHS	TOTAL	DEATHS	TOTAL	DEATHS
BLOOD DISORDERS	7164	3	6645	9	0	0	33	3
CARDIAC DISORDERS	2776	69	7879	123	102	0	22	3
CONGENITAL DISORDERS	32	0	65	1	1	0	0	0
DEVICE ISSUES	62	0	117	0	1	0	1	0
EAR DISORDERS	2855	0	8250	0	170	0	31	0
ENDOCRINE DISORDERS	85	0	263	0	2	0	0	0
EYE DISORDERS	3558	0	12181	0	158	0	45	0
GASTROITESTINAL DISORDERS	21225	14	73305	9	1061	0	237	1
GENERAL DISORDERS	57080	156	233977	318	4124	2	738	7
HEPATIC DISORDERS	84	1	363	8	2	0	3	0
IMMUNE SYSTEM DISORDERS	1188	2	2594	2	115	0	15	0
INFECTIONS	5202	68	16093	77	247	1	71	3
INJURIES	2343	2	7065	1	242	0	39	0
INVESTIGATIONS	2552	2	9499	2	109	0	47	0
METABOLIC DISORDERS	1268	1	8090	5	48	0	46	0
MUSCLE & TISSUE DISORDERS	27007	0	90733	1	1610	0	281	1
NEOPLASMS	140	2	317	4	4	0	0	0
NERVOUS SYSTEM DISORDERS	38876	41	160834	162	2166	1	506	1
PREGNANCY CONDITIONS	186	5	191	1	13	0	2	0
PSYCHIATRIC DISORDERS	3900	2	15206	2	240	0	60	0
RENAL & URINARY DISORDERS	581	4	2234	6	26	0	15	0
REPRODUCTIVE & BREAST DISORDERS	3839	1	7839	0	455	0	37	0
RESPIRATORY DISORDERS	9087	41	24655	113	384	0	75	3
SKIN DISORDERS	15642	1	45995	1	3011	0	169	0
SOCIAL CIRCUMSTANCES	85	0	266	0	9	0	1	0
SURGICAL & MEDICAL PROCEDURES	186	1	584	1	8	0	3	0
VASCULAR DISORDERS	3165	10	10725	56	172	0	44	0
TOTAL REACTIONS	210168	425	745965	904	14781	5	2521	22
TOTAL REPORTS	73944	425	205221	904	5226	5	828	22
TOTAL REACTIONS	973435							
TOTAL REPORTS	285219							
TOTAL DEATHS	1356							

USA DATA 29/6/21

CDC Data 29/6/21					
DATA AS OF 30/6/21					
ADVERSE REACTION	**PFIZER**	**MODERNA**	**JANSSEN**	**OTHER**	**TOTAL**
DEATHS	3583	2486	447	26	**6542**
CLASSIFIED AS SERIOUS	17297	13570	2967	134	**33977**
CLASSIFIED AS NOT SERIOUS	159463	166687	37592	831	**364578**
TOTAL ADVERSE EVENTS	**176760**	**180257**	**40559**	**965**	**398541**
SERIOUS REACTIONS					
HOSPITALISED	11721	9539	2251	101	23612
LIFE THREATENING	3389	2735	777	37	6938
PERMANENT DISABILITY	2943	2199	477	17	5636
CONGENITAL DEFECT	114	89	12	0	215
SELECTION OFCATEGORIES					
	CASES ALL VACCINES COMBINED				
BELL'S PALSY	2654				
HEART INVOLVMENT	19517				
HEART ATTACK	1773				
NERVE INVOLVMENT	2946				
PARALYSIS	1056				
STROKE	3828				
VISIT TO DOCTOR	76239				

Note: According to Lazarus, Ross et al., "less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). If that is correct, it would be reasonable to speculate that total deaths from COVID-19 injectables for Europe, the UK and the US could be in the vicinity of, say, ten times higher than have been currently reported, that is, perhaps, 250,000.[469]

[469] Ross Lazarus et al., "Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)", submitted to US Department of Health and Human Services (30 Oct 2009), 6.

AN ORCHESTRATED LITANY OF LIES[470]

> *But in this case, the palpably false sections of evidence which I heard could not have been the result of mistake, or faulty recollection. They originated, I am compelled to say, in a pre-determined plan of deception. They were very clearly part of an attempt to conceal a series of disastrous administrative blunders and so, in regard to the particular items of evidence to which I have referred, I am forced reluctantly to say that I had to listen to an orchestrated litany of lies.*[471]

Packaging poison

176 It was an act of moral bankruptcy and extreme criminal recklessness to supply to an unsuspecting public under the guise of it being akin to a childhood vaccine a novel, highly experimental and genetically hazardous medical device, all the more so given the "grossly inadequate studies to evaluate safety and effectiveness" to which it had been subjected.[472] This is apparent from Medsafe's Provisional Consent dated 3 February 2021 that those making this decision knew that the rollout would constitute a mass "medical or scientific experimentation" in breach of the Nuremberg Cod and sections 10 and 11 of the New Zealand Bill of Rights Act 1990, and furthermore, with many of the answers to their conditions not required until July 2021, five months after the rollout of Comirnaty would begin on 20 February 2021.[473] At condition 5, for instance, further details are required regarding "the truncated and modified mRNA species present in the finished product."[474] Among other conditions, data is required to "address the potential for translation into truncated S1S2 proteins/peptides or other proteins/peptides", as well as an evaluation of "[a]ny homology between

[470] Mahon, "Report of the Royal Commission to inquire into the crash on Mount Erebus, Antarctica of a DC10 aircraft operated by Air New Zealand Limited 1981", 150 [377].
[471] Ibid.
[472] Stephanie Seneff, "SARS-CoV-2 Vaccines and Neurodegenerative Disease", *Health Research* (1 Jun 21), 2-3: https://stephanieseneff.net/sars-cov-2-vaccines-and-neurodegenerative-disease/
[473] James, "Provisional consent to the Distribution of a New Medicine, (3 Feb 21), 1-4.
[474] Ibid., 1.

translated proteins (other than the intended spike protein) and any human protein that may, due to molecular mimicry, potentially cause an autoimmune process".[475] Presenting Comirnaty as safe to an unsuspecting public constitutes criminal conduct. Condition 6 of the letter concerns RNA integrity, while condition 7 requires a reassessment of "the DNA template purity and impurities."[476] Condition 24 requires "a risk assessment with respect to the potential presence of elemental impurities in the active product", that is, in BNT162b2.[477] Conditions 26 to 38 concern the cytotoxic lipid ACL-0315 and conditions 39 to 51 concern the PEGylated lipid, ALC-0159, which together comprise 45% of the 58 provisions, demonstrating the defendants' heightened awareness and concern regarding these ingredients in particular. Furthermore, given that Pfizer's pharmacokinetic Report No. 185350 was included in its application dossier to the EMA, it is reasonable to assume that it was also included in its application dossier to Medsafe. However, the plaintiff cannot verify this because James withheld the Pfizer dossier under the following sections of the OIA: "(2)(ba)(i), to protect information that is subject to an obligation of confidence and making it available would likely prejudice the supply of similar information, or information from the same source; and "9(2)(b)(ii), where its release would likely unreasonably prejudice the commercial position of the person who supplied the information."[478] The obvious hardly need be stated, that James was putting the profits of a company with a very serious record of criminal medical fraud, which any sensible business person would not touch with 40-foot barge pole, ahead of the health and wellbeing of the polity of NZ. The plaintiff therefore seeks to discover the Pfizer application dossier provided to Medsafe and Pfizer Report No. 185350 referred to at 163 (above).

177 From the outset of this still unfolding man-made tragedy, the defendants have conducted a costly propaganda programme that is nothing less than "an

[475] Ibid.
[476] Ibid.
[477] Ibid.
[478] OIA letter of James dated 20 April 2021, Ref.: Ref.: H202103245.

orchestrated litany of lies" under the banner "Unite against COVID-19".[479] As John Walsh, seconded by Dr Brook Barrington, Chief Executive of the Department of the Prime Minister and Cabinet to head communications, described their commodification of COVID: we "established that as a brand for all our communications to sit under".[480] Thanks to a $25 million budget for "COVID-19 communications", Walsh was able to hire Clemenger BBDO and OMD, respectively, "a global advertising network" and medical agency, both of which, says Walsh, "were very experienced in public-behavior-change programs."[481] This experience would prove invaluable in convincing New Zealanders they would be receiving a run-of-the-mill vaccine and not an injectable that turned them into genetically modified organisms. Bloomfield, on the occasion of the announcement of Pfizer's provisional approval one year later, would say that "Unite against COVID-19" had been an 'incredibly good' campaign".[482] The campaign went hand-in-glove with the namesake website, which Walsh et al. aimed to make "'the single source of truth'".[483] On 18 March 2020, as Walsh tells it: "'We went *full noise* in terms of the volume of content we pushed out through multiple channels'", as "advertisements flooded radio, television, and digital media."[484] The next day Ardern put "the single source of truth" to the test when she dismissed lockdown speculation just one week before she locked up the population.[485] Six months later she would confirm her role as a bastion of truth when challenged by the Leader of the Opposition: "I stand by my statement in its entirety. Some weeks ago, I was asked about rumours and speculation that had emerged across social media on COVID-19 that could have caused harm to New

[479] Mahon, "Report of the Royal Commission to inquire into the crash on Mount Erebus, Antarctica of a DC10 aircraft operated by Air New Zealand Limited 1981", 150 [377].
[480] Blair Cameron, "Captaining a Team of 5 Million: New Zealand Beats Back COVID-19, March – June 2020", Princeton University, (September 2020), 8, 2: https://successfulsocieties.princeton.edu/publications/captaining-team-5-million-new-zealand-beats-back-covid-19-march-%E2%80%93-june-2020
[481] Ibid., 12-13.
[482] Amelia Wade, "Pfizer Covid vaccine approved in NZ; PM says she will 'absolutely' get vaccinated ", *NZ Herald* (3 Feb 21): https://www.iheart.com/live/Newstalk-ZB-6187/?autoplay=true
[483] Cameron, "Captaining a Team of 5 Million", 8, 2
[484] Ibid., 13.
[485] Benn Bathgate and Collette Devlin, "Coronavirus: Countrywide lockdown speculation dismissed by Prime Minister", *Stuff* (19 Mar 20): https://www.stuff.co.nz/national/health/coronavirus/120380390/corona virus-countrywide-lock-down-speculation-dismissed-by-prime-minister ; Derek Cheng, "Coronavirus: Jacinda Ardern dismisses nationwide lockdown speculation on social media", *NZ Herald* (19 Mar 20): https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=1231 8113

Zealanders. My full quote reads, “I’ve been watching for some days—and this is not unique to New Zealand—that, in the midst of what is a global issue, as you would expect, there are a number of rumours that circulate. I am present on social media; I see it myself. I cannot go round and individually dismiss every single rumour I see, as tempted as I might be. So, instead, I want to send a clear message to the New Zealand public: we will share with you the most up-to-date information daily. You can trust us as a source of that information. You can also trust 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—the covid19.govt.nz website. Otherwise, dismiss anything else. We will continue to be your single source of truth. We'll provide information frequently. We will share everything we can. Everything else you see—a grain of salt.’”[486]

178 It is therefore appropriate that the originating performative act of this “orchestrated litany of lies” belongs to Ardern, who promised on 24 March 2020 to save “up to tens of thousands” of New Zealanders from certain death.[487]

179 On 22 March 2021, Hendy reconfirmed his predicted mortality burden of 25 March 2020, which equated to over 130 million deaths worldwide: “Yeah, I mean, we were looking at tens of thousands of deaths. That was, that was, you know, we’d play with the parameters, we’d see what we were looking at, we’d test how sensitive the predictions with the tens of thousands, and that was pretty confronting, um, to see those numbers.”[488]

180 Here Bloomfield and James knowingly mislead their audience by claiming that “that this vaccine and others that come after it are absolutely safe and effective and that they’re at the right thing for us to use here in New Zealand”, without also letting their viewers know any of the hazards this highly toxic cocktail of nanolipid particles that carry the mRNA to numerous sites in the body

[486] Jacinda Ardern, “Parliamentary Debates (Hansard)”, House of Representatives, (2 Sep 20), Oral Questions.
[487] Jacinda Ardern, “Post-Cabinet press conference”, Beehive (23 Mar 20), 5.
[488] Garner interview of Hendy, in Ireland Hendry-Tennent, “Disease modeller describes 'confronting' moment he realised how many Kiwis could die from COVID-19”, the AM Show, Newshub (22 Mar 21).

where it instructs the body to do only one thing: produce antibodies to fight the poisonous protein it has instructed the body to make. They also fail to mention that the DNA templates for the RNA has been cultured in E. coli, or that "high levels of truncated and modified RNA fragments might be present in the vials used to inject their listeners – indeed, as the EMA discovered, "the presence of significant amounts of truncated/modified forms of mRNA [were found] at somewhat higher levels in the batches manufactured with the commercial process as compared to material used in clinical trials" – and that when "when present in the cell it cannot be excluded that different proteins than the intact full-length spike will be expressed with possibilities for unwanted immunological events."[489] Neither Bloomfield nor James mentioned to the viewers they were both fully aware of the potential mRNA issues set out at condition 5 of Medsafe's provisional letter of consent signed by James the day before this interview: "5. Provide data to further characterise the truncated and modified mRNA species present in the finished product. Data are expected to cover batches used in clinical trials (for which the characterisation data could be available earlier) and the PPQ batches. These data should address results from ion pairing RP-HPLC addressing 5' cap levels and presence of the poly(A) tail. These data should also address the potential for translation into truncated S1S2 proteins/peptides or other proteins/peptides. Relevant protein/peptide characterisation data for predominant species should be provided. Any homology between translated proteins (other than the intended spike protein) and human proteins that may, due to molecular mimicry, potentially cause an autoimmune process should be evaluated. Due date: July 2021. Interim report: March 2021."[490] As for Medsafe not cutting any corners, it had merely sliced two-and-a-half years off the scheduled three year clinical trial, which would normally have been about four times as long for an unprecedented product using novel genetic technology never before us in human subjects.

180.1 Ashley Bloomfield (AB): Kia ora koutou katoa, I'm Dr Ashley

[489] "Assessment Report: Comirnaty", European Medicines Agency (19 Feb 21), 16, 35, 137.
[490] James, "Provisional Consent to the Distribution of a New Medicine", (3 Feb 21), 1.

Bloomfield, Director-General of Health and I've got with me today Chris James who's the Group Manager at Medsafe. Medsafe's our independent medicines regulator here in New Zealand and it's just completed the work with its advisory committee on looking at the very first vaccine against COVID-19 that we will be able to deploy in New Zealand. You may have heard the announcement by the Prime Minister just this afternoon – exciting news! And this does mean that all the planning we have been doing over the last few months and the hard work that Medsafe has been doing to look at all the information all the data from clinical trials that's out there to provide us with advice on whether or not we should use this first vaccine that's available for New Zealand, the Pfizer vaccine. What I should say before I throw a few questions Chris's way is that we still are in the middle of this global pandemic and in many senses even as we roll out this vaccine and other ones that we hope will be available for us when they're approved, our elimination strategy is still absolutely the way that New Zealand is dealing with this virus. So our borders remain very tightly managed with managed isolation and quarantine. Anyone coming into the country will need to spend 14 days there. For all of us already in New Zealand, all those things we have been doing and need to continue to do remain the same during 2021: We need to keep washing our hands, not going out if we're unwell and of course using the NZ COVID Tracer app to scan wherever we go and make sure Bluetooth is on. But this is an exciting day we have got approval for the first of these COVID-19 vaccines, the Pfizer vaccine, and *so I'm going to talk with Chris a little bit about the process Medsafe uses to reassure us – all of us – as Kiwis, how we know that this vaccine and others that come after it are absolutely safe and effective and that they're at the right thing for us to use here in New Zealand*. So Chris, welcome to this discussion, and I just want to wonder if you could start first with, just talk a little bit about the process that Medsafe uses to approve a vaccine.

Chris James (CJ): Absolutely, so what we have done, we've been working with the companies for a number of months now and one of the things we've done is allowed them to, for instance, provide us data on a rolling basis as

they generate it, which is very helpful. This has helped us to streamline our process but make sure it is absolutely rigorous in terms of our review, in terms of the requirements that we need to see met before we approve a vaccine. There are three key main parts that we look at. The first is efficacy, so how effective is the vaccine? And this is generated from clinical trials. We get that data through and my assessors look at that and look to see you know how effective is the vaccine the second one is clearly important and that's about safety. And again that comes from clinical studies. We've also been quite fortunate in New Zealand, that we've been able to learn off other countries, who have administered millions of doses to their populations and we're in really close contact with them to get the reports that they've been receiving and get a really good sense of safety information and what adverse reactions or side effects might be coming through. And the last part is quite important as well and that's about manufacturing data. The company has to provide us a lot of information to show they can make a really high quality product, that each batch is consistent and that's very important because obviously we want the vaccine that comes into New Zealand to be really high quality. – Yeah. – So once we've assessed that we also go off and get expert advice and we can get expert advice from our the medicines assessment advisory committee, which we did yesterday, who supported our proposal to grant an approval with conditions on the Pfizer vaccine.

AB: Yeah thanks Chris, that's a nice description of the sort of things you're considering and you've talked about the sort of advantage New Zealand has got in being able to get the data from the experience of other countries, and you know, what is, what are those data showing us already around safety and even effectiveness of this vaccine in practice?

CJ: So you're right, you know, we're getting a lot of information coming through and you know we've seen clinical studies that include at least 20,000 people that are ongoing and we continue to get updates from the company on those, which is really helpful. And the information we've seen coming through from regulators that we're in regular contact with, you know, on a weekly basis, what we're seeing is predominantly the side effects being

reported are mild and tend to resolve over a couple of days. They include things like soreness, you know, soreness in your arm, perhaps a bit of redness where the where the vaccine was administered. People have reported headaches, for instance, they may have a headache, may feel a bit lethargic, but these have all – what we've seen in the clinical studies has been confirmed in the information we're seeing coming from other countries, that these tend to be mild and resolve over a couple of days.

AB: *And these are often the sort of side effects people will have if they have, for example, a flu injection every, flu vaccination every year, you can – the arm can feel a bit sore, maybe a little bit tender for a few days afterwards. Some people even feel a little bit unwell, but actually that's the body mounting a sort of immune response to the vaccine isn't it?*

CJ: *That's exactly right, that's exactly right, these are common reactions with vaccines, including the flu vaccine which a lot of people will be familiar with* and what's really reassuring for us is that the information we've had from other countries has not shown up any surprises in terms of side effects being reported.

AB: Thanks very much Chris we know from our surveys and indeed the conversations I've been having with people that Kiwis want to know that any vaccine we use here in New Zealand is safe and effective and *I think Chris has just nicely outlined how we can be confident that Medsafe has gone through a meticulous process, they haven't cut any corners*, and that they will be keeping a close watch on developments internationally even as we now start the process of getting these vaccines onshore and rolling them out to the population. Thanks again, Chris. Thanks very much.[491]

181 The plaintiff submits that this is an intentional, malevolent act of unbridled criminality, that while being aware of the dangers posed by this experimental medical device that instructs the body to poison itself, despite not having answers to conditions 26-33 of the Medsafe provisional consent of 3 February

[491] "Dr Ashley Bloomfield and MedSafe's Chris James talk about vaccine approvals", Ministry of Health (4 Feb 21): https://www.youtube.com/watch? v=th4U_9Ddk4s . Transcript by the MOH. Emphasis added.

2021 regarding the cationic (positively-charged) lipid ALC-0315 known for over 20 years by the scientific community to be "very very toxic", and at conditions 39-51 that the lipid ALC-0159, which contains polyethylene glycol (PEG) that "has never been used before in an approved vaccine" and is known to cause anaphylactic shocks, and despite Bloomfield, a physician, knowing that the active ingredient will pass from the shoulder muscle straight into the bloodstream, began the rollout of this product on 20 February 2021 in what, to repeat, is "medical or scientific experimentation" being conducted on the people of this whenua 12 years and over.[492]

182 Town, Chief Science Advisor to the MOH, he who helped "bump up" the numbers on 24 March 2020 when those from the MOH's commissioned modellers numbers from the day before were insufficient to support Ardern's mass death truth-claim, repeats, in the video transcript below, the defendants' favourite lie that there are only mild side effects with "these vaccines" such as one might experience with "the flu vaccine". He also makes the claim "there's no way at all it [the spike protein] can affect the body's normal DNA", a claim duly contradicted the following month by Liguo Zhang et al.: "We present here evidence that SARS-CoV-2 sequences can be reverse-transcribed and integrated into the DNA of infected human cells in culture."[493] Town also repeats the ropey trope of international cooperation among pharmaceutical companies, before pulling the most rotten out of his bag of potatoes – that Comirnaty had "gone through all the normal checks and balances, including extensive international trials, which have helped demonstrate how effective it is."

182.1 Ian Town: "And so when we are thinking about how these vaccines are developed, we're thinking particularly about the spike protein, and that spike protein is those little projections that you can see poking off the edge

[492] Interview with Dr Vanessa Schmidt-Krüger", Hearing # 37 of German Corona Extra-Parliamentary Inquiry Committee, trans. Gilian Crowther, member of the BDÜ**,** the Federal Association of Interpreters and Translators, 30 January 21, 1.06.30:https://enformtk.u-aizu.ac.jp/howard/gcep_dr_vanessa_schmidt_kreuger/

[493] Liguo Zhang, "Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues", *PNAS* (19 Apr 21), 7: https://doi.org/10.1073/pnas.2105968118

of the virus when you see an image of it in the media. So what RNA vaccines are doing is simulating that spike protein and displaying it to the body so that it triggers an immune response. So the key thing is, having prepared the body for this, next time the body sees that spike protein, which would be the virus infection itself, it swings into action immediately, and starts to attack the virus and protect it from spreading in the body." [SLIDE: What happens to the RNA?] "As soon as they've done their job and that antibody response has been generated, that fragment is excreted from the cell and there's no way at all it can affect the body's normal DNA. [SLIDE: What are the side effects?] When people come forward for a vaccination they'll be given quite a detailed information sheet that will cover some of the really common side-effects that people will be familiar with from, say, the flu vaccine. There can be a bit of soreness or discomfort at the injection site. Sometimes there can be a low-grade temperature so people might feel a bit feverish, and occasionally they may get a headache or some muscle aches and pains. Now once you've received your vaccination, the staff will ask you to stay around those premises for about 30 minutes. This is really important 'cos if there are any unexpected allergic-type reactions, someone will be on hand straightaway to deal with that promptly. [SLIDE: Has the vaccine been tested?] "The development of these RNA vaccines has been the subject of a major international collaboration. The exciting thing is that it's new technology. The amazingly reassuring thing is it's gone through all the normal checks and balances, including extensive international trials, which have helped demonstrate how effective it is." [SLIDE: Covid19.govt.nz/vaccines. Unite against COVID-19][494]

[494] Dr Ian Town explains how the RNA vaccine works", Ministry of Health (23 Feb 21): https://www.youtube.com/watch?v=SOaRFZjZZgc

NEWS 7
North Canterbury News, April 29, 2021

With the vaccine, it's all possible

Our immunity against COVID-19 is incredibly important. Because it brings more possibilities for us all.

Possibilities like keeping our way of life intact; our kids being able to learn without worrying about interruptions; or being able to plan gatherings with whānau, or team trips away, without fear of them getting cancelled.

Immunity can bring us all this, as well as more certainty in our jobs, and more confidence in our businesses. With the strength of an immune system made up of all of us, together we can, and will, create more freedom, more options, and more possibilities for everyone.

The COVID-19 vaccine is a triumph of modern science

Creating the COVID-19 vaccines took a global effort. The world united to take on the challenge, with medical professionals and scientists from across the planet working thousands of hours to bring it to us quickly and safely.

Our Pfizer vaccine works by teaching your immune system to fight off the virus. Once you've had both doses of the vaccine it has been shown to be up to 95% effective at stopping you from catching COVID-19. It also greatly reduces symptoms if you do catch COVID-19 – making it far less likely that you'll fall seriously ill, or pass it on to others.

Along with our existing actions like scanning QR codes with Bluetooth turned 'on', and staying home when you're sick, getting the vaccine is the best way to protect Aotearoa against COVID-19.

Find out which vaccination group you're in, and what you need to know, at Covid19.govt.nz/myvaccine

The stronger our immunity, the greater our possibilities.

Covid19.govt.nz/vaccines

New Zealand Government

Unite against COVID-19

183 On 29 April 2021, *North Canterbury News* published a full-page "Unite against COVID-19" advertisement, with a title, "With the vaccine it's all possible", which bore more than a passing resemblance to the title of an article published by the *Times-Standard* nine days earlier: "'It's all possible with the vaccine': Humbolt County health official looks ahead to summer fun".[495] The NZG propaganda read: "Our immunity against COVID-19 is incredibly important. Because it brings more possibilities for us all", reads the subheading. "Possibilities like keeping our way of life intact; our kids being able to lean without worrying about interruptions; or

[495] "With the vaccine it's all possible", *North Canterbury News* (29 Apr 21), 7; Isabell Vanderheiden, "'It's all possible with the vaccine': Humboldt County health official looks ahead to summer fun", *Times-Standard* (20 Apr 21): https://www.times-standard.com/2021/04/20/its-all-possible-with-the-vaccine-humboldt-county-health-official-looks-ahead-to-summer-fun/

being able to plan gatherings for the whānau, or team trips away, without fear of getting them cancelled. Immunity brings us all this, as well as more certainty in our jobs, and more confidence in our businesses. With the strength of an immune system made up of all of us, together we can, and will, create more freedom, more options, and more possibilities for everyone."[496] This puerile copy seems to sum up the contempt with which the defendants view the people of NZ. The notion of equating a vaccine with freedom is simply preposterous, not least when it is they, the defendants, who took away the rights and freedom away of the people guaranteed under the New Zealand Bill of Rights Act. "Our Pfizer vaccine" does not work "by teaching your immune system to fight off the virus" – if the copywriter was not aware, the human immune system is a thing of wonder developed over aeons.[497] Rather, what the "Pfizer vaccine" does, and does so unrelentingly, is to instruct the body to produce poisonous protein within every cell that receives the mRNA instructions. The notion of "an immune system made up of all of us" creating "more possibilities for everyone" merely bespeaks the profound stupidity or complicity recklessly criminal government.[498]

184 The following three images freeze-frame this criminality promoting a highly experimental medical device that has not been licensed anywhere in the world as freedom for a healthy population, when that device is not only worthless but also holds within its nanolipid particles potentially catastrophic consequences for humanity and this whenua:

"The vaccine keeps us together"

"The vaccine helps us plan for tomorrow"

"The vaccine help us meet new family"

[496] With the vaccine it's all possible", *North Canterbury News* (29 Apr 21), 7.
[497] Ibid.
[498] Ibid.


BOOK
The vaccine keeps us together
Covid19.govt.nz
Unite against COVID-19
Westfield


The vaccine helps us plan for tomorrow
Covid19.govt.nz
Unite against COVID-19
Westfield

185 When two New Zealanders in their 80s died in early May 2021 after being injected with the Comirnaty, the tenth defendant (Petousis-Harris), while admitting she did not have all the details, told the *NZ Herald*: "I know enough to

know that they are not in any way related to the vaccine … [H]undreds of millions have had [the vaccines] and there's no indication they kill people."[499] Petousis-Harris was well-credentialed to make this truth-claim, being a network co-director of the Global Vaccine Data Network, which, among other things, appears intent on eradicating "vaccine hesitancy".[500] Unsurprisingly, her response was one of blanket denial when she was asked the following evening by Melissa Stokes of *One News* if there were cause for concern regarding the two deaths, which are more correctly homicides:

> 185.1 Melissa Stokes (MS): Auckland University vaccinologist, Helen Petousis-Harris is with me. Helen, thanks for coming in. I imagine this could make some people feel quite nervous. Do we need to worry?
>
> HPH: Oh, no, not at all. We want to see events reported. It enables us to pick up things that are unexpected or of concern. And at the moment there's nothing to suggest there is anything of concern here.
>
> MS: Can you explain that a bit further? How important is it to report adverse events?
>
> HPH: It is really important, especially things that are either serious and [sic] severe. Not because necessarily the vaccine causes events; lots of things happen all the time in the background. But, um, these sort of systems enable us to detect things that are unexpected or unusual, um, and a lot of assessment occurs, um, of these cases.
>
> MS: Millions, I imagine, of the Pfizer vaccine have been given out globally. Ah, have there been any reports of deaths in other countries?
>
> HPH: So the [sic] reports of deaths of course because we're vaccinating hundreds of millions of people, and of course we see deaths afterwards. And but so far even after all those doses there's no suggestion that this vaccine actually causes people to die.

[499] "Covid 19 coronavirus: vaccine safety committee investigating two deaths in NZ", *NZ Herald* (8 May 21): https://nzherald.co.nz/nz/covid-19-coronavirus-vaccine-safety-committee-investigating-two-deaths-in-nz/PW3JYUGM66WRB3S5MMTF6RAN74/

[500] Global Vaccine Data Network (undated, accessed 29 Jun 21): https://www.globalvaccinedatanetwork.org/

MS: So what will authorities be doing tonight? What kind of investigations happen after an incident like this?

HPH: There's a whole lot of processes that occur, and particular things that the experts will look for, ah, to help them determine, you know, causality. As I understand them, these cases, there's no reason to think that there is anything to do with the vaccine. But there are a whole lot of processes that occur and then you know a decision on how likely it is it's related to the vaccine is made.

MS: And just how important is it that the public knows about this? Or an incident like this?

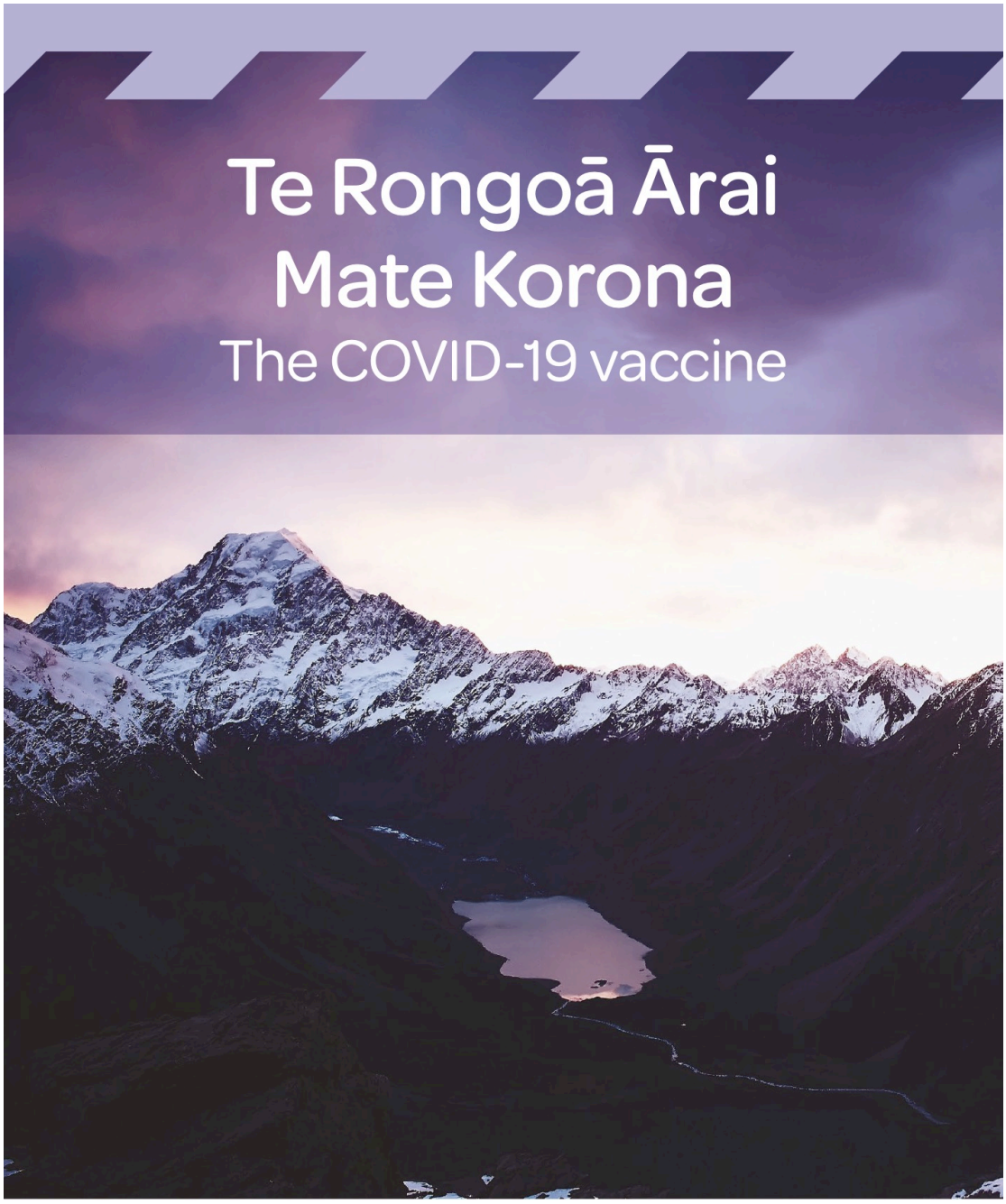
HPH: I think it's really important that people understand we're going to see lots and lots of reports of things happening after the vaccine. We're going to go and vaccinate, you know, as many people as we can in our population. We're going to see a lot of things happening by chance. Um, this is expected. Ah, and it, it's, I think, because we want to see reports so that we can be assured that our systems are working well.

MS: So your message to people out there tonight, still go and get the vaccine, right?

HPH: Oh, absolutely. So far this vaccines is looking, is looking incredibly safe.

MS: Alright. Helen Petosis-Harris, Petousis-Harris, rather, thank you very much for joining us this evening.[501]

[501] Melissa Stokes, "Deaths of people who had Covid vaccination 'no cause for concern'-vaccinologist", *One News* (8 May 21): https://www.tvnz.co.nz/one-news/new-zealand/deaths-people-had-covid-vaccination-no-cause-concern-vaccinologist?auto=6253208258001



Canterbury District Health Board
Te Poari Hauora ō Waitaha

West Coast – District Health Board –
Te Poari Hauora a Rohe o Tai Poutini

Mā tātau katoa e ārai atu te COVID-19

186 On 8 June 2021, the Canterbury and West Coast Distric Health Boards published a booklet entitled "Te Tongoā Arai Mate Koruna The COVID-19 vaccine" containing "scientific information", by which is meant basic questions and answers produced by the MOH, some of which the plaintiff will gloss below.[502] The booklet begins: "Thank you, whānau, for everything you have done over the past year to keep our community safe. Finally, the COVID-19 vaccination is here, it's safe and it's free. This booklet will answer some of your questions about the *safety* of the vaccination. We want you to have access to easy to understand, scientific information, so we can continue to protect our whānau from Mate Korona – it's about manaaki tāngata."[503]

186.1 Question: "How is the vaccine safe, given it has been developed so quickly?"

NZG Answer: "The vaccine is safe to use. No short cuts were taken during the development of the vaccine. Since December, hundreds of millions of people have received at least one dose of a COVID-19 vaccine worldwide — more than the total number of people who have been infected with the virus (more than 100 million)."[504]

Plaintiff Gloss: *The "vaccine" is not a vaccine but a genetic encoding device that is demonstrably unsafe to use. So far, in Europe, the UK and the US alone, after being injected, about three million people have reported adverse events and over 24,000 have died. Because the clinical trial is over two years from completion, long-term side affects are unknown, although experts are of the view that neurodegenerative diseases will be an inevitable consequence. Short cuts were taken during the development of the vaccine, most notably not completing the phase 1 / 2 / 3 clinical trial, which is particularly dangerous for a novel and highly experimental device of a type never before used on human beings, which, in the normal course of events, would have taken over 12 years to complete, but which was completed in under a year.*

[502] "Te Rongoā Ārai Mate Korona The COVID-19 vaccine", Version 3, NZ Government (8 Jun 21).
[503] Ibid. Emphasis added.
[504] Ibid.

No one has been infected by COVID-19 because, SARS-CoV-2 has never been found in or isolated from a human being or shown to be causative of COVID-19.

186.2 Question: Will the Pfizer vaccine give me COVID-19 or affect my DNA? Answer: No. It will not give you COVID-19 and will not affect your DNA or genes. It does not contain any live or dead or deactivated virus.[505]

Gloss: (a) *Pfizer believes it could give a person COVID-19, as evidenced at 8.3.5.1, "Exposure During Pregnancy" (EDP), of its Phase 1 /2 / 3 clinical trial.* [506] *An EDP occurs if: "A female participant is found to be pregnant while receiving or after discontinuing study intervention. A male participant who is receiving or has discontinued study intervention exposes a female partner prior to or around the time of conception. A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure."*[507] *This must be reported and followed up. "The investigator will follow the pregnancy until completion (or until pregnancy termination) and notify Pfizer Safety of the outcome as a follow-up to the initial EDP Supplemental Form. In the case of a live birth, the structural integrity of the neonate can be assessed at the time of birth. In the event of a termination, the reason(s) for termination should be specified and, if clinically possible, the structural integrity of the terminated fetus should be assessed by gross visual inspection (unless preprocedure test findings are conclusive for a congenital anomaly and the findings are reported)."*[508] *(b) Comirnaty is not a vaccine but a genetic-encoding medical device. It carries its encoding instructions in synthetic mRNA. It is during the RNA synthesizing process that DNA serves as a template for the mRNA, and if any of the DNA template shreds and finds its way into the mRNA product, under certain circumstances that random DNA could affect a person's DNA.*

[505] Ibid.
[506] "A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS", Pfizer (Nov 20), 67.
[507] Ibid., 67.
[508] Ibid., 68.

In April 2021, Liguo Zhang et al. also reported "that SARS-CoV-2 sequences can be reverse-transcribed and integrated into the DNA of infected human cells in culture."[509] *As a genetic-encoding device, Comirnaty, by using a proprietary (trademarked) active ingredient called BNT162b2, turns the vaccinee, into a genetically modified organism for at least the duration the active ingredient is active, which, at this stage, is known to be about six months but may be longer. It also has the potential to be transmitted intergenerationally via sperm, the testes being one of the sites in the body where the nanolipid particles carrying the mRNA accumulate shortly after inoculation. Ovaries are another known site where the NLPs, containing the mRNA, accumulate in significant concentrations. If Comirnaty is transmitted intergenerationally, because its proprietary genetic encoding, BNT162b2, will be a part of a new-born's DNA, a question of ownership or control may possibly arise.*

186.3 Question: Will the vaccine have long-term side effects?

Answer: Serious side effects are very rare. If side effects are going to occur, they usually happen within a few months after getting a vaccine. This is why international medical regulators, including Medsafe NZ, require the first few months of safety data before approving new vaccines. This, plus information coming from vaccine recipients in the northern hemisphere, gives us confidence that COVID-19 vaccines are safe. The safety of the vaccine will continue to be monitored.[510]

Gloss: *As noted above, Comirnaty is demonstrably unsafe, and the extent of these dangers it holds may not be know until years after the conclusion of its clinical trial on 6 April 2023.*[511] *Serious side effects from COVID-19 injectable devices are well-known: the 25,000 deaths for Europe, the UK and the US following inoculation is itself highly significant, even if significantly*

[509] Liguo Zhang, "Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues", *PNAS* (19 Apr 21), 1-10: https://doi.org/10.1073/pnas.2105968118

[510] "Te Rongoā Ārai Mate Korona The COVID-19 vaccine", Version 3, NZ Government (8 Jun 21).

[511] US National Library of Medicine, "Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals", ClinicalTrials.gov (12 Apr 21, last update).

under-reported. Long-term affects are unknown at this stage because the clinical trials have over two years left to run. However, they are likely to be serious and include Prions diseases. (b) It has been a standard requirement that clinical trials of new vaccines run full term. The safety profile for any new product cannot be known from "the first few months of safety data", and especially not a novel and experimental mRNA product such as Comirnaty.

186.4 Question: Will the vaccination affect my fertility?

Answer: There is no evidence that suggests the vaccination will have an impact on female or male fertility.[512]

Gloss: *Given that it is now known that the NLPs accumulate in the ovaries at significant levels of concentration, and also in the testes, fertility in recipients could well be affected. As noted at 168 (above), "the mRNA in the new SARS-CoV-2 vaccines could also get passed on from generation to generation, with the help of LINEs expressed in sperm, via non-integrated cDNA encapsulated in plasmids. The implications of this predictable phenomenon are unclear, but potentially far-reaching."* [513]

186.5 Question: Will the Pfizer vaccine be effective against the new strains of the virus?

Answer: The Ministry of Health is evaluating initial data from other countries about the impact new strains may have on vaccine effectiveness. Some companies have indicated they may make changes to the vaccine to ensure they continue to work effectively – this is similar to the regular changes made to the influenza vaccine.[514]

Gloss: *Given that it has never been established that SARS-CoV-2 exists or is causative of COVID-19, any "new strains", by dint of logic, must likewise be phantom.*

[512] Ibid.
[513] Seneff and Nigh, "Worse Than the Disease?" (10 May 21), 60-1.
[514] Ibid.

186.6 Question: Can I get a vaccine if I'm pregnant?

Answer: You should discuss your individual situation (particularly if you have other medical conditions) and the benefits and risks of receiving the COVID-19 vaccine while pregnant with your midwife or doctor. If you are pregnant and choose to have the vaccine, you can get early access. This is because people who are pregnant can become very sick if they get COVID-19.[515]

Gloss: *Reading the Pfizer protocol for its 1/2/3 clinical trial for Comirnaty is instructive: "A female participant is eligible to participate if she is not pregnant or breastfeeding … The investigator is responsible for review of medical history, menstrual history, and recent sexual activity to decrease the risk for inclusion of a woman with an early undetected pregnancy."*[516] *As at February 2021, the pregnancy data, according to the EMA, was "very limited": "At the time of the data cut-off in the Phase 2/3 study (14 Nov 2020), a total of 23 participants had reported pregnancies in the safety database, including 9 participants who withdrew from the vaccination period of the study due to pregnancy."*[517]

186.7 Question: Can I breastfeed my pēpi once I've had the vaccine?

Answer: The New Zealand government supports the use of the approved vaccine for breastfeeding wāhine. Breastfeeding wāhine do not need to stop breastfeeding to receive the vaccine.[518]

Gloss: *As noted at 164 (above), the "vaccine" vector is being delivered to suckling infants via breast milk, meaning that the poisonous spike protein will circulate and produce bleeding disorders in their gastro-intestinal tracts, as has already been reported.*

186.8 **Side effects**

[515] Ibid.
[516] "A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS", Pfizer (Nov 20), 132.
[517] "Assessment Report: Comirnaty", EMA/707383/2020, European Medicines Agency (19 Feb 21), 134, 109.
[518] "Te Rongoā Ārai Mate Korona The COVID-19 vaccine", Version 3, NZ Government (8 Jun 21).

NZG: These are described as “mild” and listed, with comments, as follows: (a) “Pain at the injection site, headache and fatigue are the most commonly reported reactions”; (b) Muscle aches, feeling generally unwell, chills, fever, joint pain and nausea could also occur (although this is mostly after the second dose), with a note that “these symptoms may not be related to the vaccine and could be signs of an unrelated illness”; (c) Anaphylaxis/severe allergic reaction (rare).”[519]

Gloss: *The plaintiff repeats, for the sake of comparison, the 27 categories of disorders used by the EMA to record adverse events, the 28th being death:*

(a) Blood and lymphatic system disorders; (b) Cardiac disorders; (c) Congenital, familial and genetic disorders; (d) Ear and labyrinth disorders; (e) Endocrine disorders; (f) Eye disorders; (g) Gastrointestinal disorders; (h) General disorders and administration site conditions; (i) Hepatobiliary disorders; (j) Immune system disorders; (k) Infections and infestations; (l) Injury, poisoning and procedural complications; (m) Investigations; (n) Metabolism and nutrition disorders; (o) Musculoskeletal and connective tissue disorders; (p) Neoplasms benign, malignant and unspecified (incl cysts and polyps); (q) Nervous system disorders; (r) Pregnancy, puerperium and perinatal conditions; (s) Product issues; (t) Psychiatric disorders; (u) Renal and urinary disorders; (v) Reproductive system and breast disorders; (w) Respiratory, thoracic and mediastinal disorders; (x) 6,538 Skin and subcutaneous tissue disorders; (y) Social circumstances; (z) Surgical and medical procedures; (aa) Vascular disorders (bb) Death.

186.9 Question: If I don’t get the vaccine, will I be discriminated against at work?

Answer: Employers cannot require an individual to be vaccinated. However, employers can require a specific role be performed by a vaccinated person. Employers must have first done a health and safety risk assessment to

[519] Ibid.

support such a requirement, and must do this assessment in collaboration with workers, unions and other representatives.[520]
Gloss: *Please refer to the coercion section (below).*

186.10 Question: Is the vaccination compulsory?
Answer: Receiving the vaccination is not compulsory.
Gloss: *Please refer to the coercion section (below).*

Coercion

187 The plaintiff repeats 11 (above) and further states: In March 2020 the New Zealand Government created a narrative of fear with a powerful teleology of mass death in order to coerce the population into complying with the orders of the second and fifth defendants, which Thomas, Venning and Ellis JJ declared unlawful on 19 August 2020.[521]

188 On 13 April 2021, the second defendant, Ardern, explained to the media what the vaccination not being compulsory meant.

188.1 Ardern: Overall we know that for Security as of the end of last week has 79% of their workforce had been vaccinated. They of course know the urgency we place on them ensuring that 100% of their workforce are [sic] vaccinated otherwise they will need to withdraw those workers who are currently in our MIQ facilities. [*Edit break*] So you will have heard me say on Friday that process of sitting down with those who have not been vaccinated starts today and runs through till the end of April so that from the first of May essentially no one who has not been vaccinated should be working in our facilities.

[520] Ibid.
[521] Judgement of Thomas, Venning and Ellis JJ, *Borrowdale v Director- General of Health*, New Zealand High Court (19 Aug 20), [292].

Media: What do you mean by are their employers willing to consider their options?

Ardern: Oh, basically either they're redeployed [or] if there is not an option to redeploy them, um, then it will be up to the employer to work through what then happens with that individual. But they cannot work in MIQ.

Media: Does it worry you what sort of a message it sends when you are able to stand up here and say that those two appointments were missed and not provide the reason for that and what message that might send to people around the vaccine and those who perhaps do have hesitancy and realise that there's no sort of accountability for those people.

Ardern: Well, firstly I'd say that there is. If this individual is not vaccinated they will not be able to work in these facilities. So, here the bar is very high. *There is essentially no reason that we consider acceptable*, um, because it is a facility that individuals are at risk. We feel an obligation to make sure that they are looked after. The whole point of the vaccine is to ensure that they do not become seriously unwell. Ah, and so regardless of whatever the rationale was from May, none of them will be acceptable.[522]

189 Regarding border worker vaccine hesitancy this is how the fourth defendant, Hipkins, described the government's policy of persuasion: "What we have found, and I don't want to name and shame any particular group here, so I'll speak in generalisations, but what we've found where we've discovered pockets of hesitancy among that workforce, ah, and we've worked more intensively with those workers to make sure they're getting good impartial information – so it's often been sitting them down with a medical professional for 10 or 15 minutes to actually talk through the actual 'ins' and 'outs' of it, what their reservations may be, [and] we generally have found that ninety-plus percent of them say 'Oh well let's get on with it. Let's have this vaccine'."[523]

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[522] Jason Walls, "Covid 19 coronavirus: Jacinda Ardern's crackdown on unvaccinated frontline MIQ workers", *NZ Herald (*13 Apr 21): https://www.nzherald.co.nz/nz/covid-19- coronavirus-jacinda-arderns-crackdown-on-unvaccinated-frontline-miq-workers/ NDPKL7HU4DXWCKNE35F55GOQUQ/ . Emphasis added.

[523] Chris Hipkins and Ashley Bloomfield, "COVID-19 Media Conference – 30th June 2021", Beehive, 33:48: https://covid19.govt.nz/alert-levels-and-updates/latest-updates/covid-19-media-conference-30-june-2021/

190 For some it also meant, in common parlance, “no jab, no job”.

191 Employees at the government-owned Managed Isolation and Quarantine (MIQ) and Aviation Security Service were among the first to bear the brunt of the government’s policy of coercion. As the first defendant put it: “The Government has introduced a new requirement that all work in MIQ settings must be carried out by people who have been vaccinated against COVID-19. From 1 May 2021, any MIQ worker or government official who is not vaccinated will not be allowed into high-risk border or MIQ facilities, unless a specific exception applies.”[524] The NZG meant what it said: the COVID-19 Public Health Response (Vaccinations) Order 2021 came into force at 11.59 pm on 30 April 2021, thereby putting out of work all contracted MIQ workers who refused to be inoculated with Pfizer’s poison-making device.[525] For them, there was no redeployment.

192 New Zealand Aviation Security Service (Avsec) has likewise threatened its workers with “employment consequences” if they do not get injected with Comirnaty, while continuing to subject them fortnightly to bodily invasion with a nasopharynx swab, resulting in many blood noses among those RT-PCR “tested”.[526] For Avsec staff, the coercion began with a circular email sent at 3.57 pm on 14 April 2021 with “Covid-19 Vaccination” sitting in the subject line.[527] “Hello All”, it began, “Avsec’s vision is to keep NZ skies safe. The Covid Pandemic has made the world a less safe place but we want to help keep you and the team of 5 million safe … The COVID-19 vaccine is now available in New Zealand and is proven to be an effective additional layer of protection that reduces the risk of contracting and transmitting COVID-19, as well as reducing the symptoms should you contract it. As your employer, Avsec has taken steps to book you in for a

[524] “Vaccination requirements for workers in high-risk border settings”, NZ Government (2 May 21): https://covid19.govt.nz/health-and-wellbeing/covid-19-vaccines/vaccination-and-your-job/vaccination-requirements-for-workers-in-high-risk-border-settings/#how-the-new-requirements-work
[525] COVID-19 Public Health Response (Vaccinations) Order 2021, 2.
[526] Nadia Reid, Operations Manager – Christchurch, New Zealand Aviation Security Service | Kaiwhakamaru Rererangi o Aotearoa, in an email to AVSEC CHC ALL EMAIL USERS, dated 14 April 2021.
[527] Nadia Reid, Operations Manager, Christchurch, “Covid-19 Vaccination”, Aviation Security Service (10 Jun 21).

vaccination, we now need to know whether or not you have had both vaccinations. As such we will request all employees to provide their Vaccination Certificate as evidence that they have been vaccinated. Over the next shift your Team Leaders will be asking you to present your vaccination certificate to them. A scan of the certificate will be taken and placed on your employee file. If you are unable to provide your vaccination certificate you will be asked to give your consent to request the Ministry of Health to confirm that you have had both COVID-19 vaccinations. For those employees who have not yet been vaccinated the purpose of this communication is to help you with next steps and *to make sure you are aware of the clear expectation that you have the vaccination*, and *that it is likely to become an ongoing health and safety requirement of your role. Your decision about the vaccination may therefore have employment consequences*. We want to make sure you have all the information you need so that you are fully informed to make the best decision for you, your family and your community."[528]

193 The process continued with a GM E-Lert on 10 May 2021.[529] It began with an assessment of the "Global situation": Globally, second and third waves of COVID, with new strains, are devastating populations. New Zealand and Australia are exception and have remarkable freedoms, which we all need to fight to protect … The first COVID-19 Public Health Response (Vaccinations) Order 2021, tranche 1, dated 28 April 2021, effectively made vaccination mandatory for core agency border workers and managed isolation and quarantine (MIQ) workers, which was released as an E-lert … We've been given a heads-up that the release of the next version (tranche 2) is imminent and is expected to include reference to the Civil Aviation Authority and Avsec … Both tranche 2 and our risk assessment are likely to indicate mandatory vaccinations for all employees working from airport stations in all Authority locations, regularly or occasionally. Like tranche 1, I expect there to be short time frames to get both the first and second vaccine for people who are not yet vaccinated. Ultimately the choice is an individual one

[528] Ibid. Emphasis added.
[529] GM E-LERT, Aviation Security Service (10 May 2021).

about whether or not you'll be vaccinated, but *your decision may impact on your work at the border*, as the organisation has a responsibility to keep you, your colleagues and the public as safe as possible in the workplace."[530] In the meantime, the Avsec staff would be subject to a fortnightly bodily violation by a worthless PCR test, described as follows: "The PCR test is the most accurate and reliable test for COVID-19 currently available. It's the one you'll be familiar with – the 'bottle-brush' swab high into the back of the nose – which enables the virus to be detected from a small amount of genetic material – generally at an earlier stage than other, less reliable forms of testing."[531]

194 The personal letters began arriving a week or so later. One went like this: "Dear — I refer to the meeting/s we have had recently regarding the COVID-19 vaccination. *This letter advises you in writing of the expectation of all of the public service that employees are vaccinated*. Because of the risk of exposure to COVID-19 in your role, *the vaccination may become mandatory through either a Vaccination Order and/or our heath and safety requirements*. Avsec asked all employees too present a Vaccination Certificate, or, if the card is not available, give their written consent to the Ministry of Health being contracted to confirm their vaccination status … *Where staff have a medical reason for not having the vaccination, or concerns about the vaccine and/or their medical situation, they need to have a consultation with the GP or medical provider*. Avsec will reimburse the cost of the consultation. There is a form for the GP to complete on the outcome of the consultation which includes whether your medical situation does, or does not, prevent you from being vaccinated. Please let me know immediately if there is a medical reason. *It is important that you are aware that your decision not to be vaccinated could impact your employment with Avsec as we do not currently have redeployment options available* … I will check with you again next week to confirm that you have read and understood this letter and to see if there is anything further we can do to support you."[532]

[530] Ibid.
[531] Ibid. Emphasis added.
[532] Kate Herdman, Christchurch Operations Manager, Aviation Security Service, (May 21). Emphasis added.

195 Then came, in the second half of June, a letter from the Operations Manager. "Dear — Thank you for meeting with me today to discuss you Covid-19 Vaccination Status and the Health Order we are expecting which we expect will require you to be vaccinated by 20 July 2021 … *If you decide not to receive the required vaccination doses before the applicable date in the Health Order, as you will be unable to attend work, unpaid leave will apply unless you elect to use annual leave or other leave types until you are able to be vaccinated and return to work. If you decide not to receive the vaccination when the Health Order is issued you will not be able to continue working in your current role*. We will need to look at alternatives such as redeployment or MSD [Ministry of Social Development] support."[533]

196 On 30 June 2021, the fourth defendant, Hipkins, relying on Ardern's antonymic definition of "voluntary", framed it ominously in terms of the whole population: "I'm not going to settle for any target less than everybody being offered the chance to get the vaccine and everybody taking up the chance to get the vaccine unless there is a really good reason not to, such as a medical reason. It is a *safe* vaccine, it is the way we can all keep each other safe. *So, I'm not going to set a target that's anything below saying everyone should get it*."[534]

CERT NZ

197 As part of the coercion strategy, the government-owned CERT NZ is acting as a collection site and conduit for information that differs from the wide-ranging disinformation disseminated by the defendants. As CERT writes under the rubric "Report COVID-19 vaccine scams or misinformation": "COVID-19 is a hot topic at the moment, and some may use it as an opportunity to scam people or spread inaccurate information. Help us stop these campaigns. If you have experienced

[533] Tony Angelo, Operations Manager, Aviation Security Service (Jun 21). Emphasis added.
[534] Chris Hipkins and Ashley Bloomfield, "COVID-19 Media Conference – 30th June 2021", Beehive, 20:00. Emphasis added.

or are aware of COVID-19 scams or misinformation, please email us with all the details you have through the link … Report it: (covid@ops.cert.govt.nz). For email scams please … Forward the original email, including any attachments … This will allow us to investigate any hyperlinks etc. Include any further details you're aware of regarding the scam … For phone scams please include: · the telephone number the call came from (if possible) · the telephone number of the person who received the call (this will be treated in confidence) · the date and time of the call a brief explanation of what the caller said … Stopping the spread of mis and disinformation about the COVID-19 vaccine will limit any potential confusion for New Zealanders and help them to make informed decisions about the vaccine. If possible · Send us the link of the website if the content is online. · If you see COVID-19 misinformation on social media, report it to the platform (for example, Facebook or Twitter). If it is a physical item, such as a leaflet, email us a photograph and if possible details of where and how you received it. Include when you received the item and where it came from."[535]

198 As Sharav's testimony confirmed from her childhood experience in Nazi Germany, what is taking place in NZ is supported, with notable exceptions, by the medical and scientific communities, and greeted silence from the legal profession and its human rights lawyers.

199 The Dental Council and the Medical Council of New Zealand issued a "Guidance statement COVID-19 vaccine and your professional responsibility" to their members. It reads in part: "The Dental and Medical Councils have an expectation that all dental and medical practitioners will take up the opportunity to be vaccinated—unless medically contraindicated. You have an ethical and profession obligation to protect and promote the health of patients and the public, and to participate in broader based community health efforts. Vaccination will play a critical role in protecting the health of the New Zealand

[535] "Report COVID-19 vaccine scams or misinformation", CERT NZ (undated, accessed 8 Jul 21), 1-2: https://www.cert.govt.nz/individuals/common-threats/covid-19-vaccine-scams/report-covid-19-vaccine-scams-or-misinformation/

public by reducing the community risk of acquiring and further transmitting COVID-19 … As regulators we respect an individual's right to have their own opinions, but it is our view that there is no place for anti-vaccination messages in professional health practice, nor any promotion of anti-vaccination claims including on social media and advertising by health practitioners."[536] The Medical Council also warned "doctors spreading misinformation about the Covid-19 pandemic and the vaccination rollout that it could cost them their jobs. [The] Medical Council chair … said a small number of doctors were peddling conspiracies. 'It's questioning the severity of Covid, it's questioning the safety of vaccination, it's questioning whether the whole thing is a conspiracy theory' … It comes after it was reported last month … that dozens of heath [sic] professions, including GPs, signed an open letter opposing the Pfizer vaccine."[537]

200 Another way of enforcing compliance is to set the country's security and intelligence services against the population. That is currently taking place under the watch of the second defendant (Ardern) and the third defendant (Little). It is to this aspect of state-sponsored terrorism to which the plaintiff now turns.

ROGUE STATE

The paradox, which is always the same, is that sovereignty is incompatible with universality even though it is called for by every concept of international, and thus universal … and thus democratic, law. There is no sovereignty without force, without the force of the strongest, whose reason—the reason of the strongest—is to win out over everything … As soon as there is sovereignty, there is abuse of power and a rogue state. Abuse is the law of use; it is the law

[536] "Guidance statement COVID-19 vaccine and your professional responsibility", Dental Council Te Kaunihera Tiaki Niho and the Medical Council of New Zealand Te Kaunihera Rata o Aotearoa (undated, accessed online 8 Jul 21).
[537] Hamish Cardwell, "Doctors spreading misinformation about Covid-19 may lose their job - Medical Council, Radio NZ (21 Jun 21): https://www.rnz.co.nz/news/national/445179/doctors-spreading-misinforamton-about-covid-19-may-lose-their-job-medical-council

itself, the "logic" of a sovereignty that can reign only by not sharing.[538]

201 The New Zealand Security Intelligence Service (NZSIS) and the Government Communications Security Bureau (GCSB) constitute a rogue state exercising an illegitimate power in order to terrorise, at the government's command, the people of this whenua into being injected with a poison-producing device worthless as to purpose but which carries within its nanolipid particles dangers, known and unknown, that could turn a healthy, vibrant people into a crippled collective of broken "excluded bodies".[539] This is not hard to see once one opens one's eyes and calculate the large and growing number of adverse events and deaths from this and similar devices occurring around the world.

202 On 27 March 2021, the following, written by David Fisher, was published in the *Weekend Herald*. "Our security intelligence service is monitoring extremist content and conspiracy theories prompted by the first year of the pandemic to gauge whether New Zealanders are becoming racicalised through it and – if so– capable of "acts of terrorism". The statement from NZ Security Intelligence Service Rebecca Kitteridge came in response to *Weekend Herald* questions about activists converging, seemingly drawn together by the Government's response to Covid-19. That includes conspiracy theories that paint the pandemic as a hoax by world governments with a view to controlling populations. Kitteridge said there had been a growth over the past year in the popularity of 'some extremist ideologies and conspiracy theories, particularly those connected to racial identity and political motivations' … She said the NZSIS worked to identify groups and individuals with extremist views, then assessed their intent and capability to carry out violent, terrorist acts. The assessment could see the NZSIS continue or expand "security investigations" or work with police to reduce that risk. The law limited the types of investigation the NZSIS could run and it needed additional authorisation as it stepped up its capabilities, including ministerial and other

[538] Jacques Derrida, *Rogues: Two Essays on Reason*, trans. Pascale-Anne Brault and Michael Naas (Stanford: Stanford University Press, 2005), 101, 102.
[539] Agamben, *Homo Sacer:* 177.

sign-off. The *Weekend Herald* asked Kitteridge about online disinformation and misinformation, including groups with views out of step with out public health response to Covid-19 and individuals whose rhetoric implied violence. She said: 'New Zealanders have the right to freedom of speech. This includes the expression of views that most New Zealanders would find offensive … While many of the extreme views and conspiracy theories are not inherently violent, they can lead some people "down a rabbit hole" towards more extreme material or violent views online. Where individuals follow these pathways and engage with extreme material and views without modifying influences, over time some can become radicalised. This is a security challenge around the world.'"[540]

203 On or about 21 March 2021, a member of Heterodoxies Society Incorporated became aware that a large tranche of personal documents had disappeared from their computer. The member received confirmation from a computer expert that the documents were indeed no longer on their computer but could be observed in a cloud storage facility. The documents had been targeted as those stolen related to this statement of claim. The next day another document disappeared from the member's desktop. The following day, having not received a reply to a text message the member had sent the day before, they sent another message to the person concerned. This time the member received a reply but one that did not read as if it had been sent by the addressee. The member phoned the addressee to learn they had neither received the member's message nor replied. The member then checked the addressee's phone number in their contact list and noticed that six digits had been added to that number. It was then the member realised that their text message had been intercepted and a person other than the addressee person had sent the message to the member. The member then realised that they had lost control of their operating system of their phone and likely their computer. The theft and the ongoing violence of the invasion, along with the member's inability to use their phone or computer and the realisation that their life was being toyed with probably by the SIS and/or

[540] David Fisher, "Covid impact on extremism closely watched: Conspiracists see pandemic as hoax by government", *Weekend Herald* (27 Mar 21):, A7.

GCSB became so stressful that they were admitted to hospital on the evening of 26 March 2021 after the member presented late in the day to the local GP thinking they might have been experiencing a heart attack. The following day the member read two articles in the *Weekend Herald* that made clear that they had been the victim of unlawful violent acts by the country's intelligence services without any justification whatsoever. The member became fearful for the safety of their family and themselves and shortly thereafter went into hiding, where the member has remained. The member has made a range of Privacy Act requests of both the SIS and the GCSB but both organisations have fused to comply.

204 Given that it is evident that the NZSIS and GCSB are aggressively terrorising peaceful members of society they insinuate could be potential terrorists merely because their views, in a free and democratic society, challenge the defendants' criminally reckless disregard for the health and wellbeing of the people of this whenua – "Covid-19 has likely impacted the domestic threat environment" and "provided a platform for individuals with a range of ideologies to aggressively push agendas and promote justifications for extremist and nationalistic propaganda, fake news and conspiracies theories" – and given that the second and third defendants are required to sign the intelligence warrants that make the unlawful conduct of the NZSIS and GCSB lawful, it is apparent that the state of exception has now given way to an expression of totalitarianism.[541]

CAUSES OF ACTION

First cause of action: New Zealand Bill of Rights Act 1990 and Health and Disability Commissioner Act 1994 and Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 – All defendants

[541] Marc Dalder, "SIS: COVID-19 could lead to greater terror threat", *Newsroom* (1 April 21): https://www.newsroom.co.nz/sis-covid-19-could-lead-to-greater-terror-threat

205 The plaintiff repeats 3-9, 17-19, 21 and 23 (above) and summarises as follows: Because the defendants' response to, promotion of and defence from COVID-19 is based on the RT-PCR "test" which detects human RNA and not viral RNA in human subjects, and because SARS-CoV-2 has not been found in or isolated from any human subject or shown to be causative of COVID-19, no basis or justification exists for all and any part of the defendants' response to COVID-19, including the abrogation of the rights and freedoms guaranteed under the New Zealand Bill of Rights Act. This includes, though not exclusively, all restrictions placed on the people of NZ from March 2020 onwards in response to COVID-19 and the coerced inoculation of the population from 20 February 2021 with an experimental genetic medical device called Comirnaty, the early clinical trial results of which relied on the worthless RT-PCR. Accordingly, the "urgent clinical need" as claimed by Medsafe when it issued provisional consent to Pfizer for the distribution of Comirnaty in NZ on 3 February 2021 is a fiction. Furthermore, Comirnaty carries significant dangers that were known to the defendants from information supplied by the manufacturer, those dangers having resulted in thousands of fatalities around the world and many more suffering serious adverse events following their inoculation with this product.

206 The rollout of Comirnaty constitutes "medical or scientific experimentation", which is interdicted at section 5 of the New Zealand Bill of Right Act without a person's consent, which is not lawful consent unless it is freely given, fully informed, not coerced, and not obtained by deception or the deliberate withholding of information. In this regard, the plaintiff submits that "consent is a cornerstone of the ethics of medical treatment and clinical research" and is that which transforms the tort of battery and the breach of human rights into a moral intervention.[542] However, consent can only occur if the subject of any proposed medical intervention has *sufficient knowledge* to consent, is *free from coercion*, and *has the capacity and agency* to grant that consent.[543] This understanding is

[542] Kate A Kensington, "Treatment of Offenders Within the Community: The Issue of Consent", a Dissertation Submitted in Partial Fulfilment of the Degree of Bachelor of Laws (Honours), University of Otago (2015), 18-19.
[543] Ibid., 19-20.

underwritten not only by the common law in NZ but is also found in the Health and Disability Act 1994, which, to repeat, defines "informed consent" as "freely given" and "obtained in accordance with" the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (the Code).[544] As defined by the Code, those rights include: Right 2 — the "Right to freedom from discrimination, coercion, harassment, and exploitation; Right 6 — the "Right to be fully informed"; and Right 7 — the "Right to make an informed choice and give informed consent".[545] Put otherwise, in order to grant informed consent a person must "be able to exercise a free power of choice, 'without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion'."[546]

207 Therefore the plaintiff submits that any consent the defendants believe they have obtained is not lawful consent in that it has been obtained by way of a coercive narrative of, variously, impending mass death and waves of devastation, the only escape from which has been "an orchestrated litany of lies" presenting a dangerous and worthless medical device as safe and efficacious.[547]

208 The mass rollout of Comirnaty began and is continuing while its Phase 1/2/3 clinical trial has still not reached its Primary Completion date, 29 October 2021, while the Study Completion date is scheduled for 6 April 2023.[548]

209 Wherefore the plaintiff seeks the following relief: (a) a declaration that in their entirety the policy responses of the defendants to the purported COVID-19

[544] Ibid., 20; Health and Disability Commissioner Act 1994, s 2(1): https://www.legislation.govt.nz/act/public/1994/0088/latest/DLM333589.html?search=sw_096be8ed81a7b20d_informed+consent_25_se&p=1&sr=1 and Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996: https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/

[545] Ibid.

[546] Kensington, "Treatment of Offenders Within the Community: The Issue of Consent", 22.

[547] Mahon, "Report of the Royal Commission to inquire into the crash on Mount Erebus, Antarctica of a DC10 aircraft operated by Air New Zealand Limited 1981", 150 [377]; Bloomfield, Affidavit (13 Jul 20), 5; "We've stopped a wave of devastation", One News (20 Apr 20): https://www.tvnz.co.nz/one-news/new-zealand/full-speech-jacinda-ardern-addresses-nation-weve-stopped-wave-devastation

[548] US National Library of Medicine, "Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals", Sponsor: BioNTech SE, Collaborator: Pfizer, ClinicalTrials.gov Identifier: NCT04368728, ClinicalTrials.gov (12 Apr 21, last update).

pandemic are without cause and justification and therefore do not meet the test of justified limitations as set out at section 5 of the New Zealand Bill of Rights: "Subject to section 4, the rights and freedoms contained in this Bill of Rights may be subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society"; (b) that the defendants declare that all those who have been inoculated with Comirnaty have done so under duress and without their free and full consent; (c) that the defendants apologise to all those so inoculated; (d) that all "rights and freedoms contained in this Bill of Rights" be restored in full forthwith to every citizen and every person lawfully residing in or visiting Aotearoa New Zealand; (e) costs.

Second cause of action: Human Rights Act 1993

210 The plaintiff restates 22 (above): The Human Rights Act 1993 states at section 21(j) that a prohibited ground of discrimination includes "political opinion, which includes the lack of a particular political opinion or any political opinion", and at section 22(1)(a) that "it shall be unlawful for an employer, or any persons acting or purporting to act on behalf of an employer … to terminate the employment of the employee, or subject the employee to any detriment, in circumstances in which the employment of other employees employed on work of that description would not be terminated, or in which other employees employed on work of that description would not be subjected to such detriment … by reason of any of the prohibited grounds of discrimination."

211 Wherefore the plaintiff seeks the following relief: (a) a declaration that the COVID-19 Public Health Response (Vaccinations) Order 2021, which came into force at 11.59 pm on 30 April 2021, is in breach of the Human Rights Act 1993 and therefore unlawful; (b) damages; (c) costs. [549]

[549] COVID-19 Public Health Response (Vaccinations) Order 2021, 2.

Third cause of action: International Crimes and International Criminal Court Act [ICICCA] 2000 and Rome Statute to the International Criminal Court (2002) – All defendants

212 The plaintiff repeats 17-19, 24 and 25 (above).

213 The plaintiff repeats 3-9 and 35-37 above and further states: Because the defendants' response to, promotion of and defence from COVID-19 is based on the RT-PCR "test", which is not a diagnostic test but relies on WHO-published protocol assay sequences causing it to detect human RNA and not viral RNA in human subjects, and because SARS-CoV-2 has not been found in or isolated from any human subject or shown to be causative of COVID-19, no basis or justification exists for any and all aspects of the response to COVID-19, including, though not exclusively, all restrictions placed on the people of NZ from March 2020 in response to COVID-19 and the coerced inoculation of the population from 20 February 2021 onwards with an experimental genetic medical device called Comirnaty, the first results from its ongoing stage 1/2/3 clinical trials relied for confirmation of results on the RT-PCR, and the dangers of which were or should have been known to the defendants from information supplied by the manufacturer and sponsor, and following the inoculation with which thousands of people around the world have already died and many more have suffered serious adverse events. Accordingly, the defendants have committed and are continuing to commit crimes against humanity according to Article 7 of the Rome Statue to the International Criminal Court (202), which states, a "crime against humanity" is an act "committed as part of a widespread or systematic attack directed against any civilian population", including "severe deprivation of physical liberty in violation of fundamental rules of international law" and acts "causing great suffering, or serious injury to body or to mental or physical health."

214 Wherefore the plaintiff seeks the following relief: (a) an order that the rollout of Comirnaty cease forthwith; (b) that a secure repository of representative vials

from all batches of Comirnaty already administered be immediately established and that representative samples be forensically examined forthwith, the results independently verified by a overseas experts, and the results made public; (c) that all remaining stock of Comirnaty be destroyed and any remaining purchase contracts; (c) a declaration that all positive RT-PCR results by declared null and void and all death certificates and records attributing death to COVID-19 be corrected to the actual cause of death; (d) that all defendants be committed to trial according to this statute; (e) costs.

Fourth cause of action: Terrorism Suppression Act 2002: reprint as at 27 May 2018 – All defendants

215 The plaintiff repeats 3-9, 17-19 and 26 (above), and here repeats 24 above: that all defendants have engaged in acts of terror as defined by the Terrorism Suppression Act, which began when the second defendant (Ardern) announced on 23 March 2020 on nationwide television broadcast from the Beehive that "tens of thousands of New Zealanders could die from COVID-19 … The worst-case scenario is simply intolerable. It would represent the greatest loss of New Zealanders' lives in our country's history. I will not take that chance."[550] The groundless truth-claim that "tens of thousands" would die if the population did not follow her orders, which have since been found to be unlawful, was repeated three times during that media conference and again on nationwide television the following morning.[551] It was also historiographical nonsense: the "greatest loss of life occurred" in this archipelago following William Hobson and Willoughby Shortland misleading proclamation in the *London Gazette* on 2 October 1840, which unleashed a rolling nightmare of introduced diseases, imperial wars and land alienation that would cost tangata whenua an estimated 38,000 lives or 48% of its population before it began its slow recovery in 1891.[552]

[550] Ibid.
[551] *Borrowdale v Director-General of Health* (19 Aug 20), 185; John Campbell interview of Jacinda Ardern, "Full interview: Jacinda Ardern says New Zealand can beat the coronavirus pandemic", *One Breakfast* (24 Mar 20), 0:20: https://www.youtube.com/watch?v=RHHD2titXhw
[552] "Prime Minister: COVID-19 Alert Level increased", (23 Mar 20); Ardern, "Post- Cabinet press conference", (23 Mar 20), 1; "PM Jacinda Ardern Post- Cabinet Press Conference 23 March 2020 on COVID19", YouTube (23 Mar

216 To repeat 12 (above), the plaintiff submits that the defendants' malevolents acts constitutes acts of terror according to the Terrorism Suppression Act 2002, which states: "An act is a **terrorist act** for the purposes of this Act if—(b) the act falls within subsection (2)", which states at (2)(a), "to induce terror in a civilian population", the outcomes of which are at (3)(a), "the death of, or other serious bodily injury to, 1 or more persons (other than a person carrying out the act): (b) a serious risk to the health or safety of a population".[553] At least two such deaths have occurred, as reported in *The New Zealand Herald* on 8 May 2021, for which the burdern of proof must be reversed – that is, that those who approved this product, who promoted it as safe, its manufacturer, and those who adminstered the fatal doses are those who are required establish that this product did not cause the fatalilities.[554]

217 The plaintiff repeats 204 (above).

218 Wherefore the plaintiff seeks the following relief: (a) an order that all defendants be committed to trial according to this statute; (b) damages; (c) costs.

Fifth cause of action: Crimes Act 1961 and Crimes Amendment Act 2003, Intelligence and Security Act 2017, and the Privacy Act 2020 – second, third, eleventh, twelfth, thirteenth, and fourteenth defendants

219 The plaintiff repeats, 27, 201-203 (above).

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20), 2:04; *The London Gazette*, number 19900 (2 October 1840), 2179-80; "Report on Stage 1 of the Te Paparahi o Te Raki Inquiry Released", *Waitangi Tribunal*, Wai 1040 (2014): https://waitangitribunal.govt.nz/news/report-on-stage-1-of-the-te- paparahi-o-te-raki-inquiry-released-2/; Ian Pool's "best estimate" for the indigenous population at 1840 is 80,000, which declined to an estimated 42,000 in 1891. See Ian D Pool, *Te Iwi Maori: A New Zealand Population Past, Present and Projected*, (Auckland: Auckland University Press, 1991), 61, 76, 58, 62.

[553] Bolding in the original.

[554] "Covid 19 coronavirus: vaccine safety committee investigating two deaths in NZ", NZ Herald (8 May 21): https://nzherald.co.nz/nz/covid-19-coronavirus-vaccine-safety-committee-investigating-two-deaths-in-nz/PW3JYUGM66WRB3S5MMTF6RAN74/

220 Wherefore the plaintiff seeks the following relief: (a) an order to remove Type 1 Intelligence warrants from the Intelligence and Security Act 2017; (b) damages; (c) costs.

Sixth cause of action: The Medicines Act 1981 – All defendants

221 The plaintiff repeats 20 (above) and 3-9 (above).

222 The plaintiff claims:

222.1 That the injectable medical product called Comirnaty cannot "achieve its principal intended action in or on the human body by pharmacological, immunological, or metabolic means" as required at section 3(1)(a)(ii) of the Medicines Act because the target virus, SARS-CoV-2 has not been found in or isolated from any human subject and therefore it has not been demonstrated to be causative of COVID-19, the disease invented by the WHO and announced by Tedros on 11 February 2020.

222.2 In any event injectable medical product Comirnaty could not be proven efficacious because its results relied primarily on the use of the worthless RT-PCR "test" as per 10 (above).[555]

222.3 Comirnaty is not a vaccine but a medical device, the mRNA technology of which is described by Pfizer's direct competitor in this market, Moderna, as an "operating system".[556] As a medical device, Comirnaty is excluded as a medicine at section 3(1)(c)(i) of the Medicines Act.

[555] "A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS", Pfizer (Nov 20), 55; "PFIZER-BIONTECH COVID-19 VACCINE (BNT162, PF-07302048) VACCINES AND RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE BRIEFING DOCUMENT", Pfizer (10 December 2020, 78.
[556] mRNA Platform … Our Operating System", Moderna Inc.

222.4 The defendants have consented to supplying as safe a medical device that has already produced numerous fatal consequences around the world 20(3) states but for which they will not warrant its safety: “No consent given under this section shall be deemed to warrant the safety or efficacy of the medicine to which the consent relates.”

223 Wherefore the plaintiff seeks repeats 209 (above) and seeks the following relief: that which is sought at 209 (above).

224 Wherefore the plaintiff seeks the following additional relief: an order that all COVID-19 insructions, orders and legisation arising from the defendants response to the COVID-19 pandemic be rescinded and repealed. This includes the COVID-19 Public Health Response Act 2020 and COVID-19 Public Health Response (Vaccinations) Order 2021.

225 Where the plaintiff seeks the following additional relief: that the special powers afforded a Prime Minister at section 5 of the Epidemic Preparedness Act 2006 be removed from this Act and replaced with the approval of Parliament.

Petition

226 Wherefore, relying on the totality of this claim and the extreme urgency of the circumstances presented herein, the plaintiff requests the Court to petition the Governor-General to remove the current Prime Minister and her government from office with immediate effect.

CONCLUSION

Mass death did come to pass but not as we'd imagined. There was as far as the eye could see a total systems collapse, te whenua, the land, eventually taking its revenge as the power grab continued. The crippled and the maimed

first began emerging from among the poor and dispossessed, the immiserated and marginalised, then appearing indiscriminately among the wider population. We had listened, my kid and I, to the cheers that rose above the crowds when they thought the siege had ended knowing they had failed to learn what could be learned in the books thrown away in favour of their tweets and posts – that the state of exception commonly carries with it a payload of death, that it remains dormant for years in the minds of politicians until such time as opportunity rouses its bats and sends them off to be consumed in the corridors of power.[557]

[557] Albert Camus, *The Plague*, trans. Robin Buss, Tony Judt (Melbourne: Penguin Books, 2009, first published as *La Peste*, 1947), 237-8; Extract from *Wanderers* (in development) Copyright © Heterodoxies Publishing 2021.