

25 March 2022

Chuck Schooner

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fyi-request-18201-a08cxxxx@xxxxxxxxx.xxx.org.nz
fyi-request-18215-a243ff9d@requests.fyi.org.nz
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Ref: H202200479

Tēnā koe Chuck

Response to your request for official information

Thank you for your requests under the Official Information Act 1982 (the Act) on 4, 10, 11, 12, 14, 15, 17, 19, 21 and 25 January 2022 to the Ministry of Health (the Ministry). I shall respond to each parts of your request below:

Please provide any any documentation that shows what Medsafe has done in response to these serious issues - ie added warnings, stopped roll out in children, advertisements in papers. Any reporting/documentation that aligns with Medsafes response to these safety signals?

How is Medsafe informing New Zealanders as per the statement the risks associated that are now evident given real time statistics?

Please refer to the following links:

www.medsafe.govt.nz/Consumers/cmi/c/comirnaty.pdf
www.medsafe.govt.nz/profs/Datasheet/c/comirnatyinj.pdf
www.medsafe.govt.nz/COVID-19/vaccine-report-overview.asp

Medsafe is the New Zealand Medicines and Medical Devices Safety Authority. Medsafe is responsible for the regulation of therapeutic products in New Zealand. As advised on the Medsafe website, if you have a concern regarding a vaccine or medicine please contact your General Practitioner or Healthcare professional.

I have not heard one advertisement saying there are risks with this gene therapy. When will Medsafe get the ad campaign going saying death can occur from the jab? Maybe when a five year old dies as children are dying overseas.

*Can you please provide in excel format the following
- Observed versus Expected Deaths and the associated cause in the 1,672 recorded deaths as per the latest Medsafe report.*

While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information they do not hold or provide or prove an opinion. To fill in the spreadsheet you have provided, it would require a member of Ministry staff to collate information outside of normal reporting processes. Therefore, your request is declined under section 18(g) of the Act on the grounds that the information sought is not held by the Ministry. As you have previously been advised, the COVID-19 vaccination is not gene therapy.

Please provide a list of all the deaths to date from Covid-19 and if they had co-morbidities. Can you confirm that all of these were recorded as deaths from Covid-19? From the reports it looks like this is the case?

The Ministry is currently updating its process for reporting COVID-19 related deaths, comorbidities, and demographic details. This information will soon be updated on the Ministry website here: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics. Please note, this information will be provided in accordance with privacy regulations.

Are the relevant authorities tagged to this OIA in receipt of the recent release of the DARPA (Defense Advanced Research Projects Agency) Document about the Covid-10 origins - Yes or No?

*Would DARPA be acceptable as a source of "truthful information" - Yes or No?
(They have an annual budget of over \$3b)*

Posing a series of dichotomous questions and answers and asking the Ministry to comment on whether a report is "truthful information" is not a request for official information, as you have been advised in the past (our refs: H202117069 and H202117155). Therefore, these parts of your request are declined under section 18(h) of the Act as vexatious.

Please provide the MOH annual budget?

Information regarding the Ministry's budget can be found online. The 2021 budget can be found at: www.health.govt.nz/about-ministry/what-we-do/budget-2021-vote-health. The Ministry's most recent annual report is available at: www.health.govt.nz/publication/ministry-health-annual-report-year-ended-30-june-2021. As this information is publicly available, this part of your request is refused under section 18(d) of the Act.

In the documents and I quote "Ivermectin was identified as a curative in April 2020 and works throughout all phases of illness". Would a document from the US Defense be credible enough to justify using Ivermectin as a treatment? Why does the NZ Government refuse to use Ivermectin - please provide any and all directives from WHO/WEF and reasons for suppression of Ivermectin - or any other agency NZ are taking instruction from.

The Ministry is unable to comment on the unidentified "US Defense document" you have referred to in your request. As you have been previously advised, asking the Ministry to comment on a

document is not a request for official information. Therefore, these parts of your request are refused under section 18(h) of the Act, as they are vexatious.

Also from the document "The gene-encoded or mRNA vaccines work poorly because they are replications of the already synthetic SARS. The symptoms of the vaccine reactions mirror the symptoms of the disease. Would a US Defense document change any of the court rulings that infer the vaccine is "effective"? Actual documents say it isn't effective?

Please provide how the MOH/Medsafe and Coroners determine if a death is from Covid-19 or the vaccine when as noted above "many of the symptoms mirror the disease". If a vaccinated person dies from Covid-19 and are vaccinated how are they determining the difference if the symptoms mirror each other?

The vaccine was approved in early 2021 - please provide any and all emails/correspondence reports from Medsafe/WHO that warned the PM of the risks of the gene therapy - this extends to all correspondence/agencies and persons. Please include responses from the PM and or Ministers involved.

Please provide all correspondence from WHO or other entities/other agencies as to how Medsafe/MOH/Coroner are to assess and minimise deaths of the expected deaths within 21 days. What have Medsafe et al been told as to what deaths within 21 days they are too disregard?

The costs of "incentives" to obtain this experimental gene therapy
- And what the costs relate to - for example
- Any supply, vouchers with fast food agencies McDonalds, KFC or Hangi - total cost to be broken down by vouchers etc
- Cash incentives
- Prizes - IPADs etc

The Ministry does not accept the premise of your questions above, as you have been advised, the COVID-19 Pfizer vaccine (Comirnaty) is not gene therapy. This part of your request is refused under section 18(h) of the Act, as it is vexatious.

The Ministry does not directly fund incentives for getting vaccinated. However, please note that the Ministry has distributed vaccination-related funding to other agencies, such as the Ministry for Ethnic Communities. These agencies may have then provided funding to community organisations that offer incentives for getting vaccinated. You may wish to seek further information from the Ministry for Ethnic Communities at:

www.ethniccommunities.govt.nz/resources-2/the-official-information-act/

It is also possible that the district health boards (DHBs) provided funding for vaccination incentives. If you wish to seek further information from them, you can find their websites at: www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/district-health-board-websites

Number of vaccines provided to Island Nations including Fiji, Samoa etc

As of 21 February 2022, Aotearoa New Zealand has bilaterally donated 209,940 doses of the Pfizer vaccine (Comirnaty) to Polynesia and Fiji. New Zealand has also support countries in the wider Pacific region to access vaccines through dose donations to the COVAX Facility.

- Comprehensive list similar to Medsafe Reports for deaths and adverse reactions to the experimental gene therapy

Your request for a comprehensive list of adverse reactions from the vaccine is withheld under section 6(b)(i) of the Act, as its release would prejudice information entrusted to the Government of New Zealand from another Government or agency. Additionally, to date the New Zealand Ministry of Health has not received any reporting of vaccine related deaths associated with the Pfizer vaccines (Comirnaty) New Zealand donated to Polynesia and Fiji.

- As part of the supply agreement did the NZ Government commit to compensation/liability for deaths - ie for example for each death of say a Fijian citizen what was the amount the NZ Government was required to pay the Fiji Government - if the amount cannot be given please provide if the NZ Government is liable for compensation in anyway - Yes or No

The New Zealand Government has granted Pfizer indemnities from any claims that may arise from use of their vaccine (Comirnaty) in Fiji that have been donated by New Zealand.

Who is the person responsible for the vaccine sign off.

PM - yes or no?

AB - director general of health - yes or no?

CJ - Chris James?

*All of the above? Factual data now confirms what "conspiracy theorists" were saying. The experimental gene therapy corrupts a persons immune system and the NZ government is responsible - shall I address a lawsuit to all of the above?
Do you really want to roll that out in children?*

Information regarding the vaccine approval process can be found here: <https://www.medsafe.govt.nz/COVID-19/vaccine-approval-process.asp>

As you have been advised, the COVID-19 Pfizer vaccine (Comirnaty) is not gene therapy. This part of your request is refused under section 18(h) of the Act, as it is vexatious.

Can you please provide Ashley's current resume, annual practicing certificate, areas of expertise

This information is withheld under section 9(2)(a) of the Act. However, Dr Ashley Bloomfield's registration with the Medical Council of New Zealand is publicly available at: www.mcnz.org.nz/registration/register-of-doctors/doctor/bloomfield-ashley-robin/

- Can you please provide all financial disclosures since Ashley assumed the position of Director General of Health

This information is available here: www.health.govt.nz/about-ministry/leadership-ministry/executive-leadership-team/director-general-expenditure. Dr Bloomfield as Director-General of Health, is an employee of the Public Service Commission (the Commission) and reports to the Public Service Commissioner, you may want to contact the Commission for further information at: www.publicservice.govt.nz/contact-us/

- Please provide a list of actual and perceived conflicts associated with Ashley

A response to this question was provided in response in your previous request, H202200053 refers. As noted above, Dr Bloomfield is an employee of the Commission. You are advised to contact them for further information.

- Please confirm Ashley's experience in private practice and when he last saw, diagnosed and treated patients and what his specialties were (if any)

This information is not held by the Ministry. Therefore, this part of your request is refused under section 18(g) of the Act.

- Please provide a copy of the job description that was used to employ him*
- Please confirm who was on the panel that approved Ashley*
- Please provide a copy of the report that recommended his placement in this position*
- Has Ashley worked in the private sector at all or always been associated with public medicine?*
- Total annual remuneration, bonuses, perks, pension since he has been in the position*
- An annual performance review/KPI's etc since he has been in the position*

As noted above, information regarding Dr Bloomfield's appointment and employment will be held by the Commission. You may wish to contact them directly.

Information regarding Dr Bloomfield's career can be found here:

www.publicservice.govt.nz/resources/director-general-health-appointed-may18/

All senior leadership remuneration can be found at the following link:

www.publicservice.govt.nz/our-work/workforce-data/senior-leadership/senior-leader-remunerationpay/. Information regarding Dr Bloomfield's pension, bonus or other entitlements is withheld under section 9(2)(a) of the Act.

The below table provides you with the Director-General's employment history.

Public Service Commission (Director-General of Health, Ministry of Health)	June 2018 to present
Capital and Coast DHB (Acting CE)	January 2018 to June 2018
Hutt Valley DHB (CE)	October 2015 to June 2018
Capital and Coast, Hutt Valley and Wairarapa DHBs (Director of Service, Integration and Development General Manager, Population Health) – employed by CCDHB	October 2012 to October 2015
Ministry of Health (Acting DDG Sector Capability and Implementation)	January 2012 to September 2012
World Health Organization (Partnerships Advisor)	November 2010 to November 2011
Ministry of Health (Chief Advisor, Public Health)	January 2006 to November 2010
National Screening Unit (Public Health Leader)	January 2004 to December 2005
Employment with the Ministry of Health in 1997, with the following roles: 1. Public Health Medicine	1997 to 2004

2. Registrar National Health Committee 3. Public Health Advisor National Health Committee 4. Manager National Health Committee Secretariat	
Medical work and public health training – no conflicts of interest declared, and this is not a requirement	1990 - 1997

Regarding Dr Bloomfield's employment outside the Ministry, you may wish to seek further information directly from the Capital and Coast, Wairarapa and Hutt Valley District Health Boards. They can be contacted at: OIArequest@ccdhb.org.nz and RES-OIArequest@huttvalleydhb.org.nz

- Total number of exemptions requested
- Total number of exemptions refused with Ashley as the signatory
- Total number of exemptions approved
- Who countersigned if anybody - as a collegial relationship would be required if Ashley is working outside of his scope which leads into the following queries
- If nobody countersigned as an example if the person dies following his next experimental gene therapy can charges be laid for negligence, gross misconduct and does the MOH want that on there table
- The field in which Ashley trumped the request for exemption - eg the example above was supported by a Cardiologist and GP and Ashley supposedly has more experience than the cardiologist given his public health background
- Reporting completed by Ashley for a sample of exemptions refused - note personal information of the patients impacted can be directed. And can I add to that my sympathy to all the people whose lives have been permanently altered from the experiment that has been forced onto the public for political rather than health reasons

As at 1 March 2022:

- 2206 Temporary Medical Exemption (TME) applications have been received.
- 698 TME applications have been granted.
- 747 TME applications have been declined.
- 577 TME applications were incomplete and returned to consumers asking them to provide information required.
- 184 TME applications are open.

*Can you please provide the following in excel format
Vaccine Deaths - Batch Number that the person was vaccinated with Observed versus Expected Deaths - Batch Number of the persons who died within 21 days
Please have the following columns in excel format*

- Date of Death
- Cause of Death - stroke, heart attack etc etc
- Batch Number vaccinated with
- Number of days after vaccine when the person died

*Please also add the batch number adjacent to the side effects in the AEFI
Can you please also provide in bar chart format with the following axis
Y Axis - Total Number of serious adverse effects X Axis - Batch Number*

While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information

they do not hold or provide or prove an opinion. To fill in the spreadsheet you have provided, it would require a member of Ministry staff to collate information outside of normal reporting processes. Therefore, your request is refused under section 18(g) of the Act on the grounds that the information sought is not held by the Ministry.

Please note that Medsafe has in place a robust process for monitoring the safety and efficacy of medicines, including vaccines. Batch numbers and diluent number details are recorded in the COVID Immunisation Register (CIR). When an adverse event following immunisation (AEFI) report is made, the AEFI assessment is generated to include the CIR information alongside the information in the AEFI report. The AEFI assessment is used by Centre for Adverse Reactions Monitoring (CARM) for the assessment of the adverse event. This means that in the event that there is reason to believe an adverse event may be the result of a specific batch, CARM has the capacity to utilise the batch number for the purpose of its assessment

This part of your request was transferred from Pharmac:

Without disclosing any commercial sensitivity are you able to answer the following questions which are yes or no answers.

If you refuse to answer then I will assume that these questions are in the affirmative.

- Are there any clauses that require the NZ government to waive the sovereignty of their assets abroad - yes or no? If not answered I'm assuming yes

- That NZ law does not apply to Pfizer? Yes or No

- Pfizer is exempted from all liability even if it was found shortcuts/malfeasance/negligence occurred in the development? Yes or No

As you have been previously advised, the New Zealand Government has granted Pfizer indemnity from any claims that may arise from use of their COVID-19 vaccine (Comirnaty). It is important to note, it is not unexpected for pharmaceutical companies to seek indemnities from governments in circumstances where clinical trials are restricted, or where a purchase agreement is concluded before full trials are completed. Further details about the indemnity granted to Pfizer are commercially sensitive.

However, under the Public Finance Act 1989, the Minister of Finance, Hon Grant Robertson, tabled statements about the indemnities in Parliament. They are available at:

- www.parliament.nz/mi/pb/papers-presented/current-papers/document/PAP_108020/public-finance-act-1989-statement-of-indemnity-given-under/
- www.parliament.nz/en/pb/papers-presented/current-papers/document/PAP_115897/public-finance-act-1989-statement-of-indemnity-to-pfizer

Treatment harm caused by COVID-19 vaccination is covered by the Accident Compensation Corporation (ACC), if the criteria for treatment injury are met. This means that there's a physical injury caused by the vaccination, that's not a necessary part or ordinary consequence of the treatment. Further information is on ACC's website: www.acc.co.nz/covid-19/providers/general-covid-19-provider-information

You stated kids were keen to get the vaccine, can you please provide the cost/benefit analysis for children in 5-11 year olds. The WHO advises not to get children vaccinated as the cost/benefit analysis is not complete. Please provide an actual cost/benefit analysis

You stated kids were keen to get the vaccine, can you please provide the cost/benefit analysis for children in 5-11 year olds. The WHO advises not to get children vaccinated as the cost/benefit analysis is not complete. Please provide an actual cost/benefit analysis

The Ministry has responded to other requests seeking information about the recommendations to use the vaccine among 5-11 year-olds. This information is available at:
<https://fyi.org.nz/request/17871/response/69604/attach/3/H202117274%20Response%20Binder.pdf>

- Omicron was mentioned and you stated a plug for the booster and "one of the most important things to do was to get the booster". You also went on to say there is "good evidence that the booster is necessary and very effective against Omicron". Omicron is only a recent variant 24/11/2021.

Please provide all of the reporting/trials data completed by Pfizer that shows the experimental gene therapy works against the booster. Not sure the last time I knew a gene therapy trial was completed in six weeks?

- The Australian government website states there is no evidence to suggest to date that the vaccines Australians have been given are any less effective at preventing severe illness, hospitalisation or death from Omicron. We are working to find out how effective vaccines that are currently provisionally approved for use in Australia are at protecting people against the effects of this variant. Please provide the evidence the NZ Government seemingly has ahead of the Australian Government that tells us otherwise and within six weeks?

The Ministry is unable to provide comment on information held by the Australian Government. As you have been previously advised, asking the Ministry to comment on a document is not a request for official information. Therefore, this part of your request is refused under section 18(h) of the Act, as it is vexatious.

Information about the Omicron variant is emerging at pace. Please find more information on Omicron at:
www.health.govt.nz/system/files/documents/pages/22_february_2022_-_variants_update.pdf

Information regarding clinical trials can be found at the following link: <https://clinicaltrials.gov/>

- Please provide any and all documentation investigating what we now know was an illness that impacted the elderly, people with co-morbidities and the obese that recommends people visit the hospital or stay home if they are sick. And if they are healthy they live their life. What work/if any has been done if we were to implement this policy? Maybe we try our Pandemic Preparedness Plan?

- A recent document from the UK Government Vaccine Surveillance Report confirms (what the conspiracy theorists were saying and a previous OIA request of mine about viral immune escape) that vaccines have damaged natural immunity. Page 23 of the document shows "N antibody levels appear to be lower in people who become infected after two doses of the vaccine". As I understand it and what silenced doctors have been saying is vaccinated people do not appear to form antibodies against nucleocapsid protein, the envelope of the virus which is a crucial part of the response in unvaccinated people

making vaccinated more susceptible to variants. It appears that blackmailing people might have compromised 90% of New Zealand's health? Kiwis are going to be quite angry when they find out I would have thought? How is the Ministry of Health monitoring the above? What will happen when insurance companies get hold of this - expect their premiums and the ability to get cover will be impacted?

The Ministry is unable to comment on documents held by the British Government. As you have been previously advised, asking the Ministry to comment on a document is not a request for official information. Therefore, these parts of your request are refused under section 18(h) of the Act, as it is vexatious.

Given this is the case can you please provide all safety documentation Pfizer submitted for the extension of the provisional approval specifically relating to this condition in the original Gazette Notice because the above from a government document contradicts Pfizer's ability to meet this condition.

As noted above, I will be assuming these are in the affirmative if these questions refuse to be answered.

Please provide any and all correspondence/texts/political interference with politicians who were involved in approving the provisional approval extension.

- Can you also provide all the evidence that shows the vaccine didn't cause the variant. The initial statement from the Botswana Government stated all of the four persons that contracted the variant were vaccinated. It has clearly also reached New Zealand shores from a vaccinated person somehow. Please provide all documentation as to the work New Zealand is doing to understand if the variants are coming from the vaccinated? If this work isn't being done, then why not?

This question is based on misinformation, the Pfizer vaccine (Cominaty) did not cause any COVID-19 variant(s). The variants of COVID-19 are determined by Whole Genome Sequencing. Detailed information on genome sequencing can be found on the genome sequencing Q&A on ESR's website at the following link: www.esr.cri.nz/our-expertise/covid-19-response/new-news-page/

- Can you also please provide why Medsafe are under reporting vaccine injuries. The Medsafe cover page states there are 45,984 cumulative reports received. When I download the AEFI line listing document there are 172,759 entries in the spreadsheet. For anybody uninformed please note vaccine injuries are generally under reported by a factor of 4 so expect potentially 1m kiwis are probably suffering.

As advised on the covering page of the spreadsheet, AEFI-A numbers are not sequential. They should be used solely as a case identifier not as a sequential listing of all received adverse reaction reports.

Can you please also confirm if you have been briefed on the release of all the cardiac event calls that were recently released and the number of cardiac events that have been occurring in the last three days alone including a 14 year old? Are cardiac arrests expected to be the new normal in New Zealand?

This question is based on misinformation; therefore this part of your request is refused under section 18(g) of the Act on the grounds that the information sought is not held by the Ministry.

Please provide the following

- *Omicron symptoms*
- *Omicron known treatments - this excludes the vaccine as there have been no trials completed*
- *Is isolation at home a treatment for Omicron?*

- *Delta symptoms*
- *Delta known treatments*
- *Given the vaccine "apparently" works against Delta but won't stop you getting it or transmitting it can you please provide how the symptoms differ 1. If you get Delta with the vaccine 2. If you get Delta without the vaccine 3. Impact on long term immunity - ie will getting Delta after getting vaccinated give you lasting immunity 4. Impact on long term immunity if you get Delta and recover will your natural immunity be better than that of the vaccine 5. How do the N antibody levels compare vaccinated versus unvaccinated*

- *Common cold symptoms*
- *Common cold treatments*

Can you please list all common symptoms in a chart and how these illnesses differ

Information on COVID-19 symptoms is readily available on the Ministry website:
www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19

As you have been advised, there is no requirement under the Act for an agency to create information or compile information it does not hold. Therefore, your request for a chart has been refused under section 18(g) of the Act, on the grounds that the information sought is not held by the Ministry.

Common cold symptoms and treatments are publicly available, therefore this part of your request is refused under section 18(d) of the Act.

Please provide

*Total Number of Abortions
Total Number of Pregnant Woman who received the gene therapy % of people who suffered a loss - my heart goes out to these people who trusted the government - lets hope it wasn't in people struggling with fertility*

Abortion data can be found online at the following link:
www.health.govt.nz/system/files/documents/publications/abortion_services_aotearoa_new_zealand_annual_report_2021_8_oct.pdf

A response to this part of your request can be found at the following link:
www.health.govt.nz/system/files/documents/information-release/h202200138_response_20_january_2022_0.pdf

As you have previously been advised, the COVID-19 vaccination is not gene therapy.

It is with regret that parts of your request(s) have been refused under section 18(h) of the Act on the grounds that they are vexatious or frivolous. It is not a decision taken lightly, however, the

repetitive nature of your requests, and your failure to heed repeated warnings about them, leaves the Ministry with no other choice.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website at: www.health.govt.nz/about-ministry/information-releases

Nāku noa, nā

p.p.

A handwritten signature in black ink that reads "CSimpson". The signature is written in a cursive, flowing style.

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