

7 May 2021

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[REDACTED]

[REDACTED]

Dear [REDACTED]

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 21 April 2021 for COVID-19 information. A copy of your full request is enclosed for reference.

It appears you are asking the Ministry to comment on evidence that COVID-19 exists, whether social distancing and wearing of face coverings are effective in stopping the transmission of COVID-19, the accuracy of PCR testing, as well as the safety and efficacy of the COVID-19 vaccine. While the Act enables people to request official information from the Ministry, it only applies to information it holds. There is no obligation to create information in order to respond to requests, nor is the Ministry obliged to provide an opinion. This query appears to be efforts to engage in a debate about the merits of the Government's response to COVID-19, rather than a legitimate request to the Ministry for official information. The Act does not support requests in which a requester quotes information and then seeks some form of comment on it, couched as a request for official information.

Therefore, I am refusing parts one to seven, nine, 11 to 13 and 17 of your request under section 18(g)(i) of the Act, as the information requested is not held by the Ministry and there are no grounds for believing it is held by another agency subject to the Act.

In response to part eight of your request, testing statistics are publicly available at: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics.

Regarding part 10 of your request, a breakdown of individuals who were diagnosed as having died of COVID-19 and their existing comorbidities is outlined in the table overleaf. The ages of these individuals have been withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including deceased natural persons.

The Ministry does not hold information on whether post-mortems were carried out to confirm the cause of death, this part of your request is therefore refused under section 18(g)(i) of the Act. Please note, not all COVID-19 positive deaths undergo a post-mortem, as it would be deemed a COVID-19 related death. A post-mortem would only be carried out if the death was disputed or if the deceased had other health conditions that may have been the cause of death. The decision as to whether a post-mortem is required is often made a coroner. There is more information about this at: <https://coronialservices.justice.govt.nz/what-happens-during-a-post-mortem/>.

Table 1. Breakdown of COVID-19 deaths by comorbidity

Comorbidity	Number deceased
Cardiovascular	8
Chronic Lung Disease	5
Diabetes	6
Malignancy	1
Neurological or Neuromuscular Disease	4
Renal Failure	2
Total	26

Regarding parts 14 and 15 of your request, this information is publicly available:

- Reporting side effects after vaccination: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-safety-and-approval#side-effects
- Information on reporting adverse reactions: www.medsafe.govt.nz/profs/puarticles/adrreport.htm
www.medsafe.govt.nz/COVID-19/vaccine-report-overview.asp
- COVID-19 Vaccine safety and approval: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-safety-and-approval

In response to part 18 of your request, the most recent provisional suicide data is also publicly available: coronialservices.justice.govt.nz/suicide/annual-suicide-statistics-since-2011/.

For your reference, the following links may be of interest to you:

- Advice on the use of face coverings in the community - www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-use-masks-and-face-coverings-community
- World Health Organization's global research on COVID-19 - www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov
- COVID-19 testing plan and testing guidance - www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-testing-plan-and-testing-guidance
- The recently updated *Immunisation Handbook*, which includes a new chapter on COVID-19 and vaccines: www.health.govt.nz/our-work/immunisation-handbook-2020/5-coronavirus-disease-covid-19

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

Yours sincerely



Nick Allan
Manager OIA Services
Office of the Director-General

Copy of original request:

1. Have there been any independent studies conducted by the New Zealand government on human cells to determine whether SARS-CoV-2 causes disease and is the cause of Covid-19? Please provide the studies and evidence. This CDC paper confirms human cells could not be infected and is in fact harmless to human beings - https://wwwnc.cdc.gov/eid/article/26/6/20-0516_article

2. Please provide details of the evidence (including source information) used by the Ministry that confirm that social distancing and the wearing of masks have been/are effective in stopping the transmission of Covid-19? This new study from Stanford (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/>) shows that even wearing a mask for short periods causes Hypoxemia as stated, "It is well established that acute significant deficit in O₂ (hypoxemia) and increased levels of CO₂ (hypercapnia) even for few minutes can be severely harmful and lethal, while chronic hypoxemia and hypercapnia cause health deterioration, exacerbation of existing conditions, morbidity and ultimately mortality.". It continues on to describe the relationship between the size of the viral particles and weave of the medical and non-medical masks, "The physical properties of medical and non-medical facemasks suggest that facemasks are ineffective to block viral particles due to their difference in scales [16], [17], [25]. According to the current knowledge, the virus SARS-CoV-2 has a diameter of 60 nm to 140 nm [nanometers (billionth of a meter)] [16], [17], while medical and non-medical facemasks' thread diameter ranges from 55 µm to 440 µm [micrometers (one millionth of a meter), which is more than 1000 times larger. Due to the difference in sizes between SARS-CoV-2 diameter and facemasks thread diameter (the virus is 1000 times smaller), SARS-CoV-2 can easily pass through any facemask.". Here we have further clarification that there was no difference with masked and unmasked individuals and no transmission occurred, "Clinical scientific evidence challenges further the efficacy of facemasks to block human-to-human transmission or infectivity. A randomized controlled trial (RCT) of 246 participants [123 (50%) symptomatic] who were allocated to either wearing or not wearing surgical facemask, assessing viruses transmission including coronavirus [26]. The results of this study showed that among symptomatic individuals (those with fever, cough, sore throat, runny nose ect...) there was no difference between wearing and not wearing facemask for coronavirus droplets transmission of particles of >5 µm. Among asymptomatic individuals, there was no droplets or aerosols coronavirus detected from any participant with or without the mask, suggesting that asymptomatic individuals do not transmit or infect other people. This was further supported by a study on infectivity where 445 asymptomatic individuals were exposed to asymptomatic SARS-CoV-2 carrier (been positive for SARS-CoV-2) using close contact (shared quarantine space) for a median of 4 to 5 days. The study found that none of the 445 individuals was infected with SARS-CoV-2 confirmed by real-time reverse transcription polymerase.".

So why is the government continuing to push the narrative by mandating facemasks on public transport when it is clearly shown that they do nothing to prevent transmission? Here are a further 18 studies to support the ineffectiveness of facemasks.

<https://www.acpjournals.org/doi/10.7326/M20-6817>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/pdf/annrcse01509-0009.pdf>

<https://pubmed.ncbi.nlm.nih.gov/1157412/>

<https://europepmc.org/article/med/7379387>

<https://onlinelibrary.wiley.com/doi/abs/10.1002/ccd.1810170306>

<https://europepmc.org/article/med/11924291>

<https://link.springer.com/article/10.1007/BF01658736>

<https://journals.sagepub.com/doi/pdf/10.1177/0310057X0102900402>

<https://europepmc.org/article/med/11760479>

<http://www.advancesinpd.com/adv01/21Figueiredo.htm>

<https://www.semanticscholar.org/paper/Does-evidence-based-medicine-support-the-of-in-in-Bahli/751acd427c20c8dc7d1fbc1b45ead104286f481?p2df>

<https://pubs.asahq.org/anesthesiology/article/113/6/1447/9572/Is-Routine-Use-of-a-Face-Mask-Necessary-in-the>

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1445-2197.2009.05200.x>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002929.pub2/full>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002929.pub3/full>

<https://europepmc.org/article/med/25294675>

[https://journals.lww.com/jbjsjournal/Abstract/2014/09030/Surgical Attire and the Operating Room Role in.11.aspx](https://journals.lww.com/jbjsjournal/Abstract/2014/09030/Surgical_Attire_and_the_Operating_Room_Role_in.11.aspx)

<https://journals.sagepub.com/doi/pdf/10.1177/0141076815583167>

3. Have there been any studies and or experiments undertaken to extract samples from patients diagnosed with Covid-19 and which have reisolated the SARS-CoV-2 virus? Isolation pertaining to the dictionary definition whereby a viral particle is separated from all other cellular and genetic material and where you are only left with SARS-CoV-2 viral particles? Have those purified viral particles, then, in their whole form, been genetically sequenced in their entirety end to end?

4. Have there been any studies conducted on the efficacy of “social distancing”, proving that it prevents transmission of the SARS-CoV-2 virus? That bodily particulates exhaled/secreted from human beings, has been captured and SARS-CoV-2 has been shown to be in those particulates, following the same scientific principles mentioned in question 3 whereby it was purified/reisolated? If so please provide the papers/information and evidence. As per this paper published here, it explains that through human experimentation during the 1918 influenza pandemic, that influenza could not be transmitted to the volunteers via a number of different methods - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862332/>.

5. What control experiments or studies have been conducted to ensure that cell/tissue cultures believed to contain SARS-CoV-2 were not reacting or dying off due to the starvation of those cells, to the antibiotics or to other contaminants added to said cell/tissue culture? What control methods are used to ensure the experiments themselves are not the cause for cell death in these cultures before adding samples believed to contain the SARS-CoV-2 virus? Please provide the papers and evidence.

6. Please provide evidence that a PCR/RT-PCR test is a diagnostic tool? What other methods or factors alongside the Covid-19 RT-PCR are being taken into consideration to diagnose a man or woman of having Covid-19? What is the cycle threshold being used for the Covid-19 RT-PCR tests here in New Zealand? In this paper we see that anything over a cycle threshold of 25 is meaningless -

<https://stb732olhugqrkwnqmahivfyfyy-adwhj77lcyoafdy-academic-oup-com.translate.google/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>.

7. In the CDC paper titled ‘CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel’, we discover that on page 42 the PCR test was designed when “no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed”. So how can an RT-PCR test be created if you do not know what sequence you are testing for? Instead they used already known RNA stocks from a computer database that have nothing to do with SARS-CoV-2, mixed in with other genetic material such as human A549 cells, which are alveolar lung cells with cancer. To top it off it is mixed with a viral transport medium, which is a concoction of veal and bovine genetic material, including antibiotics and antifungals. This is all to “mimic” the sputum of people suspected of having Covid-19. Here is the link to the paper I am referencing -

<https://www.fda.gov/media/134922/download>

8. Please provide the data for the percentage of men/women who were healthy with a positive RT- PCR test?

9. Has there been any studies conducted on the efficacy of “social distancing” proving that it prevents transmission and that bodily particulates exhaled from human beings, has been captured and SARS-CoV-2 has shown to be in those particulates, following the same scientific principles mentioned in question 3? If so please provide the information and evidence. As per this paper published here, it explains that through human experimentation during the 1918 influenza pandemic that influenza could not be transmitted to the volunteers via a number of different methods: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862332/>

10. Please provide the data/breakdown of those who were diagnosed as having died of Covid-19 in New Zealand, including their ages, their existing comorbidities if they had any and if postmortems were carried out to confirm the cause of death?

11. Please provide the independent studies conducted, with evidence that a healthy human being can be asymptomatic and pass on the SARS-CoV-2 virus and cause the disease Covid-19? This study conducted on nearly 10 million city residents in China show asymptomatic transmission did not occur - <https://www.nature.com/articles/s41467-020-19802-w>

12. Please provide specific examples of how and in what form/media/method (including dates) the Ministry of Health has disclosed fully to the public the dangers and possible adverse reactions that may occur after having the Pfizer Covid-19 injection? As of the 10th of April 2021 there have been 1140 reported deaths on the VAERS system shortly after receiving the Pfizer\Biontech and Moderna Covid-19 vaccine since December 2020. The VAERS system also reports as of 10th of April 2021 all adverse events related to the Pfizer\Biontech and Moderna Covid-19 “vaccine” has reached 167,845 from December 2020.

13. Since by legal definition the mRNA technology developed by Pfizer\Biontech for Covid-19 is not a vaccine. Have you informed the public that this is in fact a 'gene therapy' and that it is in experimental safety testing stages until 2023?

14. Have doctors and other medical professionals been advised by the Ministry of Health on how to report adverse events to CARM due to this experimental Pfizer\Biontech injection?

15. There is public access to the VAERS reporting system linked to the CDC website. Is there public access to the NZ CARM data concerning the Pfizer/Biontech vaccine adverse reactions? If not, why not? Is there a plan to make access available to the public? If not why not when the CDC VAERS site has no hesitation about doing this? Will the Ministry of Health make the data about adverse reactions and deaths from said vaccine available to the public on the MOH website within 28 days of people receiving said vaccine, in the event that CARM will not make the information publicly available? If not why not when this information is in the public interest?

16. Please also provide information on whether Dr Ashley Bloomfield has any conflicts of interest with the vaccine manufacturers such as Pfizer\Biontech or the World Health Organization and or with The Bill and Melinda Gates Foundation? I would like to request all correspondences sent through to Dr Bloomfield whether via email, mail or other electronic communications from any of the above mentioned sources.

17. Has the New Zealand Government received and accepted money in the form of 'Covid relief Aid' from the World Bank or the IMF providing that the country meet certain conditions such as making the country lockdown, quarantine, curfews, social distancing and or mask mandates? If so, how much was given in aid? Please provide me with any correspondences received by any government department or Minister, including the Prime Minister.

18. Please provide the statistical data showing how many suicides have taken place from the 1st April 2020 - 1st April 2021 and also providing the suicide data of the previous 4 years here in New Zealand.