Submission by the Nurses Professional Association of New Zealand (NPANZ)

prepared for:
New Zealand Royal Commission of Inquiry into COVID-19 lessons learned and specifically regarding the public health response and delivery of health services.

February 2024

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Introduction

The Nurses Professional Association of New Zealand (NPANZ) is a community of nursing and allied health professionals established in 2023. Our principal purpose is to protect and promote the interests of members and ultimately our patients by supporting the best possible health outcomes for all New Zealanders. NPANZ members promote ethical values, patient health, and the wellbeing of our communities.

NPANZ is a member of 'NZ Unions' and works closely with the Teachers Professional Association of New Zealand (TPANZ) and the New Zealand Medical Professionals Society (NZMPS), to provide affordable industrial and support services to members in a professional, lawful, and efficient manner. This service is particularly needed where members feel under-represented by established organisations i.e. legacy unions and regulatory bodies such as the Nursing Council of New Zealand.

NPANZ members report 'feeling heard' and 'having their grievances or obstructions resolved efficiently' allowing them to continue as competent, productive and satisfied staff, working to the best of their ability within New Zealand society.

NPANZ and its associates do not discriminate based on health or other attributes. Instead, each member is accepted and valued with their unique beliefs respected and treated as worthy of work, fully participating in public life, with freedom of association, representation, and their right to a fair hearing. Our work has given us a unique perspective towards those who have been vilified by colleagues, unions, employers, and the Government; due to what was labelled as 'covid 19 vaccine hesitancy', or refusal to participate in the clinical trial. More recently members have come forward for work-related help and support after being diagnosed as suffering from covid-19 vaccine injury.

Our unique relationship with our members and the wider healthcare workforce has given us insight into careers in nursing and other medical fields, that were destroyed because of the Government policies related to covid-19. The economic, administrative, and psychosocial burdens of rushed and coercive "no jab, no job" policies here in New Zealand have also been extremely damaging to individuals, families and communities more widely. We believe these interventions were unjustified and detrimental, particularly when compared to the various possible alternatives.

In protecting both individual human and workers' rights, NPANZ welcomes the opportunity to provide feedback to the **Royal Commission of Inquiry into COVID-19 Lessons Learned and specifically regarding the public health response and delivery of health services between February 2020 and October 2022.** Restrictions within the current Terms of Reference (TOR) prevent NPANZ from commenting fully on behalf of our members and thereby prevent what we believe is due diligence in this regard. If faith is to be restored in relation to management of future pandemics, then a full and thorough investigation that covers all aspects of the Covid-19 response similar to those suggested by the Australian Public Submission is required[1]. (Please see Appendix One for our recommended changes to the NZ TOR).

[1] Australian Medical Professionals Society, 'The People's Terms of Reference for a COVID-19 Royal Commission', 2023.

Scope:

Putting aside our reservations about the limitations of the TOR, as per the terms of the current inquiry, please find our submission, which focuses on the following topics:

(1) The legislative, regulatory, and operational settings required to support New Zealand's public health response to a pandemic, relating to: (Our comments which follow are divided into A, B, C, D, E and F, as denoted below):

- The regulatory approval of, and the making available and mandating of, vaccines and other interventions, pharmaceutical and testing measures **(A)**
- Modelling and surveillance systems **(B)**
- Non-pharmaceutical public health measures, including vaccine passes, gathering limits, and personal protective equipment and its procurement and distribution **(C)**
- Communication with, engagement of, and enabling people and communities to mobilise and act in support of both personal and community public health outcomes over an extended period **(D)**
- Consideration of the interests of Māori in the context of a pandemic, consistent with the *Te Tiriti o Waitangi* relationship **(E)**
- Consideration of the impact on, and differential support for, essential workers and populations and communities that may be disproportionally impacted by a pandemic **(F).**

(2) The inquiry may assess whether New Zealand's initial elimination strategy and later minimisation and protection strategy in response to the covid-19 pandemic, and supporting economic and other measures, were effective in limiting the spread of infection and limiting the impact of the virus on vulnerable groups and the health system, having regard to New Zealand's circumstances, what was known at the time, and the strategies adopted by comparable jurisdictions **(G)**

A. The regulatory approval of, and the making available and mandating of, vaccines and other pharmaceutical and testing measures:

International peer-reviewed studies and datasets, cited early in 2021, raised various serious concerns relating to covid-19 vaccines[2]. Subsequent OIAs have revealed that NZ Medsafe covid-19 Vaccine Advisory Committee were also in correspondence with various NZ Government departments regarding these concerns. [3] These serious concerns hinged on the fact that the clinical trials were small scale, participants were healthy young people (not those who usually suffered with covid19) and the trials were not (as is usual practice) run subsequently to one another over months and years, but were actually run consecutively over weeks, preventing many adverse events from being picked up.[4] Not only were there ongoing court cases related to alleged illegal and unethical practice with the

[2] Høeg et al., 'SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis'.
[3] Medsafe NZ, 'Official Information Act Response to Health Forum NZ', 11 August 2023.
[4] Malhotra, 'Curing the Pandemic of Misinformation on COVID-19 mRNA Vaccines through Real Evidence-Based Medicine.'

original clinical trials[5], but there were also questions about the validity of the testing mechanisms and accuracy of the data presented as the global covid-19 'case numbers'.[6] Where inconsistent opinion and data existed, the regulation and mandating of the covid-19 vaccines was at best irresponsible and at worst a criminal act of the greatest propensity, in the context of these safety signals being evidenced.

We understand that for legal reasons, the TOR limit comment regarding the safety and efficacy of the vaccine, however, from a legislative perspective and with regard to our members, the context of the censorship and propaganda surrounding the claims of this vaccine's safety and efficacy is highly relevant and cannot be ignored. [7]

Over time, and contrary to ongoing New Zealand public health messages, the risk of serious illness and death attributable to covid-19 disease is heavily weighted to the elderly and those with known co-morbidities. In contrast, younger New Zealanders are naturally highly resistant to severe symptoms, mortality and morbidity due to covid-19 with a full recovery rate of between 97-99%.[8] Furthermore, natural immunity from covid-19 infection was already well established in the literature after SARSCov1, back in 2004.[9]

Thousands of New Zealanders suffered as a result of taking the covid-19 vaccine, some of whom are formally recorded in the table below:

In accordance with the Act, please find below the recorded number of serious adverse events following COVID-19 vaccination, broken down by the requested classifications. Please note that the reporter decides if the case or event is serious and that there was a change in assignment of serious from case level to event level. This means that some cases have more than one serious event and are counted multiple times.

Classification	Number of events
Is a medically important event or reaction	7323
Requires hospitalisation or prolongs an existing hospitalisation	5480
Causes persistent or significant disability or incapacity	7166
Is life threatening	586
Causes a congenital anomaly/ birth defect	4

Above Table: extract from a recent Health NZ OIA response

This is directly linked to the provisional approval process that facilitated the rapid entry of significantly undertested products into the New Zealand market. Medsafe received 184 death notices following the covid-19 injection up to November 2022, at which point for unknown reasons, CARM

[5] Godlee and Abbasi, 'Covid-19: Researcher Blows the Whistle on Data Integrity Issues in Pfizer's Vaccine Trial. Open Letter from The BMJ to Mark Zuckerberg'.
[6] Fenton, 'How to Explain an Increasing Proportion of People Testing Positive for COVID If There Is Neither an Increase in Proportion of Genuine Cases nor Increase in the False Positive Rate.'
[7] Robinson, 'Deafening Silences: Propaganda through Censorship, Smearing and Coercion'; Thacker, 'Covid-19: Researcher Blows the Whistle on Data Integrity Issues in Pfizer's Vaccine Trial'.
[8] Rice, 'Covid Didn't Suddenly Become "Deadly" in April 2020'.
[9] Gazit et al., 'Comparing SARS-CoV-2 Natural Immunity to Vaccine-Induced Immunity: Reinfections versus Breakthrough Infections'; Kojima and Klausner, 'Protective Immunity after Recovery from SARS-CoV-2 Infection'.

ceased posting publicly accessible data. [10] It is generally accepted that for complex reasons, less than 5% of vaccine adverse events are recorded. [11] Despite this, VAERS open source indicates 1,615,020 Reports through to November 3, 2023, with 36,726 deaths potentially linked to the covid-19 vaccine. Similar serious concerns about excess all-cause mortality exist globally, and after a prolonged effort against the censorship, the UK death data recently triggered Parliamentary debates in the UK.[12]

These data of increasing adverse events, including deaths, is especially relevant since it has become public knowledge that the vaccines were never tested for effectiveness in stopping transmission of covid-19.[13] The rush to market and provisional approval occurred despite the absence of the usual pre-clinical studies, including testing for carcinogenicity and genotoxicity.[14]

The novel mRNA and DNA covid-19 vaccinations were only provisionally approved in November 2021 at the time the health mandates were imposed. Due to the censorship, propaganda and ongoing lack of transparency, it would have been impossible, at that time, for the potential health harms to practitioners to be risk assessed effectively. If a control measure cannot fulfil its stated goal and has known and unknown potential harms**, there can be no rationale for mandates and the measure must be reviewed.** For these reasons, the unethical vaccine mandates prompted numerous public events and large protests (which were also censored) around the world.[15] In addition, any public health order or health directive must provide mechanisms that allow for open, transparent and accountable consultation without any threat of severe censure and reprisal.[16] The Medsafe Covid-19 Vaccine Advisory Committee discussed the safety risk relating to only having two months post-vaccination follow-up in the Pfizer trials, (21 January 2021) but three weeks after this meeting, the mRNA injections were being administered to Kiwis seemingly without the legally required fully-informed consent [17]

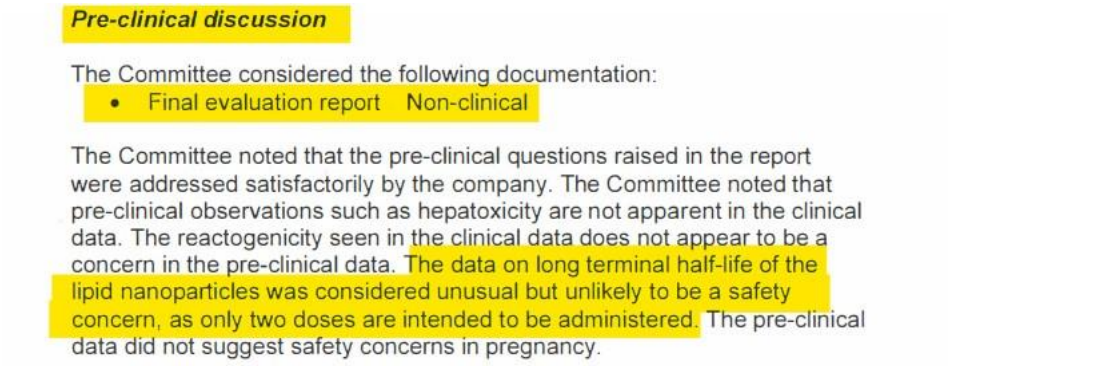
Many academics and scientists have explained the challenges they experienced during the covid era, when attempting to publish their research if the outcomes were not in agreement with the Government pro-vaccine narrative.[18] Despite these difficulties, including some individuals' roles being unfairly terminated, many academics did not give up; they achieved publication in high impact-

[10] Medsafe NZ, 'Official Information Act Response to Health Forum NZ', 11 August 2023; Medsafe NZ, 'Overview of Vaccine Reports: Adverse Events Reported 2021-2022'.
[11] Blumenthal et al., 'Acute Allergic Reactions to mRNA COVID-19 Vaccines'; Kirsch, 'Latest VAERS Estimate: 388,000 Americans Killed by the COVID Vaccines'; Rose, 'The Under Reporting Factor in VAERS'; Blumenthal et al., 'Acute Allergic Reactions to mRNA COVID-19 Vaccines'; Rose, 'The Under Reporting Factor in VAERS'.
[12] 'Hansard: Excess Death Trends: Volume 743: Debated on Tuesday 16 January 2024'.
[13] Yemini, 'MEP Who Challenged Pfizer BLAMES Government for False Claims'; Chung, 'Pfizer Did Not Know Whether Covid Vaccine Stopped Transmission before Rollout, Executive Admits.'
[14] Thacker, 'Covid-19: Researcher Blows the Whistle on Data Integrity Issues in Pfizer's Vaccine Trial'; Canadian Covid Care Alliance, 'The Pfizer Inoculations for Covid-19: More Harm than Good'; Leake and McCullough, *The Courage to Face Covid-19: Preventing Hospitalisation and Death While Battling the Bio-Pharamceutical Complex*; Klotz, *Canary in a Covid World: How Propaganda and Censorship Changed Our World*; Dowd, *Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022*.
[15] Kheriarty, *The New Abnormal: The Rise of the Biomedical Security State*; Lich, *Hold the Line: My Story from the Heart of the Freedom Convoy*; Klotz, *Canary in a Covid World: How Propaganda and Censorship Changed Our World*.
[16] NZ Ministry of Health - to all GPs, 'Urgent Update on COVID-19 Vaccine-Associated Myocarditis and Pericarditis', 15 December 2021.
[17] Medsafe NZ, 'Official Information Act Response to Health Forum NZ', 11 August 2023; Medsafe NZ, 'Overview of Vaccine Reports: Adverse Events Reported 2021-2022'.
[18] Leake and McCullough, *The Courage to Face Covid-19: Preventing Hospitalisation and Death While Battling the Bio-Pharamceutical Complex*; Kory, *The War on Ivermectin: The Medicine That Saved Millions of Lives and Could Have Ended the Pandemic*.

factor peer-reviewed journals. It is unclear why these landmark papers, authored by distinguished, respected experts, highlighting concerns about adverse events from the covid-19 vaccinations were knowingly and repeatedly dismissed by health authorities and the NZ Government. [19]

Such data, indicating the covid-19 vaccine had a 1/800 severe adverse event rate was freely available, yet the New Zealand Government insisted on also making available (and recommending) the injections for children, in pregnancy and for an otherwise healthy population. As a comparison, the Rotavirus vaccine was pulled from market for 1/10,000 adverse events. Swine flu vaccine was pulled for 1/100,000.[20]

In addition, on 2nd February 2021 the Medicines Assessment Advisory Committee (MAAC) met to discuss the safety of the Pfizer vaccine. The issue of the *lipid nano particles* mentioned initially by Medsafe was never revisited, and despite noting an "unusual observation" they concluded "The data on long terminal half-life of the lipid nanoparticles was considered unusual but unlikely to be a safety concern, as only two doses are intended to be administered." (see below extract):



Pre-clinical discussion

The Committee considered the following documentation:

- Final evaluation report Non-clinical

The Committee noted that the pre-clinical questions raised in the report were addressed satisfactorily by the company. The Committee noted that pre-clinical observations such as hepatoxicity are not apparent in the clinical data. The reactogenicity seen in the clinical data does not appear to be a concern in the pre-clinical data. The data on long terminal half-life of the lipid nanoparticles was considered unusual but unlikely to be a safety concern, as only two doses are intended to be administered. The pre-clinical data did not suggest safety concerns in pregnancy.

Above from Page 5 of 9 from the Meeting Minutes of the MAAC meeting 02/02/2021. Document 15, page 127 of OIA number H 202106850

However, New Zealanders (like other populations around the world) have since received up to six (or sometimes more) doses of the Pfizer product and at the time of writing, further doses are recommended by various 'trusted sources' including pharmacies, clinics and institutions. Indeed, in the latest Media Release from Health NZ, Dr Nicolas Jones, Director of Public Health is quoted as saying:

> "[Some] groups are recommended to have a summer 2023/24 booster *irrespective of the number of previous doses they've had*, so long as they have completed the initial two doses and it's been more than six months since their last booster or COVID-19 infection. If you get your booster now you will reduce your risk of severe illness over the holiday period." (our emphasis). [21]

Medsafe noted anomalies in the vaccine documents but ignored or censored the ongoing and increasing safety signals and continued imposing this product on the healthcare workforce and later the general public.

[19] Fraiman et al., 'Serious Adverse Events of Special Interest Following mRNA COVID-19 Vaccination in Randomized Trials in Adults'.
[20] Fraiman et al.
[21] Health NZ Te Whatu Ora, 'Older Kiwis Urged to Get COVID-19 Boosters', 13 December 2023.

Ongoing impact on healthcare workers from the covid-19 vaccination

The vaccines developed for covid-19 involve the endogenous production of an exogenous protein (spike protein). As a new disease and new antigen, the extent to which this spike protein might induce an autoimmune response is now more fully understood to be highly variable and unpredictable, which goes some way to explaining reasons why research has suggested the more doses an individual receives, the more vulnerable to infection (including covid-19) they become.[22] The diversity of potential effects of this new technology upon individuals' physiology, in real-world data, may also reinforce the validity of the alarming data in the global adverse event reporting systems, as highlighted above.[23]

In addition, there have been reports of ongoing illnesses post-covid-19 which as yet, have not been adequately investigated or characterized.[24] Because comprehensive research data is not yet publicly available in this area of investigation, it is currently unknown whether the vaccines could have induced ongoing related symptoms similar to those reported to be associated with the disease itself.[25]

Several hundred accounts of covid-19 vaccine-related injuries have been documented in the recent Commonwealth Government's Long Covid Committee of Inquiry submissions[26] and other organisations. Former Australian MP, Dr Kerryn Phelps in her submission to the above COVERSE Inquiry, raised the importance of acknowledging and investing in more research into covid-19 vaccine injuries, after both she and her Doctor wife suffered profound adverse reactions, cardiac and neurological respectively. Dr Phelps further stated, in a recent interview regarding anecdotes she is hearing from colleagues in a similar predicament:

> "*And they're experiencing a whole range of different types of vaccine events. They're experiencing things like cardiovascular events, with myocarditis and pericarditis. That's not just confined to young males – I've spoken to middle-aged female doctors who have had this effect. People who have neurological side effects, have musculoskeletal and joint pain. We're looking at immune system problems with reactivation of auto-immune disease.*" [27]

NPANZ has anecdotal evidence of nurses who are no longer able to work due to the covid-19 vaccine. Some of these have been accepted by ACC others have not.

[22] Shrestha et al., 'Risk of Coronavirus Disease 2019 (COVID-19) among Those up-to-Date and Not up-to-Date on COVID-19 Vaccination by US CDC Criteria'.
[23] e.g. Open VAERS US, 'Open Vaccine Adverse Events Reporting System (Covid Data)'.
[24] Kory, *The War on Ivermectin: The Medicine That Saved Millions of Lives and Could Have Ended the Pandemic*.
[25] UK Government: Medicines and Healthcare products Regulatory Agency, 'Coronavirus Vaccine - Summary of Yellow Card Reporting: UK'; World Council for Health, 'Covid-19 Vaccine Pharmacovigilance Report'; Medsafe NZ, 'Overview of Vaccine Reports: Adverse Events Reported 2021-2022'.
[26] COVERSE, 'Vaccines, Long Vaccine Syndrome, and Long Covid. A Submission by COVERSE Ltd to the Australian Parliament: Inquiry into Long Covid and Repeated Covid Infections'.
[27] Chung, 'Dr Kerryn Phelps Reveals "Devastating" Covid Vaccine Injury, Says Doctors Have Been "Censored".'

Adverse Events Reporting

In December 2019, and despite adverse event reporting (AER's) more than 30 x that of influenza, Dr Guy Hatchard wrote to Dr Ashley Bloomfield citing the unusually high level of AER's and requested that reporting of AER's should be mandatory. He was told by Dr. Astrid Koorneef, Director of the National Immunisation Programme:

> *"This [signal] is not indicative of a causal relationship to the vaccine. Causal relationships between AER's and the vaccine are established through robust pharmacovigilance examinations that take into consideration global reporting of the adverse event, the background rate for the condition, and safety signal analysis…. An accurate measurement of all adverse events is not required."* [28]

Unfortunately for Dr Koorneef, international pharmacovigilance counterparts VAERS, Yellow Card, Eurovigi, and Vigiaccess and others, confirms a comparable increase in Adverse Event Reports (AER) related to the Covid-19 vaccine.[29]

This raw data is also confirmed by studies into the complications arising from the mNRA vaccines such as Seneff et al, June 2022, which outlines a number of the adverse immune system complications arising from mRNA vaccinations with potential causal links to disease. "*Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs"*

> *".... vaccination induces a profound impairment in type I interferon signalling, which has diverse adverse consequences to human health. Immune cells that have taken up the vaccine nanoparticles release into circulation large numbers of exosomes containing spike protein along with critical microRNAs that induce a signalling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis."*[30]

After completing extensive research for his journal publications, following the untimely death of his father, prominent UK cardiologist Dr Aseem Malhotra concluded that:

> *"…contrary to my own initial dogmatic beliefs, Pfizer's mRNA vaccine is far from being as safe and effective as we first thought."* [31]

> Dr Malhotra's comprehensive two-part comprehensive review of vaccines safety and efficacy data can be found in the *Journal of Insulin Resistance* published on September 26, 2022, "Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine."[32]

[28] Hatchard, 'Relationship Between Covid-19 Vaccination and All-Cause Mortality'.
[29] Rancourt et al., 'COVID-19 Vaccine-Associated Mortality in the Southern Hemisphere'.
[30] Seneff et al., 'Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The Role of G-Quadruplexes, Exosomes, and MicroRNAs'.
[31] Malhotra, 'NZDSOS Conference 2023'.
[32] Malhotra, 'Curing the Pandemic of Misinformation on COVID-19 mRNA Vaccines through Real Evidence-Based Medicine.'

Why did Medsafe, Government advisors, and Jacinda Ardern choose to not only ignore the huge volume of social media reports /research relating to adverse effects as listed above, but also dismiss them as inconsequential and accuse those reporting them of 'disinformation', conspiracy theory, unreliability or worse? How did the Government judge it was ethical to mislead the population by censoring factual evidence and promoting Pfizer's inaccurate marketing? This policy has understandably caused confusion among our members many of whom are adversely affected by vaccination and/or the mandate policies.

Alternative Treatment Options

Clinicians in New Zealand and around the world insisted they were seeing effective results, using Hydroxychloroquine and/or Ivermectin in the early outpatient treatment of Covid-19. These same doctors were vilified and silenced by the MOH and their regulatory bodies. [33]

Whilst studies were published, each with profound proof of efficacy for the prevention and treatment of Covid, the New Zealand Medical Council told Doctors they could not prescribe it. A Peer Reviewed study, compared Covid hospitalised patients, treated with Hydroxychloroquine (HCQ) vs controls who did not receive the drug. A statistically significant reduction in crude mortality rate at 28 days was observed in the HCQ-group compared to standard of care (16.8% vs 25.9%,p = 0.001). Covid hospitalised patients who were not treated with Hydroxychloroquine had a 57% greater risk of dying.[34]

It is unclear why Ivermectin and Hydroxychloroquine were unfairly stigmatised and even demonised as an effective early treatment for covid symptoms, however experts in these types of policies have suggested the answer is found in the US 'Emergency Use Authorisation' for Covid-19 vaccinations, which could only be granted if there were no known effective treatments already available.[35]

Despite reports to the contrary, there is now enough evidence to prove New Zealand has experienced an unjustifiable and unexplained number of deaths and potential vaccine injury coinciding with the covid-19 vaccine roll-out. At the very least, and without proof, the vaccine was not implicated, the Ministry of Health and Medsafe failed in their duty to halt vaccine roll out whilst possible causation was investigated. [36] The harm caused socially, economically, physically and psychologically due to the mandating of unreasonable, unscientific, unjust directives will be felt in New Zealand for many years to come.

[33] Kory, *The War on Ivermectin: The Medicine That Saved Millions of Lives and Could Have Ended the Pandemic*; The COVID-19 RISK and Treatments (CORIST) Collaboration, 'Use of Hydroxychloroquine in Hospitalised COVID-19 Patients Is Associated with Reduced Mortality: Findings from the Observational Multicentre Italian CORIST Study'; Leake and McCullough, *The Courage to Face Covid-19: Preventing Hospitalisation and Death While Battling the Bio-Pharmaceutical Complex*; Klotz, *Canary in a Covid World: How Propaganda and Censorship Changed Our World*.

[34] The COVID-19 RISK and Treatments (CORIST) Collaboration, 'Use of Hydroxychloroquine in Hospitalised COVID-19 Patients Is Associated with Reduced Mortality: Findings from the Observational Multicentre Italian CORIST Study'.

[35] Kory, *The War on Ivermectin: The Medicine That Saved Millions of Lives and Could Have Ended the Pandemic*; Malone, *Lies My Government Told Me: And the Better Future Coming.*; Leake and McCullough, *The Courage to Face Covid-19: Preventing Hospitalisation and Death While Battling the Bio-Pharmaceutical Complex*.

[36] Medsafe NZ, 'Overview of Vaccine Reports: Adverse Events Reported 2021-2022'.

B. Modelling and surveillance systems

Various sources have revealed how the theoretical modelling of covid cases and fatalities, presented to the WHO, UK and other Governments, and upon which covid policies were founded, were known at the time to be invalid.[37] Historical modelling in similar circumstances has also proven to be significantly exaggerated, compared to real world data. Further examination and critique of the New Zealand modelling is therefore needed, to confirm whether reasonable assumptions were used; what conflicts of interest were present; how the statistical modelling tools were identified and used; what data that was incorporated or discounted; and what conclusions were reached in models to justify the reliance by the New Zealand Government on commissioned models as a basis for action in 2021, 2022, and 2023.

C. Non-pharmaceutical public health measures, including vaccine passes, gathering limits, and personal protective equipment and its procurement and distribution

The New Zealand Government responses to Covid-19 saw unprecedented impositions on the rights of New Zealanders as either 'vaccinated' or 'unvaccinated' against Covid-19. These impositions also included their ability to wear a face covering or otherwise; ability to work in most industries; enter shopping centres/malls, shops, gyms, swimming pools, libraries, bars, live entertainment venues or other public places; Travel nationally/internationally; attend a place of worship; enter aged care homes and hospitals; complete tertiary education; receive treatment and critical care.

There has been a persistent campaign, encouraged predominantly by the Government and MOH as well as in the media, to demonise those who chose not to undergo vaccination for Covid-19. The clear messaging from both Government and media has been that everybody should be vaccinated, and any choice otherwise, for whatever reason, is irresponsible, reprehensible, and to be admonished. For those who chose not to be vaccinated, they have undergone huge personal sacrifice to maintain this choice. Careers have been forcibly abandoned, relationships damaged, and debt accrued. Some individuals may have understandably felt so desperate, they may have tragically taken their own life.

There is also now a large and growing international body of evidence, including peer-reviewed scientific evidence to support the psychological and physical adverse effects of Covid-19 vaccine mandates on the general population i.e. via vaccine passes, lockdowns etc. [38] The threat of loss of income, livelihood, career, reputation, social interaction and access to health care, all created through vaccine mandates, imposed a substantial psychological burden upon the population of New Zealand.

[37] 'UK Government Covid Inquiry'; Mathews, 'Revealed: The "Major Flaw" of Doomsday Covid Modelling - Which Spooked Ministers into Lockdowns.'

[38] Alexander, 'More Than 400 Studies on the Failure of Compulsory Covid Interventions (Lockdowns, Restrictions, Closures)'; Simmons, 'The Covid Inquiry Is Exposing Lockdown's Dodgy Models'; Klotz, *Canary in a Covid World: How Propaganda and Censorship Changed Our World*.

Further examination is needed to review and consider processes and risk-benefit assessments undertaken by New Zealand business and (non-health) government departments into potential adverse impacts, side effects and potential harms from Covid-19 vaccines, including: a) an examination of risk assessments undertaken to consider the long term safety of vaccine mandates, in the absence of any longitudinal safety data on Covid-19 vaccines at the time of vaccine mandates; b) an examination of health evidence relied upon to show benefit in vaccine mandates when Medsafe noted Covid-19 vaccines had no data to show they prevented transmission, and some evidence emerging that the vaccines can increase individuals' vulnerability to infection.[39]

Furthermore, an examination of New Zealand businesses and (non-health) government departments of assessments should be undertaken to ascertain if Health and Safety 'Person in Charge of Business or Undertaking' (PCBU) officials, and company officers responsible for implementing vaccine mandates and policy held appropriate credentials, knowledge and subject-matter expertise to review and evaluate evidence regarding the safety and efficacy of Covid-19 vaccines, including immunological, microbiological and nanotoxicological expertise.

In addition to assessing whether those responsible for implementing mandates were in violation of their obligations under their codes of ethics and conduct, health and safety regulations, privacy protections, international human rights treaties and conventions, and the New Zealand Bill of Rights Act (BoRA) further investigation is required regarding the risks inherent in violating longstanding principles of patient-centred and individualised medical care, in favour of population-wide medical interventions irrespective of individual medical profiles.

A systematic review and analysis of the health and economic impacts and costs forecast and consequent to Covid-19 mandates and lockdowns variously implemented by the New Zealand Governments is required specifically relating to:

- Families;
- Small businesses;
- The national economy;
- Individual sectors within the national economy;
- Health services;
- The cost of Covid-19 mandate measures including wealth transfers;
- Technical cost-benefit questions and issues concerning:

a) the damage caused by hospital closures and procedural adjustments to in vitro pregnancies;
b) the general damage to health from lost screening and lost procedures;
c) the accumulated mental health damage of school closures and loneliness caused by lockdowns; and
d) the future cost to health, life, and wellbeing from reduced government services.

NPANZ believes these questions will not be answered adequately under the current TOR and our recommendation in this respect are summarised in Appendix Two.

[39] Chung, 'Pfizer Did Not Know Whether Covid Vaccine Stopped Transmission before Rollout, Executive Admits.'

D. Communication with, engagement of, and enabling people and communities to mobilise and act in support of both personal and community public health outcomes over an extended period.

We acknowledge the uncertainty associated with Covid-19 in the early stages of the pandemic. To date, and since information relating to the virus, treatments and strategies have evolved, it is our belief that the information communicated to clinicians and the public from early in the pandemic was selective and subject to strict censorship, with no regard for democratic processes. A number of eminent professionals who could have added to a 'well-rounded' narrative were not only denied comment but alienated. Furthermore, the Labour governments 'single source of truth' and biased media reporting around the response was both misleading and coercive. Messages on vaccine safety did not include 'science.' Politics over-ruled common-sense.

The government promoted vaccination — directly through mandates or indirectly through policies, privileges, and messaging campaigns. Many employers required vaccination via various workplace rules, regulations, and policies. Additionally, the Ministry of Health issued regulations requiring vaccinations for all facilities and staff by December 2021. Soon after this, other businesses followed suite with vaccination and/or mandatory testing.

The government's mission was stated as "get more people vaccinated or prolong this pandemic and its impact on our country." "*Protect your family get vaccinated" "Want to enjoy summer? Get vaccinated.*" Resolutely maintaining that the vaccine was safe.

As a result, one of the outstanding features of the government's response was the lack of true dialogue, debate, and informative patient interaction. Instead, we saw clinicians' renegade on their commitment to provide healthcare without coercion or manipulation, we saw time-poor clinicians fail to represent themselves or their patients in forgoing their obligation to research new treatments, instead choosing to comply with the 'single source of truth'.

Ministry of Health directives were issued using health advice that was in contradiction to many well-established public health principles, medical ethics, well-researched pandemic plans and government reports. It is well known that very little general health advice was given in terms of maintaining physical and emotional health. In fact, the reverse was evident when the Government incentivised the public with bribes of fast food and confectionary in exchange for 'getting vaccinated'. This unethical approach to encouraging participation in a clinical trial – especially children – is unprecedented.

The censoring of health practitioners, preventing open scientific discourse has caused many New Zealanders to lose faith in the medical establishment. It is understandable that with this loss of trust in the healthcare system, some members of the public will choose not to engage with the Government healthcare services. This has resulted in alternative sources of healthcare being established that upholds those established principles such as informed consent, bodily autonomy and human rights whereby clinicians encourage patients to take responsibility for their own health. The People's Health Alliance (PHA) is one of many such international organisations, which has a New Zealand branch.[40] .

[40] PHA NZ, 'The People's Health Alliance NZ'.

NPANZ believes the fault lies with government policy discouraging and disciplining doctors and nurses questioning vaccine safety. GPs specifically are now understandably afraid to speak out especially when they see their colleagues being disciplined for striking a cautious note with their patients.

The Covid-19 "no jab, no job" policies were fundamentally flawed resulting in (1) coercion of staff who felt they had no option but to take the vaccine, (2) forced staff to use strategies to avoid compliance i.e. long term/ annual leave, Personal Grievance's for unfair dismissal or Significant Service Disruption exemptions (3) Termination- withholding skills, experience, and expertise from patients and the wider economy. The policies were also inherently flawed because they relied on false marketing claims rather than scientific evidence and overstated findings from mostly conflicted academic literature. Targeting those who had difficulty providing valid consent to medical treatment, they caused enduring psychosocial harm, unemployment, distrust, homelessness and a perceived abuse of power. Many productive workers have been radicalised and no longer trust the Government.

Further harms of the "no jab, no job" policies included ongoing administrative costs, diversion of attention away from effective health campaigns, unjustifiable wastage of Covid-19 tests, a reduction of public health services, and an increase in mental health conditions.

The "No jab, no job" policies were inherently discriminatory and a breach of human rights, as they discriminated against people unable to provide valid consent directly caused and inseparable from their religious, ethical, or political beliefs or otherwise as informed by individual disability concerns. The "No jab, no job" policies did not provide justifications beyond modelling (see above, section B) and a suggesting that vaccination would meaningfully stop spread (as opposed to alternative mitigations that were shelved in favour of the "no jab, no job" policies).

E. Consideration of the interests of Māori in the context of a pandemic, consistent with the Te Tiriti o Waitangi relationship

By overriding the human right principals found in the following legislation, Māori interests were also over-ridden and inconsistent with a *Te Tiriti o Waitangi* relationship:

- Universal Declaration of Human Rights 1948 (UN);
- United Nations Declaration of Rights of Indigenous Peoples (2007)
- Universal Declaration on Bioethics and Human Rights 2005 (UN);
- International Covenant on Civil and Political Rights 1966 (UN) ('ICCPR');
- International Covenant on Civil and Political Rights 1976 (UN)

a. Article 7 - Freedom from experimentation;
b. Article 17 - Right to privacy;
c. Article 18 - Freedom of thought, conscience/religion;
d. Article 19 - Freedom of expression;
e. Article 21 - Right to peaceful assembly; and
f. Article 22 - Freedom of association.

F. Consideration of the impact on, and differential support for, essential workers and populations and communities that may be disproportionally impacted by a pandemic.

NPANZ supports members and essential workers whose ethical and human rights with regard to valid consent for medical treatments was negated by the New Zealand Governments Covid-19 response.

Informed consent is a fundamental concept in the provision of health care services, including immunisation. It is based on ethical obligations that are supported by legal provisions (e.g., Health and Disability Commissioner Act 1994, Code of Health & Disability Services Consumers' Rights 1996, Health Information Privacy Code 2020, Privacy Act 2020, Privacy Amendment Act 2013). https://www.health.govt.nz/our-work/immunisation-handbook-2020/2-processes-safe-immunisation Inability to provide valid consent is therefore a natural reasonable impasse from compliance with a requirement for medical treatment and the principle remains injured and neglected in authoritative decision making.

Contingent to a joint statement received from the Nursing Council of New Zealand [41] and the NZ Ministry of Health [42] and similar to that received by other registered healthcare professionals, nurses and midwives were forbidden from publicly questioning the science underlying emerging covid-19 vaccine, and from challenging government messaging urging Kiwis to be vaccinated. It was presumed because the government said the products were deemed 'safe and effective' that it was true. Many who did speak out continue to face ongoing disciplinary action as a result of doing so.

As per experiences in other countries, it is now clear that clinicians and other health workers mandated in December 2021 could have contributed to the covid-19 response whilst maintaining their choice not to be vaccinated. In addition, and despite the NZ Covid-19 Protection Framework being retired in Sept 2021, hundreds of nurses, midwives and carers are still prohibited from returning to work without prejudice, [43] despite an OIA providing 'evidence' of the need for this vaccination policy concluding the opposite (i.e. that covid-19 mandates are unethical and unnecessary),[44] and the vaccination status of most staff having now time-expired.

In late 2021, health directives and orders were justified on the grounds of stopping or reducing community spread or transmission; there was no available evidence then or now, that showed the vaccines could achieve such a goal. We believe there was ample evidence available at the time mandates were legislated to clearly indicate the risk of harm to essential workers from these unsafe and ineffective control measures. Furthermore, we believe all essential workers who were mandated or forced to have the vaccine were discriminated against especially in regard to the lack of safety or efficacy data around the vaccination.

Eight hundred and twenty-one public nurses, midwives and carers (excluding a similar number from the private sector) were mandated and many more have left a system that is overwhelmed or have suffered vaccine injury since, disproportionately and negatively impacting on physical, emotional, mental and spiritual health of the workers, their families and friends.

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[41] Nursing Council of New Zealand, *The Nursing Council of New Zealand: Covid 19 (Archived Announcement)*.
[42] Health NZ Te Whatu Ora, 'COVID-19: Advice for All Health Professionals: Guidance and Factsheets to Support Health Professionals Managing COVID-19'.
[43] Health NZ Te Whatu Ora, 'Pre-Employment Covid-19 Vaccination Policy'; McGlashion, "We will never allow unvaccinated Nurses to work in hospitals again." quote from S McGlashion HR to Te Whatu Ora Wairarapa.
[44] Edgington, 'I Asked for the Evidence for Health New Zealand's Policy of Enforcing Covid "vaccinations" on Their Workforce...What I Received Was Truly Orwellian'.

Health professionals are front line during any health crisis. Risking their physical and/or emotional health by subjecting them to an unproven treatment without transparent, accountable consultation, free from censorship is a public health risk. Our nurses, midwives and carers have been traumatised by the lack of protection offered by regulatory bodies, unions and professional associations. Most were dumped unceremoniously, and in many cases had no finances or means to support themselves. In addition, from the 16th of November 2021 most became outcasts to the very system they had supported the day prior. Many have gone on to lose much more.

Many patients to include the elderly, pregnant mothers and children were left without responsible clinicians to include over two hundred Lead Maternity Carers who chose not to be vaccinated. The New Zealand health system in general has suffered at a time when every single nurse is needed due to a 5,000-nurse deficit.

In an OIA response, we learned that from 13 November 2021 to 26 September 2022, a total of 478 applications for Significant Service Disruption exemption (SSD) were received. 103 applications were granted, covering approximately 11,005 workers. [45] The discrepancies between these figures and those provided by other sources and over time, is currently the subject of consideration with the Ombudsman. [46] We have anecdotal evidence that rural communities and other hard to fill areas suffered, as specialist nurse roles were left unfilled; Significant Service Disruption Exemptions, granted to administrators and doctors, apparently did not apply to hundreds of nurses, who paradoxically were needed urgently during this claimed 'public health emergency.'

2) New Zealand's initial covid 'elimination' strategy:

Was New Zealand's initial covid 'elimination' strategy (and later 'minimisation and protection' strategy) in response to the covid-19 pandemic, including economic and other measures, 'effective' in limiting the spread of infection and limiting the impact of the virus on vulnerable groups and the health system? What measurements have and are being used to record these outcomes?

Without due diligence in relation to the safety and effectiveness of the covid-19 vaccine it is impossible to adequately answer these crucial questions. Due however to New Zealand's unique geographical factors, including some elements of the initial 'elimination' strategy via NZ border controls, we had the opportunity to assess vaccine effects *in isolation* from covid itself. Sadly, this once in life-time opportunity was squandered, when reports from overseas were ignored, and subsequent domestic evidence also became the focus of what has since been referred to in Courts of Law as the 'Censorship-Industrial-Complex'. [47]

If we are to accept the claim that covid was not widely present in New Zealand's population prior to the vaccine roll-out, and given that we had some protection at our border, we also potentially missed a great opportunity to put in place alternative public health messages and measures that would have been beneficial to the New Zealand public.

[45] Health NZ Te Whatu Ora, 'Official Information Act (NZ) Response. HNZ00023978'.
[46] Edgington, 'How Many "vaccine" Mandate Exemptions Were Granted in New Zealand?'
[47] 'Testimony by Michael Shellenberger to The House Select Committee on the Weaponization of the Federal Government'.

New Zealand's initial covid 'elimination' strategy (Cont.)

For instance, we knew early on that natural immunity was effective for new strains of coronavirus. We also knew that patients with severe covid symptoms often suffered with Vit D deficiency, which is easily rectified by New Zealand's natural sunshine (and/or cheap supplements if necessary). Co-morbidities are also an additional risk factor for covid, and factors like obesity can easily be addressed with positive lifestyle changes. These well-established, common-sense public health strategies would have ensured that vaccination (and later a mandate) was not the only possible solution.

It is unclear why the government and Medsafe surrendered too easily to commercial vaccine narratives originating overseas and why they chose to ignore the growing catalogue of adverse effects recorded around the world especially as international research indicated early that the vaccines were becoming less effective, and vaccine hesitant people had good reason to be hesitant.

Many of our nurses experienced an adverse reaction to the first vaccine dose but were refused an exemption for the second—a policy Dr Ashley Bloomfield personally and rigidly enforced. This is especially egregious considering the government was well aware of overseas research findings that the second dose caused a stronger reaction.

Whilst it is unlikely, due to restrictions on the Pfizer contract, that we will be able to establish the truth anytime soon regarding the safety and effectiveness of the vaccine, adverse reactions or excess mortality, we can and should expect a full investigation, analysis and comment relating to the human rights violations aspect of the Covid-19 narrative, in particular the over-reach of governmental authority.

A Government having power is not of itself an issue, however, if the government abuses its power to favour those supporting its views and punish those dissenting, then there is an imbalance in power and generations of caselaw supporting human rights are violated. Many New Zealanders were coerced, manipulated, and driven to the point they felt they had no option but to comply including many of our members who now regret taking the Covid-19 vaccine.

Government funding allocated to New Zealand media was a clear conflict of interest and in effect allowed some State control of independent media, which, in turn influenced the unsuspecting public. Autonomous regulators such as the Medical and Nursing Councils are also more likely to agree with governmental information as are the Courts and the judiciary. Despite media commentators taking every opportunity to discredit those who stood against the official narrative we have witnessed a steady stream of political disinformation become institutionalised into the fabric of everyday administration of society.

Summary and Conclusions

Along with other countries and regions with highly vaccinated populations, New Zealand is witnessing increased rates of morbidity and all-cause mortality compared to pre-covid levels. These excess deaths cannot be explained by Covid-19 disease alone.[48] Whilst correlation does not equal causation, the coincidence poses a serious potential and ongoing health and safety risk to workers including include doctors and nurses. As such, and contrary to the TOR of this inquiry, NPANZ, along with many other groups of healthcare professionals worldwide, calls for an immediate cessation of vaccination programme in New Zealand prior to a full and proper investigation. Recommendations in this regard can be found in Appendix One.

Hundreds of Clinicians have been impacted by the Covid-19 mandates at a level we cannot reasonably explain in this review. We could take you to visit those families torn apart by the Covid-19 mandates to see the long-term impact the governments decision-making had on some amazing men and woman. A typical response when we tell them nurses are still prejudiced if they are unvaccinated is "*The mandates are over, move on*."

You can understand how that request is impossible for a husband and wife team who cannot go back to work - as the local *Te Whatu Ora* HR department refuses to accept applications from unvaccinated. [49] Then there is the nurse who is the only unvaccinated member of her team who has to wear a mask at all times when on hospital grounds. Then there are the handful of nurses who are so traumatised and broken by their experiences of being discriminated against and stigmatised by their employer and colleagues, it could take a lifetime to recover. (See Appendix 1 for some examples).

Many nurses, carers and midwives and their patients, have lost faith in a system they once upheld as being amongst the best in the world. At a time when a large proportion of our workforce are internationally qualified nurses, New Zealand cannot afford to lose hundreds of Kiwi Nurses.

Many new members have reached out to us because they were unsupported by their previous union. They had no option but to pay the mortgage, keep the family together and took the experimental and emergency use vaccine. Some are paying the price with a diagnosis such as myocarditis/pericarditis. Some have been lucky to escape an adverse event so far, although the longer-term future remains unknown.

In closing, reflecting back on the last three years, there is no evidence that anyone who opted out at the time, now said they 'wished they'd *had* the vaccine'. However, many have since said they 'wished they *hadn't*.'

Thank you once again for the opportunity to comment.

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[48] Hatchard, 'Why Did the Ministry of Health Whistleblower Publish the New Zealand Vaccine Health Data?'
[49] McGlashan, "We will never allow unvaccinated Nurses to work in hospitals again." quote from S McGlashan HR Te Whatu Ora Wairarapa.

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Appendix One

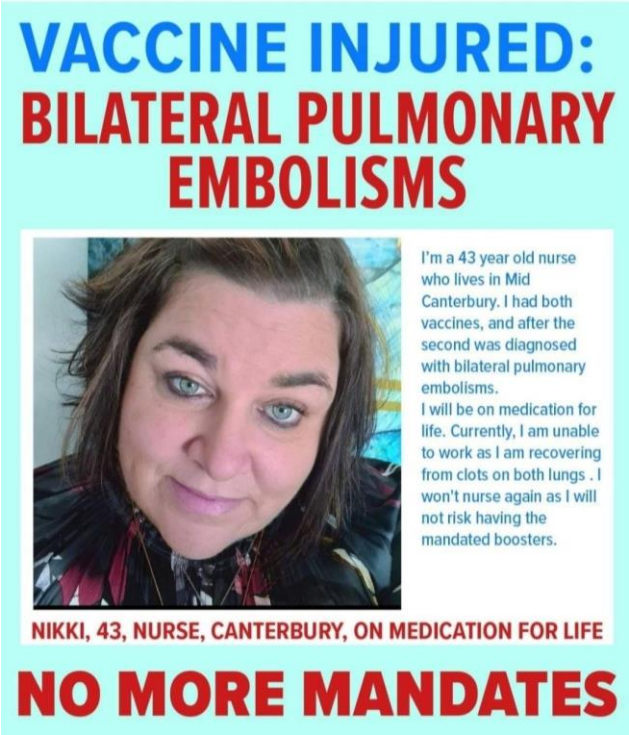
Voices of Nurses (2021-2022)

Selected biographical comments (anonymised to protect identities and privacy) copied from Telegram group NZ Nurses for Freedom (at that time, 630 vetted members) dated 5th July 2022. (minor edits for ease of reading):

- I was mandated in November as well. 35 yrs as RN in [hospital] and a [X] consultant since 2009. I felt the writing was on the wall since early 2020, prior to the first lockdown and went casual as well as took on study to be a reflexologist. Last year they finally created a [mother and child] role in [hospital unit] but I only got to do it from Feb to Nov. Really miss the women and babies and dads! have found an amazing group of nurses and like-minded people since leaving and honestly wouldn't return to a hospital position now. There were 2 of us who left. My daughter was also mandated out of her vet nursing career. So pleased this group is here and that we go from strength to strength. 🌻
- 26 y/o RN 5 years hospital experience on an acute surgical ward. Have been doing telehealth since February due to losing my job in November for not wanting the vax. I miss face to face interaction.
- I worked part time for 28 years in an accident and urgent clinic while I studied and had my children. I resigned last August when the writing was on the wall that mandates were coming. Alongside that, I have worked full time as a research nurse in public health for the past 12 years. I was essentially coerced into resigning in April this year as I opposed termination. I'm still trying to find my way forward after the intense and drawn-out experience.
- I am just doing some study on informed consent. The HRC talk about 'then, having been well informed, they (the patient/ person) are WILLING and able to agree to what is suggested (say jabs) WITHOUT coercion. Now if you look up coercion, it's *'the practice of persuading someone to do something by using force or threats'*. I believe the mandates were a total threat....jab or lose your ability to provide for yourself and your family. They talk about the 95% getting jabs, but how many people do each of us know who got the jabs but didn't want to??
- I'm a Community and Palliative Care Nurse and had recently taken a permanent role. I had waited several years for something to come up in my small town. One of my colleagues posted privately something which discouraged another colleague in a nearby nursing home to object to the V. So, they used a "friend" to give them access to the post and sent it to the admin bosses. She was suspended then fired. No redress. She's been working with an unfair dismissal claim but with the subsequent mandates it wouldn't have got her job back anyway.
- Nurse 18yrs, neurosurgery 13yrs and palliative care 5yrs. [After mandates I was] allowed to check on community palliative care patients via phone but terminated and reemployed as casual. I wasn't allowed at work [for the] xmas party which was outside as I was a 'risk to patients they might go and visit'. I now have a new career path as a vet nurse, they are very welcoming and accepting. I think nursing is ruined for me now.
- I am a former NZRN, specialised in CCU. Have since had a successful career in writing and publishing. Joined in support of the "sisterhood".
- 8 years ICU nurse here. I was fortunate enough to go on maternity leave the July prior to when the mandates were introduced. My job is still held for me till next month, but I'll likely lose it too, then joining all the rest of you clever rebels! Hoping for change for all of us in the

health sector soon 💞I feel if I can never work as a nurse again, someone owes me all the money I spent getting the degree! Any one else? 🥹

- Terminated last November after 34 yrs as a RN for DHB...watched my colleagues wander off, sleeves rolled up for their jabs..to this day I'm not quite sure what stopped me from doing the same..I now know why it never felt right. What amazed me though was that we were told we weren't to talk to each other about each other's jab status. 🤷‍♀️
- Hi, RN with Master of Public Health & Tropical Medicine, Post-Grad Diploma in Child and Family Health (Well Child Nursing) and 15+ years experience in outbreak control / ID surveillance etc. Mandated out of work during a pandemic. Because we live in a Clown World with criminals in charge.
- Another query I have had right from the beginning, but it became more obvious as time has gone on. I have always been too scared to ask. Why do my dear friends and colleagues not speak up for us? This has been one of the most hurtful parts for me. Are they not allowed? Are we that “bad” that they cannot speak out for us or protest. Meanwhile they are working a hell job with the worst morale ever. 😳😳😳😳
- My first alarm bell “was why would you want to vaccinate a whole population?????” And as a nurse never ever have I ever made or influenced a patient into having a medication or a treatment they were unsure about And we didn’t even know the history about this vaccine. Then if you didn’t get this vaccine you were not able to get your haircut or go to a restaurant……..or keep your beloved job.
- I'm an Ex-Combat Medic/Nurse. Did some covid testing, then GP Clinic. These vaccines are just horrendous and criminal genocidal cover up. I sent lots of research, data, injuries to Jacinda Ardern, Ashley Bloomfield, Andrew Little and Chris Hipkins. They will be held accountable in the future.
- My {nursing} rego was due in April but neither me or hubbie have an income. I spoke to Nursing Council and they have placed my rego on hold. They informed me I will always be on the register just not live. I suspect things might change but as it stands you need to restart your rego within (I think) 5 years otherwise you need to do a return to nursing course. Of course, the usual competency requirements are needed ie PD, hours etc.
- Morena koutou, Nga mihi mahana. Warm greetings to you all. RN terminated from Hospice in November. Love the energy of this roopu and send kaha and aroha to you all!
- Morena, RN terminated from working for hospital for 33 years. Happy to help outside system.
- Brave nurses. RN of 32 years terminated from Rural District Nurse role, experience in ED acute medical and practice nursing. Currently working as a labourer. I can’t believe no one is talking about the health mandate.
- I dont want to work in an unhealthy system that abuses good will and is governed by corrupt drug companies, but i do want a choice, i am interested in health promotion and giving people tools and encouraging healthy practices so they dont need the drugs
- There were 6 other RNs in my clinic who lost their jobs, a huge impact on a small community and yet the silence is deafening Looking forward to hearing your stories.
- I am was a midwife up until Nov 2020, and until the midwifery council decided that I was a danger to my clients. I could not, hand on heart tell my ladies that the ‘drug’ was safe.
- Hi, glad to be here with everyone else and knowing we are strong in numbers. I’m a nurse with 7 years general hospital nursing behind me in NZ and Australia. I was working in [X] April 2020 when covid broke out, so many staff had covid that the hospital closed down. No one died so I questioned things. Terminated from the DHB in November.

- Hi everyone. I was a nurse for 11 years prior to being a midwife for another 11 years. I kept my nursing reg up as I worked bloody hard to get it. Now I have 2 degrees I can't use. I've worked my whole life since age 15, with small breaks to hv my 2 children. This is madness!! I'm super glad we have all found like-minded people though. Love and strength to all of u ❤️
- Yup, I have a master's degree in health science received in 2019 and cannot use the flipping thing!
- 

- Still severely unwell. Applied for exemption...no decision given yet. Great to see a group for nurses, carers and the like.
- Hey, so great to be in the family we choose... I was the only nurse within the (X) organization I worked for that got terminated. None of my colleagues got in touch or said anything
- Hi all. RN with more than 17yrs, finished my Master of Nursing in January this year. Can't believe the insanity of these mandates - and I too have had several conversations with people asking if I will go back to work "now the mandates have dropped".... unreal! Making the most of not working and home-schooling my children. Happy to help out if I can 😊
- Hi there all, how humbling and heart-warming to have come across this page via Health Forum link. I am a Registered Nurse with 10+ years' experience both in acute and primary health care. Prior to the mandates I was working in [x]. I left there in April last year as they were the first to bring in the mandates. I was then put on paid special leave for three months as they couldn't fire me and they finally found me a job fitting x. Numerous roles within the DHB turned me down during that time because of my vaxx status. I was appalled, happy to have been getting paid though! Stayed there until Nov and have not been working since. Has put huge strain on my relationship as my partner is burnt out, lost his job at the same time for different reasons. Has since found work as a consultant as jabbed, desperate to be able to step up and give him a break. Any ideas, definitely up for something out of the system? Much love and gratitude to you all 🙏 ❤️
- Started my nursing career in 1971 terminated to mandates. Even though past retirement age I was useful to them and loved working with the elderly. I have now let my registration lapse. I would return, as healthy and reliable. It saddens me the loneliness of many elderly

in care not being able to have quality time with people and not being able to see the warmth of a smile.

- I'm in my 60's and I'm ashamed of our profession... not of brave individuals...nor of people who succumbed to the coercion to feed their families. But of our professional bodies ...Take care
- The last 2 years I have been watching more bullying on FB from ex colleagues 😳 . Things like get vaccinated or you will end up on this (photos of ventilators) and nasty posts about unvaccinated and how they will leave them in corridors and refuse to treat them. Heartbreaking stuff. How quickly our training to "treat everyone with respect and no judgement" has vanished. How fast we have fallen 😭
- I am here to support all of you for your bravery I worked at a DHB for 22 1/2 yrs, 34 yrs nursing. Now mandated out of a job and career! Went from working full time shift work to unemployed. Shame on the health Industry and Govt puppets. Shame on Nursing Council. I was taught to speak up for safety, never coerce, do not be a monkey tasking use critical thinking, etc
- I am so pleased this group has been formed and it's so lovely to read the comments and know there's support around. I was mandated out from nursing after 23 years in November. I still cannot believe this madness, all of these wonderful compassionate highly skilled nurses pushed out of their jobs for the sake of a vaccination that doesn't even work.
- I have been an RN since early 90s. Had a bit of a career break for 20+ years and returned to nursing in 2017. I left prior to being forced to have a booster. I didn't say why I was leaving as was aware through a previous work colleague the DHB inform nursing council that termination has occurred due to not following a public health order and being a risk.
- I can't work in an unethical deceitful organisation that treat's their staff appallingly. Have gone back to doing office administration with absolutely no stress.
- I am so broken that I can no longer care to those who require it. The health system is an absolute disgrace and I can't be a part of such an organisation 😫
- When I got terminated the DHB told me they would inform the nursing council I'm not getting vaxxed. I told HR I did not consent to my information being passed on but they completely ignored me. No response. I can confirm that [X]DHB did exactly that for a colleague who was terminated due to choosing not to receive the V. My colleague showed me the letter that was signed by the DON and sent to nursing council. This is why I chose not to inform the DHB of my real reason for leaving.
- I was the same as you. I worked for [DHB] and watched everyone go off to get their jab. Some looked shocking the next day and some were off sick for over a week. I saw 3 patients get very bad reactions from the vax. One recently died. I think the vax finished her off. They actually admitted the first 2 jabs nearly killed her. She was never right after that. I just knew what was happening was wrong and I felt sick every time I walked past the vaccine clinic for staff. I was like "no way I'm going in there". My boss was actually not too bad. She and all the staff knew my views on the vaccine and my honesty option on what I thought about it. I warned them how dangerous it is and the survival rate from the virus is basically 100% for a healthy person. Why take the risk with an experimental gene therapy 🙄 . I was labelled an 'antivaxxer' and a 'conspiracy theorist'. But all my work mates supported my stance on it and also many of my patients which was nice. They didn't think I should lose my job over it. I was the only one to be terminated from my ward. The other colleague like me caved for financial reasons. Such a crazy situation they put us in. that's my rant for the evening. Nursing near 20 years.

- I will be terminated on 17th of July because I don't want to get booster. I have had 2 jabs which I thought it would save my job, it turns out no, they force me again to get booster. I said no. This evil mandate is so horrible. No kindness anymore in healthcare, it has to stop, it brings a curse to this country.
- Met a Senior Nurse and Nurse Lead at GP Clinic that read up and didn't like the reactions from the 1st two Jabs. They're saying no and leaving. Know another Nurse graduate who is thinking of leaving nursing because of nasty nurses and refusing the 3rd shot.
- Hi all, I was fired as a dental assistant but was a healthcare assistant for 10 years previously. Nice to see (though sad too) that there are so many of us. We keep getting told we are few and far between, we'll clearly not. Even if we were, it's still not ok how we were/are demonized.
- Good morning, I was a practice nurse in x and was the only staff member to leave due to the mandates. It will be so nice to connect with other like-minded nurses. Like you it was initially a pretty lonely and terrifying place to be when you were the only one who wasn't on board with the narrative.
- An RN who was mandated out of my District Nurse position last November. I knew it was insane from the beginning. History of two anaphylaxis episodes from vax in the past. DHB always supportive, never coerced into having any in the past. Suddenly they are saying you can go into hospital to have this treatment where a crash team would be on hand. The insanity of this opened my eyes very quickly and I realised the science behind this was sadly lacking. So glad at last that is nurses are uniting. Thank you
- I hear you I'm was in Emergency & they were bringing people in to us to have the shot. So they be able to be resuscitated if needed What utter evil rubbish. And so many health professionals thought it was ok...normal...
- I got mandated on 30 Sept 21 and terminated 31 December from X< 10 years in a job I loved.
- Had a casual job but got mandated. 3 x colleagues adverse reactions and death after 3rd shot. Not much critical thinking amongst the Healthcare teams I know. It's all about $$$. I have seen so many adverse reactions, been like a horror movie. .
- …great to be a part of this group. I'm a nurse of 30 yrs ED and ICU mandated out November 15th! I hid for months in ED listening to the horrible comments from my colleagues about the unvaccinated and watched their prejudice in pt care! Not sure I want to go back. Heartbroken. Have lost a lot of my friends and colleagues but the like-minded people I have met are my true inspiration! I worry about the pts being injured and not having a voice. The grief still comes in waves…but we are all stronger together! Big hugs my sisters x
- Hi there - I am an RN of 37 years - I was employed by until 15 November 2021 - I was never going to take this experimental injection - I knew the whole thing was fear porn and societal manipulation from the start. 4 staff on my ward left - 2 resigned - 2 forced to walk the plank. I am so happy to join in with others on here - it seems there are far more of us than they make out. Mate was vaccinating angry and crying people that didn't want the Vax but would lose their job...one guy had cancer and had to feed His children. I said to My Buddy -why did You vaccinate Him...He was coerced. Then I asked Her if he gave fully informed consent? She said Yes He signed the consent sheet...I asked Her if it had all the possible Injuries on it and that it was an untrialled vaccine...She said She didn't know...I personally could not give these vaccines. Unethical, Amoral, Unprofessional.

- Totally agree with you. I was an RN and long time vaccinator. I've seen how drugs and vaccines have been pushed over the years. In my family we've had 2 vaccine deaths one was SIDS same night as vax. The other 9 days after the 2nd Pfizer jab. No way was I taking it!!
- All really good/great ideas coming through, and yes I'd definitely say it's like having PTSD, not matter what that takes a hell of a lot to get through, possibly years.
- I had a major hissy fit when offered an online/call centre job that you had to show your status to work over the phone. Totally mental.
- Thank you everyone. I was a nurse for 13 years, and just over a decade at X. I taught family violence training (coercion and control) to postgrad students I was terminated as I was seen as a risk, despite largely working from home.
- In June 2021 I resigned from the private practice I was working with to have a nurse sabbatical, as I was finding the family/work a bit much to juggle. After a break I planned to head back to maternity as a RN but then the mandates. It's a big difference between having a well needed break and not being allowed to Nurse. One thing I realised though is they can take the organisation and the ability to practice from us, but they can't take the skills, knowledge, education from us-that's ours to keep. Singing, gardening, walking, connection and my faith has helped me through.
- 15.11.21 is a date that will stay engraved in my memory as like most of you I suppose it was the last day I was able to work as a nurse before being laid out for non-compliance. After 11 years of faithful unwavering service I had to leave against my will with a very heavy heart and say goodbye to long term residents I had known for years and to a meaningful career of service to others....Been in touch with my ex-colleagues since, all of them triple jabbed as well as the residents have caught Covid, staff shortage is critical, lots are doing double shifts and are exhausted, some individuals are policing the rest of the staff with mask compliance, so glad am not there anymore, although I miss the residents.
- Hi to my fellow courageous, critical thinking, wise Nurses. My most recent work was at a Hospice where I was developing a supportive therapies policy and using light touch and plant oils, compress etc when I was shipped on out.
- I never took the flu jab for my Nursing career. 19 yrs in X and I was one of the Nurses that took the least sick leave. Even a consultant one day said He was going to stop taking it as it made Him sick every year. Now they're going to Mandate all vaccines...A bunch of idiots with no idea of immunity, vaccines, transmission or PPE.
- Hi, my name is X and I have been a nurse for 19 years. I was stood down from X on the 15 Nov last year. I can't believe it's been 7 mths already and still no change!! I miss nursing so much, but don't miss being short staffed so often and the stress!!
- Hi all I am/ was a midwife. My daughter is a nurse who had just started her new grad year 8 weeks into employment when the mandates were imposed. It strikes me that as we yes have all been tossed aside and made to be invisible it is a form of abuse and tactic. Our voices and numbers were muzzled and masked right from the start along with destruction of any unity, a major tactic in isolation and minimising the loss of health professionals and amazing support crews. As we find ways to get more unity and a voice collectively in numbers as in groups like this we find ongoing collegiality support encouragement and voice which is so uplifting. Reading peoples stories and impacts all this has had gives us all strength.
- I just want to say thank you to all of you. We are not alone! We are not invisible!

Appendix Two

Recommended Terms of Reference for extended Inquiry into Covid-19 response:

1. Permit/acknowledge alternatives to a proposed medical treatment that allow hesitant, exempted, or conscientious objectors to continue to participate in the economy in their relevant fields of expertise or experience.
2. Consider alternative mitigation measures for those unable to provide valid consent to the relevant medical treatments, with such alternatives being nutraceuticals, early treatments, testing, or acceptance of recovered (AKA 'natural') immunity.
3. Ensure risk assessments are undertaken on a sufficiently granular basis that accounts for the voices of those unable to provide valid consent to the proposed medical treatment during consultation by appropriate duty-holders - with requirements for reasonable concerns to be directly addressed.
4. Ensure Government transparency when working with stakeholders so that motives, justifications, and reasons can be scrutinised and the true source of policies may be appropriately targeted by actions from citizens.
5. Entrench The NZ Bill of Rights into a Constitution and beyond the reach of parliament alone to alter thereby strengthening individual rights, protected by the judiciary.
6. Consider a unique or improved streamlined complaints process that adequately addresses alleged en masse human rights violations such as "no jab, no job" policies including empowered representative complaints.
7. Consider a National proposal that apologises to those who suffered harm as a result of "no jab, no job" policies and provides access to job security in field of expertise or qualification (to help with economic recovery), compensation (for lost wages or expense enforcing "no jab, no job" policies), and an apology to help the emotional recovery of those affected.
8. Better protections for bodily autonomy in order to earn a livelihood and greater minimum length and rules of open scientific debate, diversity of thought, and scrutiny of conflicts of interest or adverse influence in decision-making regarding mass "no jab, no job" policies in future.
9. Mandatory the publication of anonymised raw data behind all trials - to identify bias, scrutiny, or fraud of scientific research.
10. Immediate stop on indemnifying pharmaceutical products, requiring guarantees of sufficient safety and efficacy before making mandatory products on citizens, or otherwise directly insure products with full accessibility and presumption of harm should it require them.
11. Primarily Health Promotion campaigns that encourage overall well-being and holistic health before novel bio-pharmaceutical countermeasures; and ensure conflicts of interest (including potential perceived conflicts of interest) must be announced transparently by key opinion leaders and experts (to include Academics and Media).
12. A review and analysis of all relevant national and international Human Rights laws, conventions, and treaties, including the Nuremberg Code and the Constitution and other rights protection mechanisms such as the separation of powers and the Principal of Legality, to assess whether any New Zealand citizens suffered any violations of Human Rights in the context of:
    - Covid-19 vaccines;
    - Mandates created by the New Zealand government requiring New Zealanders to receive the Covid-19 vaccine in order to participate in any activity;

- Covid-19 pandemic management decisions, laws, and policies implemented by the New Zealand Government;
- The Nuremberg Code and whether any aspects of the receipt of Covid-19 vaccines by New Zealanders involved: a) any elements of human experimentation; if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in human experimentation; ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may possibly have come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having undergone human experimentation;
- De facto clinical trials on humans; i. if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in a de facto clinical trial on humans; ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having been involved in de facto clinical trials on humans;
- The administration of Covid-19 vaccines to sub-populations of New Zealanders for which insufficient clinical trial data or studies existed, or no satisfactory clinical trial data or studies existed, or for which no clinical trial data or studies existed in respect of the safety or efficacy; i. if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by the subpopulation to receive a Covid-19 vaccine; ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with sub-populations of New Zealanders who received Covid-19 vaccines for which insufficient clinical trial data or studies existed, or no satisfactory clinical trial data or studies existed, or for which no clinical trial data or studies existed in respect of the safety or efficacy; and e) in the event of a positive determination or finding for one or more of (a) through (d) above, a thorough examination of all elements of the Nuremberg Code to identify any other failures to uphold New Zealand Law, and where appropriate, the identification of those responsible for any observed failures to observe the Law.

13. Clinical decisions and public health advice made by clinicians or by public health authorities (to include those not on contract to MOH) during the COVID-19 pandemic.
14. A review of epidemiological data relied upon by the New Zealand government during the Covid-19 pandemic, relating to data collection, data integrity, data availability, data timeliness and data analysis to inform policy and justify Covid-19 mandates.
15. How and when the strategies and other measures devised in response to COVID-19 were implemented or applied in particular situations or in individual cases. Specifically, a review and analysis of the New Zealand Covid-19 pandemic modelling relied upon by the New Zealand Government for making Covid-19 pandemic management decisions, policies, mandates, and laws.
16. The specific epidemiology of the covid-19 virus and its variants and how information relating to the variants was applied by the MOH in New Zealand;.
17. Vaccine efficacy and safety to include public health messages to include an explanation relating to how these messages were made public.

18. A systematic analysis and review of processes and guidelines used to assess causality using appropriate analytical tools and sources of data relevant to an assessment of whether, prima facie, Covid-19 vaccines disproportionately caused harm or death to compared to any other registered or previously registered therapeutics.
19. Full access to the Pfizer, Moderna; AstraZeneca and Novavax contracts.
20. Transparency and accountability in the context of the handling of Official Information Requests in relation to SARS-CoV-2 and the Covid-19 vaccine rollout and associated contracts.
21. A full audit and itemised review of the total budget expended in relation to the Covid pandemic including all payments made by the New Zealand Government and payments to all other governments and non-government recipients designated as part of the Covid response
22. A review of all Covid-19 pandemic-related court cases that were denied to applicants on the basis of mootness or judicial notice, or in which judicial notice was taken in regard to evidence and advice.
23. A systematic review and analysis of any suppression of clinical services that may have highlighted safety concerns associated with the Covid-19 vaccines, or better confirmed Covid-19 infection.
24. A systematic review of New Zealand Whistle-Blower legislation to determine whether any such legislation failed to protect doctors, scientists, government officials, medical administrators, or hospital staff who attempted to raise safety concerns in the public interest with respect to Covid-19 vaccines and Covid-19 lockdown measures and mandates.
25. The judgments and decisions of courts and tribunals and independent agencies such as the Ombudsman, the Privacy Commissioner, or the Independent Police Conduct Authority relating to the Covid-19 pandemic.
26. An investigation into the operation of the private sector during the Covid-19 response and the impact government messaging had on their responses specifically to employees.
27. All decisions taken by the Reserve Bank's independent monetary policy committee during the Covid-19 pandemic.
28. The financial impact of lockdowns and other Covid-19 measures on small businesses.
29. The physical, emotional and psychological impact of Covid-19 mandates to include lockdowns on the New Zealand public, with resultant harm to public health systems.
30. The role of regulatory bodies such as Nursing Council and the New Zealand Medical Council during the pandemic and with regard to their responsibilities to members and with special mention of the role of medical council in silencing dissenters.
31. A review and analysis of New Zealand laws, policies, practices, and procedures concerning valid Informed Consent for medical treatments in the context of Covid-19 vaccines.
32. The role of unions during the Covid-19 pandemic and specifically with regard to those members who were not supported by their unions.
33. A systematic review of the New Zealand Defence Force (NZDF) and New Zealand military personnel in response to Covid-19 throughout 2020, 2021, and 2022.
34. A review and analysis of clinical studies available to the New Zealand government and MOH (and their advisory committees) in 2020, 2021, and 2022 containing data concerning the

safety and efficacy of repurposed drugs used in the treatment of SARS-CoV-2 illness (covid-19).

35. A review and analysis of any decision and the evidence basis for any decision by the New Zealand Government and MOH (and their advisory committees) to limit access to repurposed drugs for use in the treatment of SARS-CoV-2 illness, including any changes to guidelines or recommendations in respect of the use of antibiotics.
36. A review and analysis of treatment methods and protocols for SARS-CoV-2 illness, including prophylaxis, treatment methods, and protocols against SARS-CoV-2 illness, with supporting clinical data evidencing safety and efficacy, that were presented to the New Zealand government in 2020, 2021, and 2022 by appropriately qualified New Zealand and overseas medical and science experts, and an examination of the scientific basis for why some treatment protocols presented, proposed, or undertaken were either stopped, not advanced further, or not adopted.
37. The role of mainstream media during the Covid-19 pandemic and specifically with regard to Covid-19 case incidences; Covid-19 vaccine effectiveness statistics; Covid-19 vaccination advertising. A systematic review of the funding from the New Zealand government to all bodies responsible for media collaboration and advertising in regard to Covid-19, including any contracts or incentives offered.
38. Any adaptation of court procedures by the judiciary during the Covid-19 pandemic and the impact on New Zealanders such as those arrested during the Wellington protest.
39. Adaptation of parliamentary processes during the COVID-19 pandemic especially with regard to legal processes to include decisions taken around the Wellington Protest.
40. The impact of mandates on the public and private health systems, especially with regard to individuals and the overall impact on staffing and morale.
41. A full inquiry into the numbers of staff mandated from Te Whatu Ora to include those who suffered vaccine injury or resigned; to include an overview of current staff vaccination status.
42. A review and analysis of Covid-19 national statements, policies, or directives created by the Ministry of Health or New Zealand Government or their agencies for the attention and observance by health practitioners, and any possible risks, detriments, or impacts upon the delivery of health services caused as a consequence of any national statements, policies, or directives.
43. A systemic analysis of Covid-19 vaccine adverse event reporting 2020 to 2023 including (a) a brief overview of vaccine adverse event data for 2000-2019; (b) the United States Vaccine Adverse Event Reporting System (VAERS), including a brief overview of vaccine adverse event data prior to 2020; (C) the European Medicines Agency Eudra Vigilance database, including a brief overview of vaccine adverse event data prior to 2020; (D) the Medical & Health products Regulatory Agency Yellow Card system, including a brief overview of vaccine adverse event data prior to 2020; and any studies or programs by New Zealand government agencies or medical institutes involving the administration to New Zealanders of saline placebos misleadingly labelled as Covid-19 vaccines.
44. A full and proper investigation into the (A) excess deaths New Zealand has suffered 2020 to present; (B) vaccine injuries and (c) vaccine deaths.
45. An investigation into why CARM reporting was not made mandatory especially considering under-reporting at CARM.

46. A review and analysis of claims made by the MOH and New Zealand Government in respect of Covid-19 vaccines, including by Covid-19 vaccine sponsors, that Covid-19 vaccine(s):
    - Are safe and effective;
    - Stop person-to-person transmission of the SARS-CoV-2 virus,
    - Are effective at stopping people getting very sick if they catch Covid-19,
    - Stay at the injection site where they are quickly broken down;
    - Protect against reinfection from Covid-19;
    - Are particularly important for protecting persons who are immunocompromised or with comorbidities,
    - Ingredients are quickly broken down by the body,
    - Do not shed their ingredients or by-products,
    - Do not cause autoimmune disease,
    - 'Do not' (then changed to) 'may' cause a small and temporary change to menstrual cycles,
    - Do not cause sterilisation or infertility,
    - Protect against Long Covid,
    - Can be safely administered with other vaccines,
    - Do not enter the nucleus of cells,
    - Do not impact fertility or cause any problems with pregnancy, including the development of the placenta,
    - Cannot affect or combine with human DNA,
    - An examination of the designation of these genetic technology products as vaccines rather than genetic technology or gene therapies;

47. An examination of epidemiological and statistical findings by pharmacovigilance departments within the New Zealand government in relation to the safety of Covid-19 vaccines at the time public statements as to the safety of Covid-19 vaccines were being made and the possibility of conflicting real-time data being observed by pharmacovigilance departments.
48. A systemic analysis of peer reviewed and published scientific studies (including preprints), including studies published by overseas health authorities in 2021, 2022, 2023, and 2024 suggestive of adverse health outcomes in recipients of Covid-19 vaccines, and where shown, a comparison with published scientific studies of adverse health outcomes for any other therapeutic treatments of prior historical concern.
49. A review and analysis of the operations, deliberations, and recommendations of Dr. Ashley Bloomfield and the New Zealand Ministry of Health (MOH) in respect of Covid-19 pandemic management measures in 2020, 2021, and 2022. Specifically:
    - Covid-19 pandemic management recommendations received pursuant to the International Health Regulations (IHR) from the World Health Organisation (WHO), including the scientific studies advanced in support of any Covid-19 IHR recommendations;
    - Covid-19 pandemic management recommendations received from any sovereign nations including the scientific studies advanced in support of any such recommendations;
    - Covid-19 pandemic management recommendations created by the MOH including the scientific studies advanced in support of any MOH created recommendations;
    - Any orders, directions, requests, instructions, or recommendations received from the Chair of Medsafe, or from any National Cabinet relating to Covid-19 pandemic management;
    - Where relevant, all minutes of meetings of the MOH; all documents tabled during MOH meetings; all documents shared between MOH members and their staff prior to and subsequent to all MOH meetings, including all correspondence between

members of the MOH (including their support staff) as it may relate to Covid-19 pandemic management measures or recommendations;

50. A review and analysis of the legal criteria required to be fulfilled or satisfied for the provisional approval and registration of Covid-19 vaccines in New Zealand, including the extension of those approvals to different age groups.
51. With regards to the Covid-19 vaccines received by New Zealanders, a review and analysis of the application materials submitted by sponsors, including the clinical safety and efficacy data and references submitted by Covid-19 vaccine manufacturers and relied upon by Medsafe for the provisional approval of the Covid-19 vaccines.
52. An examination to confirm whether there was any regulatory oversight by Medsafe in context of Covid-19 drugs developed and approved in record time, for use in a national vaccination campaign.
53. An examination to confirm the inquiries undertaken by the Medsafe in respect of Pfizer performing clinical trials using a drug from one production method, then supplying a different drug produced by a different production method.
54. An examination to confirm and understand the regulatory justifications for not insisting upon a range of studies prior to a national rollout of Covid-19 drugs.
55. A review and analysis, as of the date each Covid-19 vaccine was provisionally approved, of the safety studies completed by the manufacturers, and any safety studies not performed or completed by the manufacturers, or Medsafe, at the time of provisional approval.
56. An examination of national vaccination and infection statistics that were relied upon for creating legislation that impinged upon freedom of movement of the population. This should include the availability of any data set that was showing infection or mortality statistics by vaccination status, and which data should be auditable and be able to be reconciled with the published documents.
57. A review and analysis of the real-time safety systems used by the New Zealand Government to inform and alert health practitioners of potential or actual side effects or contraindications reported in respect Covid-19 vaccines from 2021, and the interaction of these safety systems with pharmacovigilance departments within the MOH Covid-19 vaccine adverse event reports (CARM).
58. An examination of New Zealand Governments transparency and accountability in the context of the handling of Official Information requests in relation to SARS-CoV-2 and the Covid-19 vaccine rollout.

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