

Open Letter To all Regional Councils and Territorial Authorities on the occasion of your Annual Plan consultation – April 2022

Dear Chair, Mayor, Councillor, CEOs and Officers in council administrations,

Subject: Truth, Freedom, Rights and Responsibilities in the age of COVID-19

I write on behalf of those who might agree with the following statement;

“We have experienced something despicable with the COVID-19 Response Measures and Vaccine Mandates”

- 1.** Please consider this paper and associated recommendations in your 2022 Annual and or Long Term Planning process.
- 2.** By way of introduction, I, Greg Rzesniowiecki have previously written to all regional councils and territorial authorities in 2014 and 2018 in relation to your Council's Annual and Long Term Plans identifying overarching problems and suggesting policy solutions.

Introduction

- 3.** This formal correspondence brings matters to your Council's attention to enable proper consideration of the impact of high level criminality and its detrimental effect on the people and economy of New Zealand.
- 4.** Covid phenomena has dominated NZ and global life and policy settings for two years. What is it really about?
- 5.** The likely vector of emergence for the mysterious SARS-CoV-2 virus is that it's a product of the global bioweapons¹ programs and likely was deliberately released given the lockstep

1 The link is to a video Covid Crimes – A Witness: Dr Richard Fleming; <https://galleries.vidflow.co/awitness> Dr Fleming provides context in this 54 minute video for the remainder of the content in this paper as well as explicitly identifying the evidence that the bug SARS-CoV-2 is a bioweapon and later in the interview that the mRNA vaccines are also products of bioweapons programs. Without coronavirus gain of function research done illegitimately the world would have escaped the Covid phenomena.

response managed internationally. The evidence for this case is circumstantial though well considered and offers a [plausible hypothesis](#), whereas zoonotic emergence of the bug is well discarded with available knowledge. The pangolin association is a myth and part of the official disinformation to [protect Dr Fauci](#) and [friends](#) who provided significant [funding](#) to Wuhan Institute of Virology (WIV).

6. It is important that Council on behalf of their people have a full picture of the Covid matter. To operate under false assumptions or in absence of a factual view of the data about Covid and the COVID-19 Response is potentially a fatal or life threatening decision.

7. Factual material and information within this paper proves beyond all reasonable doubt that Pfizer's COVID-19 [Comirnaty](#) gene therapy product is neither safe nor effective.

8. Criminal action is perpetrated as a result of the NZ Government's COVID-19 Response enactments, [lockdowns](#) and policy, acquiescence to, or promoting a particular ideological agenda, similar to other nation's policies (often Western jurisdictions) in respect to COVID-19 which might be paraphrased; “COVID-19 elimination and lockdown directives will drive more New Zealanders to be vaccinated.” This despite the novel nature of the gene therapy mRNA product and its unknown [safety](#) profile. All care and no responsibility gone mad.

9. Who directed the NZ Government to follow the “get vaccinated or perish” policy, as opposed to, treat the ill and leave the well and healthy to get on with their lives?²

10. What is in the vaccines that it is so important to vaccinate every New Zealander down to a very young age?

11. If it was so good people would queue for it, not be whipped into taking the toxic sorcerer's brew.³

2 Parody - “I Bought Myself A Politician” - Mona Lisa Twins published August 2021 https://www.youtube.com/watch?v= QAKz_cxTIQ Serious take - long form journalism in the Columbia Journalism Review; “Journalism's Gatekeepers” 21 August 2020, by Tim Schwab about everyone's favourite computer programmer, turned philanthropist, turned vaccinologist – Bill Gates: <https://www.cjr.org/criticism/gates-foundation-journalism-funding.php>

3 US VAERS data in excess of 25,000 deaths temporally associated with the COVID-19 vaccinations as at 1 April 2022; <https://openvaers.com/covid-data/mortality> are similarly reflected in UK and European pharmacovigilance web based data platforms. Additionally NZ Medsafe CARM data as of 28 February 2022 has 156 reports of death and over 58,000 reports of adverse events many unresolved or likely terminal as a result of severe disability associated with myocarditis and more medical conditions; <https://www.medsafe.govt.nz/COVID-19/safety-report-41.asp>. Of note, it is well established in scientific literature that adverse events, injuries and death are under reported to pharmacovigilance systems.

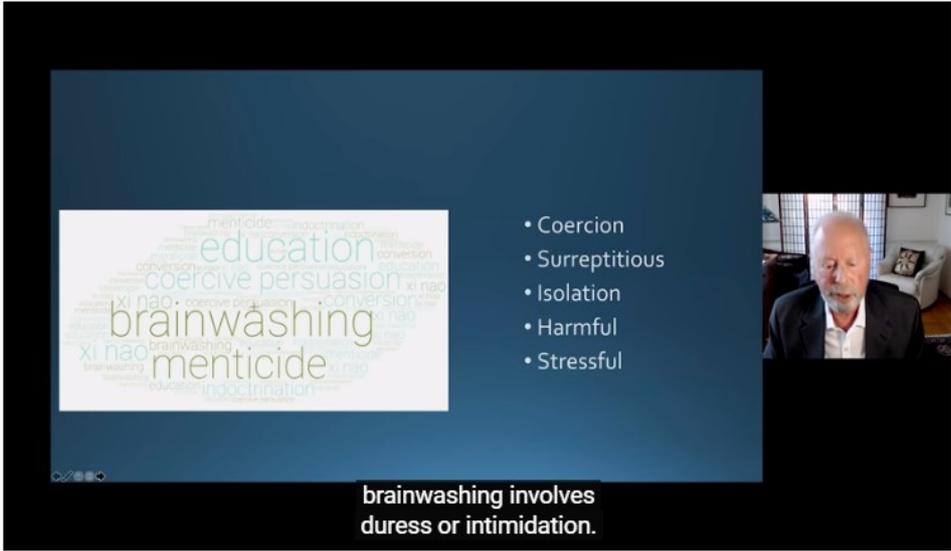
Evil flourishes where good men do nothing – Edmund Burke

It is easier to fool a man than to convince him he has been fooled – Mark Twain

On fooling the people with industrial precision

A. Brainwashing with Professor Joel Dimsdale

12. Professor Joel Dimsdale discusses his latest book “Dark Persuasion: A History of Brainwashing from Pavlov to Social Media” in the [linked video](#), which traces the evolution of brainwashing from its beginnings in torture and religious conversion into the age of neuroscience and social media. Dimsdale is distinguished professor emeritus in the Department of Psychiatry at UC San Diego.



The screenshot shows a video player interface. The main content is a slide with a dark blue background. On the left, there is a word cloud with terms like 'education', 'coercive persuasion', 'brainwashing', 'menticide', 'conversion', 'isolation', 'harmful', and 'stressful'. On the right, there is a bulleted list of terms: 'Coercion', 'Surreptitious', 'Isolation', 'Harmful', and 'Stressful'. At the bottom of the slide, the text reads 'brainwashing involves duress or intimidation.' Below the slide, the video title 'Dark Persuasion - The History of Brainwashing from Pavlov to Social Media' is visible, along with view count '684,991 views', date 'Oct 31, 2021', and interaction icons for like, dislike, share, clip, and save.

Screen capture about 6 mins into the video on what brainwashing involves

B. Mass formation with Professor Mattias Desmet

13. “Mattias Desmet on Our Grave Situation” youtube [video](#) published 3 December 2021. Mattias Desmet, Professor of Clinical Psychology, Ghent University in Belgium,⁴ talks with Peak Prosperity's Chris Martenson about his work that connects past historical episodes of what is called “Mass Formation” (for example Nazi Germany and periods of communist control under Lenin and Stalin in USSR) and current events. Desmet's thesis suggests that unless a few brave and courageous people are willing to stand up and say “I don't agree!” history suggests that we will end up with a fully totalitarian outcome. Who is for that?

14. New Zealand's Councils might provide part of the necessary and courageous solution.

Vaccine harm is enormous and growing with every jab

15. Unfortunately it is plain the NZ Government [knew](#) of the looming vaccination carnage; that is the harm, injury and death that would flow from vaccinating New Zealanders through the Government's access to Pfizer's data made available through the requirements of [Comirnaty](#)'s Provisional Approval 3 February 2021 in its Vaccinate NZ project.

16. The NZ Government knew that significant numbers of New Zealanders would be [killed and injured](#) for the sole reason of accepting injection with the Pfizer mRNA lipid serum product.

17. The conspiracy is breathtakingly large where one acknowledges similar policies being enacted with [similar contracts](#) for [mRNA vaccines](#) in other people's nations to experiment on them.

18. When insufficient took up the mRNA injectable, the NZ Government mandated employees in chosen sectors of the economy both public and private to be jabbed or face economic ruin through termination of employment, plus driving businesses, employers and Councils to mandate their staff and limit public access to buildings and assets.

19. Post vaccination adverse reactions in NZ have already killed over 400 (confirmed on citizens [database](#)) and the number potentially killed is double that in suspected cases

⁴ Prof Mattias Desmet profile at Gent University Belgium: <https://biblio.ugent.be/person/801001743835>. Desmet has been interviewed by numerous people over the past year, as a web search would reveal: <https://www.google.com/search?q=%22Mattias+Desmet+Mass+Formation%22>

requiring further investigation - work is being done to clarify the circumstances of these deaths post jab.

20. Excess mortality in 2021 was [2000 deaths](#). The only change between 2020 and 2021 was 80% of New Zealand's adult population being vaccinated with Pfizer's mRNA gene therapy product.

21. It is reasonable to posit the post vaccination cull at over 1000 people and possibly more of the 2021 excess mortality (what other cause is there – there was no influenza in 2021 and NZ stats assure us that suicides were running at the typical ~600 per annum). If it is unreasonable to entertain such a hypothesis from this data, then it is important to at least investigate the Vaccine's toxic effects to determine the cause of an unusually high number of deaths in 2021.

22. [Medsafe safety data](#) on Pfizer's Comirnaty product declares that up to 28 February 2022 a total of 10,621,074 doses of Comirnaty have been administered and [58,135 AEFIs](#) (adverse events following injection) were reported. In the same period a total of 156 deaths were reported to CARM after the administration of the Comirnaty vaccine.

23. Reporting of adverse events leading to injury or death is not mandatory, which means CARM is not an accurate signal of the harm, but its alarm light ought be glowing red with the injuries registered to date.

24. Since 17 January 2022 NZ's Government offered COVID-19 vaccination to [476,000 children](#) between ages 5-11. Consent for children is legally determined by the guardian. That is perverse given children do not suffer much from Covid-19 symptoms, however, they will bear considerable [risk](#) of long term [injury](#) or death from Covid-19 vaccination.

Case to NZ Police

25. I wrote to the NZ Police through the agency of a specific detective officer in October 2021 offering a report; “Case to NZ Police” (attached as **Appendix B**). It outlined the Covid vaccine carnage; death, injury and destruction perpetrated to then ~270 deaths and 1000 serious injuries temporally associated with Vaccination. The report identified evidence of breaches of the Crimes Act including culpable homicide in the case of those killed.

26. The answer from the police officer was that operations management would not be pursuing any investigation into the COVID-19 Vaccination matter and further suggested that the charge wasn't culpable homicide and a charge of genocide was more likely appropriate. Further it was suggested that if one wished to pursue the matter it ought be referred to an international tribunal or court – which means the ICC International Criminal Court.⁵

27. Given the potential routes to a just solution are most likely in our own hands – it is critical that we the people of New Zealand look to our own laws, constitution and our own people power for that just solution. (See recommendations paragraphs **72, 82 and 91**)

Nano structures in the Vaccines

28. [Nano structures](#) appear or grow in the Pfizer mRNA lipid emulsion product extracted directly from vials of [Comirnaty](#) – there are at least two known ingredients that are secret, however, there may be extra elements, and any synergies or processes resulting from interaction with a Vaccination host or more stimuli; electro magnetic radiation, heat; that are withheld from public knowledge or yet to emerge.

29. No one that I know of gave consent to be vaccinated with graphene oxide or similar substances seen in the mRNA vaccine vials. Graphene oxide is not regulated for human use as a medical intervention. Where these substances and structures were a known outcome of the Pfizer mRNA product and their inclusion in the Vaccine isn't disclosed to vaccine recipients, then it is *prima facie* a crime.⁶

30. No one from authority is forthcoming with any explanation in respect to the nano-scale structures despite repeated reports to NZ Ministry of Health officials, Government Ministers and NZ Police. There appears to be a conspiracy to deny and/or downplay any and all reports of deleterious elements or adverse effects associated with the COVID-19 vaccination products.

⁵ Whereas expert opinion informs that international rule of law is corrupted by the hubris of the powerful nations who use aggression with impunity knowing that they are unlikely to be prosecuted by the ICC or any other tribunal: <https://dezayasalfred.wordpress.com/2022/04/07/counterpunch-no-right-arises-from-a-wrong/>

⁶ The implications of, and consequences from nano-structures in people's blood is horrific, nay evil, where it is intended by the manufacturers and those in the COVID-19 conspiracy loop, to inject the unknowing and trusting or credulous public with more than just mRNA and its lipid carrier.

31. Already many hundreds if not thousands of New Zealanders have expired as a result of the COVID-19 Vaccination, and tens of thousands have suffered harm, injury, some might be long lasting or terminal conditions brought on by myocarditis, extreme clotting - thrombosis or strokes. Get a stroke or myocarditis as a result of a vaccination against a flu like illness? As of January 2022, the reported incidence of local and systemic side effects from mRNA was 27% in the general public – in NZ that would be about 1 million people suffering some side effect.

32. Toxins accumulate toxic effects - the more shots the more potential/real long term detrimental effects. Oncologists are noticing the onset of previously dormant cancers. The Pfizer product [distorts the immune system](#), including components that fight off cancer, to lower the resistance a vaccinated individual's body would ordinarily use to [counter](#) foreign intrusion or toxins. This may be a design element to allow the mRNA lipid minimal resistance in its path and effect in a recipient's body. Potentially permanent switches to miss a flu like illness.

33. Long term [immune system decline](#) is forecast. There is the need to study vaccination recipients for more problematic [symptoms](#) and conditions yet to manifest that might not appear in similar numbers in the unvaccinated proportion of the New Zealand and global population.

34. We Covid sceptics⁷ are learning more as we study the Covid phenomena and the ground of its emergence. Some of this publicly available information is dismissed as misinformation and or disinformation. It is noteworthy that the [ones hurling](#) the misinformation slurs prefer not to discuss or debate the content and merits of that which they denigrate. The phenomena arises from the same mentality that use the pejorative 'conspiracy theory' slur to deny facts without discussing the matter.⁸

35. From [Pfizer's documentation](#) discovered through US FOIA action against the FDA we now know that the Pfizer product has literally thousands of [adverse potential reactions](#) as

7 Only Covid sceptics in the sense of scepticism about the received wisdom and official COVID-19 narrative promoted by NZ Government and authorities and more at a global level including the WHO and UN and more national authorities in foreign jurisdictions such as the US CDC, NIH, or FDA.

8 Not wanting to distract from Covid and its implications, it is important to apprehend that NZ academia is not the happy state of scientific inquiry and discovery one might expect. Academics themselves are indicating concern at loss of academic freedom: <https://www.newsroom.co.nz/academics-divided-on-their-own-freedoms> Also in September 2019 I wrote almost 700 NZ academics forwarding an essay of my discoveries in respect to the 9/11 event – pointing to the false flag and inside job nature of that crime from the perspective of the available public information only to receive not one response other than “out of the office” type automatic returns. The 9/11 essay

these are already observed in recipients or projected to arise.

36. From what is known about the mRNA products begs the question; “how anyone can give proper informed consent to the Comirnaty injectable product and boosters,” as clearly none were properly informed of the harmful and fatal potentials arising from the full dynamics of all the ingredients and their interface with individual human cell tissues in vital organs like brains, hearts and gonads in those who are Vaccinated.

Variation in Pfizer mRNA vaccine batches

37. The [lethality of batches](#) or lots of Pfizer and Moderna (and others) COVID-19 vaccination products varied, indicating malfeasance, or where unintended then criminal negligence. NZ does not check the contents of the vials other than maintain and audit their chain of custody and the associated documentation.

Pfizer Comirnaty is not safe - nor is it effective

38. All scientific evidence shows that whether a person has taken one, two, three or zero mRNA shots makes no difference to whether they can catch SARSCoV2 nor whether they can infect others with it. Recent Lancet articles [prove](#) this [conclusively](#). Additionally data from the current epidemic in NZ point to the [lack of efficacy](#) of being vaccinated. Add to its ineffectiveness, the carnage and harm its deployment has caused, for a perspective about the lengths NZ's Government has gone to promote an unsafe novel product.

39. Manufacturers of the mRNA injection have never claimed that it stops infection or transmission of SARS-CoV-2. In fact, it was never designed to do it, or tested for it.

40. The number of people needed to [vaccinate](#) (NNTV) to prevent one infection is extremely large and astronomical to prevent one COVID-19 death.

41. COVID-19 [morbidity](#) is about that of a serious influenza season and is [treatable](#) using

for your spare time reading which none have refuted or rebutted: https://values-compasspointsinaposttruthworld.blogspot.com/2019/09/nz-academy-911-militarism-climate-will_11.html If Empire can lie the world into war based on the 9/11 crime lie, then it can lie the world into accepting experimental mRNA gene therapy products for profit and whatever other agendas – none benign.

relatively cheap generic drugs. Early treatment of any serious symptoms of COVID-19 infection using all available remedies and therapeutics is superior to the NZ Government determination to vaccinate everyone.

42. Natural [immunity](#) is superior to any COVID-19 vaccine induced immunity.

43. People who accept the COVID-19 vaccine are as likely to become infected with the disease and transmit it. Vaccination drives variant selection to evade vaccines.

44. So far and according to the NZ Government's statistics with COVID-19 daily infections of thousands per day since late February, [MoH data](#) as of 6 April (link is archive of 5-4-2022 data) has a total of 741987 people have become infected including 82,682 active cases and 426 (or 456 - count with broader parameters) died with COVID-19 (and often more confounding medical conditions).

COVID-19 is no more deadly than influenza

45. About 400 to 450 people die as a result of respiratory infections and associated distress upon their preexisting conditions in influenza seasons and these generally fall in that winter and associated flu/cold season, an annual cull of the vulnerable and susceptible observed in statistics and from a study of human excess mortality. More die during a serious influenza season such as 2019. Each year 600 die by suicide.

46. NZ spent tens of billions running from the Covid pandemic, delayed for two years to Vaccinate the willing, coerced and those forced or blackmailed (loss of job) to take the clotshot, with a [product](#) that doesn't protect against infection.

47. Has NZ's COVID-19 Response aided in reducing mental health problems, or, has it exacerbated mental health and anxiety problems in the population – these are some of New Zealand's most vulnerable people. Pushing the precariat into destitution through Covid economic vandalism for two years is not economically nor morally smart.

48. The leading causes of [death](#) in 2019 were cancer, ischaemic heart diseases and cerebrovascular diseases (with 110.5, 47.0 and 21.5 deaths per 100,000 population respectively).

49. Applying the same statistical proportions to those who “died from or with Covid-19” in NZ since the pandemic's commencement in 2020, would reveal that less than ten (10) per 100,000 of the population died from/with Covid-19 to date. A death rate of 10 per 100,000 would translate to a few more than 500 deaths for New Zealand's population of 5 million. NZ's 2022 Omicron epidemic might close at 600 deaths (similar to influenza season) before NZ moves to the winter influenza season. That will be one to watch.

50. Suicide statistics are over 12 per 100,000! Cure that also – in curing suicide we would necessarily ease a lot of pain and create a more egalitarian social system, where economics and commerce would align with real human needs. See my [recommendations](#) to your 2018 Annual Plan process.

COVID-19 Response measures are social and economic vandalism

51. Many people who were in sound social and economic positions have had their livelihood stripped or severely throttled. Recall the increase in dairy farmer suicides as they had their price of milk product recession mid last decade. I imagine a similar cull is underway in light of vandalism done to the general economy from official COVID-19 Measures particularly Auckland mixed business, retail, hospitality with thousands closing.

52. NZ was once noted for its friendliness and warm welcome, whereas, the COVID-19 Response has divided the nation from the world, divided the nation, divided people in its streets and families – ***great job if one's object is to tear society apart with fear***

The basis for policy ought be evidence and data not hearsay and ideology

53. Why did some Councils adopt discriminatory policies against constituents on the [unscientific](#) basis presented by the government's Traffic Light system for supposed control of a inconsequential disease in NZ?

54. With the so-called Omicron epidemic the NZ Government is lowering restrictions despite record case numbers. What possible logic was there in restricting New Zealanders when there was no COVID-19 in the community, except to coerce them to be vaccinated?

55. Did the many NZ councils and territorial authorities that applied or continue to apply a medical apartheid system upon their constituents through arbitrary action, such as; “no job no access” consider their human rights obligations in law?

56. Medical apartheid was imposed without recourse to any democratic process, or consideration of basic human rights as outlined in the NZ Bill of [Rights](#) 1990 (BORA) or the International [Covenant](#) on Civil and Political Rights (CCPR) to which NZ has acceded.

57. The CCPR articles 4 and 7 need to be comprehended in the current Covid-19 matter;

Article 4 part 2. No derogation from articles 6, 7, 8 (paragraphs 1 and 2), 11, 15, 16 and 18 may be made under this provision.

Article 6 part 1. Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Article 7 No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

58. We offer facts based on evidence and data. Why did normally intelligent people and councillors or council administrations take draconian measures to deny citizens the right to access council facilities to which they are entitled - many being ratepayers?

59. Are those vaccinated and harmed as a result of the mandated medical intervention to seek redress from Council and or other mandating authorities, businesses and employers? Where an authority injures a person as a condition of work, surely they are liable for the harm caused? Where it is death is it a culpable homicide – manslaughter.

60. Councils breach their fiduciary contract with ratepayers where they deny individuals access, particularly on such spurious grounds.

Greg Rzesniowiecki and previous forays into long term plans

61. Greg has previously written to all regional councils and territorial authorities in 2014 and 2018 in relation to Councils Annual and Long Term Plans;

2014

62. In 2014, I wrote on behalf of the Renewables, a Motueka based Climate Action group, who held an active interest in New Zealand's ability to mitigate Climate Change. The Renewables 2014 [correspondence](#) focussed on the TPP (Trans Pacific Partnership) Free Trade Agreement negotiations.

63. As a result of our efforts people in a variety of NZ Councils' constituencies mobilised and lobbied their councils to adopt the TPP Policy Solution, twelve (12) councils from the smallest in South Wairarapa to the largest Auckland who initiated the policy.

64. With the lack of transparency and secrecy in respect to the contract for the supply of the Pfizer gene therapy injectable product it is difficult to determine whether the Pfizer COVID-19 Comirnaty product is supplied by Pfizer NZ, or a foreign Pfizer corporation – to ascertain whether the contract is subject to the CPTPP framework treaty and legislation.

65. Nevertheless, we know from other contracts with Albania and more nations that [contract disputes](#) shall be governed by the Laws of the State of New York, USA and attempted assignment of rights or delegation or subcontracting of duties without the required prior written consent of the other Parties shall be void and ineffective.

2018

66. In 2018 I wrote Councils with some proposals about governance and [wise policy](#) setting to ensure certain adverse areas of politics and hegemony under imperial decree or direction were to be avoided or countered through use of the “rule of law” as an instrument to establish just outcomes. Alas those proposed policies did not see any serious light of day, though their general adoption might have led to better outcomes in the recent period.

Where available elegant policy solutions to problems are not adopted that non adoption might be unjust and against the “common rights” of individuals and their

societies.

Observations, Conclusions and Recommendations

Amend Sec 5 of the NZ Bill of Rights to make the “Life and security of the person” sacred!

67. I am increasingly of the opinion that the only authority that can counter corruption is enforceable rule of law at a local, national and [international](#) level. However, the institutions are themselves corrupt.

68. The highest law making body in the land is the NZ Parliament comprising the 120 Representatives and the Commander in Chief, NZ's Governor General. Might they listen?

69. I have an active [petition](#) before the NZ Parliament's Petitions Committee seeking an amendment to protect and make sacred our rights and freedoms in sections 8, 9, 10 and 11 of the New Zealand Bill of Rights 1990 (BORA) under the heading “Life and security of the person.”

70. The petition was sponsored by ACT leader David Seymour and read in the House 14 December 2021.

71. I provided the Petitions Committee with a substantial [paper](#) ***Evidence paper and report on proposal to amend NZ Bill of Rights Act 1990 to Petitions Select Committee 1 February 2022*** setting out my comprehension of the law and the evidence in respect to the COVID-19 pandemic and the science which demonstrates the unlawful nature of the NZ Government's official response. (A pdf copy of the paper is attached at **Appendix A**)

72. I strongly recommend that Council makes some resources available to study the Sec 5A petition paper and its implications for NZ and its citizens. Many of the statements I make in this paper to Councils rest on evidence discussed in that more complete expose.

Recommendation 1: Council studies the evidence contained in the paper to the Petitions Committee and this paper and consider recommending to local

Parliamentary Representatives and the NZ Parliament that they accept the petition and enact the suggested amendment adding a new Section 5A to NZ BORA.

A public inquiry into the COVID-19 matter is imperative

73. Earlier in this paper I reference science which studied the Pfizer mRNA product extracted directly from a Comirnaty vial under microscopy. The observed nanoscale structures form after exposure to a trigger such as heating, radio frequency radiation or an interaction with the microscope slide surface or other substance. The structures form as the lipids presumably holding the mRNA come out of suspension in the serum in response to heating or stimulation (body heat from being injected into a warm living body).

74. The nanoscale structures grow in geometric forms with apparent right angle connections and continue to grow where conditions allow it. Informed speculation is that the main composition of the structures is the controversial compound molecule graphene oxide. Where Pfizer and others include graphene oxide in their products for vaccination of our people and fail to inform the recipients of the intervention a crime is committed. The people of NZ and the planet need to determine who is ultimately liable. In NZ the question is whether Pfizer or the NZ Government or both in collusion are liable for the crime, so conspiracy to injure and kill.

75. The scale of the undertaking by the perpetrators is extreme with billions of people injected repeatedly with the sorcerer's brew.

76. How did it come to this? We better find out properly with a transparent inquiry.

77. It is imperative that an adequately resourced, public, transparent, jurisdictionally competent commission of inquiry into the COVID-19 pandemic and official response is undertaken with terms of reference that ensures there are no limits to its power to gain disclosure, including to the NZ - Pfizer contracts for supply of Comirnaty.

78. A Royal Commission might be appropriate provided the terms of reference are broad enough to allow a full investigation including facilitating public disclosure of all actions of NZ's Government, Ministries, public servants, mainstream media, selected academics, local

and foreign corporations and any other parties who had a bearing on the direction of the COVID-19 pandemic, its origins and any undisclosed agendas at work favouring one course of action over others.

79. Any COVID-19 public inquiry must fully assess the adequacy of the safety processes for the release of novel or new medicines and consider the pharmacovigilance measures employed to capture any concerning safety signals in respect to the Pfizer and other COVID-19 vaccinations and any new therapeutics advanced as COVID-19 cures.

80. The COVID-19 public inquiry must undertake its own independent analysis of the Pfizer and more COVID-19 injectable products to determine the full contents of a range of vials from diverse batch lots. The diverse selection is required because of the already well known variance in the lethality of COVID-19 mRNA injectables including Pfizer's product amongst the varied lot and batches of vials.

81. The COVID-19 public inquiry must address how and why effective cheap generic antiviral remedies and therapies were banned and denied to symptomatic COVID-19 patients.

82. The COVID-19 public inquiry must address why the existing institutions; NZ Police, NZ Judiciary, NZ professional and academic bodies including statutory bodies such as NZ Medical Council and NZ Nurses Council were unable to resist being fooled or were willing accomplices in the Covid vaccinate the planet with mRNA product conspiracy.

Recommendation 2: Council supports the initiation of an adequately resourced, public, transparent, jurisdictionally competent commission of inquiry into the COVID-19 pandemic and the NZ Government COVID-19 Response be undertaken with terms of reference that ensures there are no limits to its power to gain disclosure, including to the NZ - Pfizer contracts for supply of Comirnaty.

WHO to get more power to declare pandemics under a new global pandemic treaty – what could go wrong?

83. New Zealand along with many other nations sponsored a resolution to the World

Health Assembly (WHA) calling for the negotiation of a [new pandemic treaty](#). The draft resolution went to the WHA November 2021 meeting where it passed.

84. New Zealand is already a party to the [International Health Regulations](#) (IHR) 2005 adopting them from 2007.

85. There has been much criticism of the WHO role and lead in the COVID-19 pandemic. A proper inquiry is needed to apprehend what has gone right amongst all the things that have gone wrong or were wrongly advised to nation parties to the WHO organisation. It is problematic to develop a new global pandemic treaty absent any comprehension about need, intent or agendas driving the new proposal, nor without knowing what went well and wrong and why with WHO's global COVID-19 Response including directions or advice to NZ Government.

86. If the NZ COVID-19 Response outcome is any guide, NZ and more nations might be better off not party to any treaty that binds NZ to particular actions without any democratic input from NZ's citizens and a proper and transparent discussion of the costs and benefits of any action. Censuring dissent is the path of would be dictators or dictatorial regimes whether totalitarian or populist.

87. Was it the NZ Government's intent in March 2020 to lockdown NZ and maintain an elimination strategy until a COVID-19 vaccine was available, without knowing either the efficacy or safety profile of the resultant vaccine? Or was the vaccine component of the NZ Government response developed afterward?

88. Given we know the vaccine is neither safe nor effective, (a thousand dead from adverse reactions and Omicron ripping through the vaccinated population) how does one score the NZ Government response? Is two years of fear driven elimination a good policy option? Delaying COVID-19 infection has served no useful purpose and at huge cost.

89. Is [WHO](#) a trustworthy organisation? Unless we study the Covid phenomena and WHO's role we cannot determine an answer and ought not place blind faith in its directions.

90. Will a WHO Pandemic Treaty provide more ability for the NZ democracy to work out a policy response to a future pandemic or will the treaty likely deliver an arbitrary, politicised, profit driven, mRNA vaccine centric, and potentially [ill-fated outcome](#) similar to the global COVID-19 Response.

91. Will a future WHO Pandemic Treaty also ban the use of other therapeutics and generic off label medicines with proven efficacy in dealing with and alleviating respiratory and viral infections? WHO compromised trials in regard to the efficacy of [ivermectin](#) during the pandemic. Why on earth would NZ agree to such chicanery other than to maximise big pharma profits?

Recommendation 3: Council oppose NZ's participation in any WHO pandemic treaty which causes NZ's Government to act arbitrarily, undemocratically, unscientifically, unethically or derogate from common rights including the rights and freedoms provided in NZ's Bill of Rights Act 1990.

Recommendation 4: Council conveys its support for the propositions to the NZ Parliamentarians paying particular attention to the MPs who service your city, district or region.

Recommendation 5: Any Council continuing COVID-19 Measures ought cease forthwith.

Recommendation 6: Council considers promoting these materials to its constituency so as to ensure more New Zealanders are informed in respect to the facts and science of the Covid phenomena.

Ends..

Appendix A Evidence paper and report on proposal to amend NZ Bill of Rights Act 1990 to Petitions Committee, February 2022

Appendix B Case to NZ Police October 2021