

From: [Morag Ingram](#)
To: [Shane Kinley](#)
Subject: Letters being received
Date: Tuesday, 28 September 2021 9:44:58 am
Attachments: [image001.png](#)
[FW Letters that employers are getting.msg](#)
[FW no subject.msg](#)

Hi Shane

Thanks for your offer to look at these. Attached are two copies that have been received.

Ngā mihi

Morag

Morag Ingram ([she/her](#))

Programme Director – Border Worker Vaccination Order Amendment

Mobile s 9(2)(a) | morag.ingram@dia.govt.nz



BORDER EXECUTIVE BOARD

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

From: [Morag Ingram](#)
To: [Morag Ingram](#)
Subject: FW: <no subject>
Date: Tuesday, 28 September 2021 9:39:10 am
Attachments: [Letter to Employer \(3\).docx](#)

Ngā mihi
Morag

From: s 9(2)(a)
Sent: Thursday, 23 September 2021 10:37 AM
To: Peter Mersi <P.Mersi@transport.govt.nz>; Morag Ingram <Morag.Ingram@dia.govt.nz>
Subject: <no subject>

Hi Peter

Letter notifying intent to raise personal grievance as discussed.

Kind regards

s 9(2)(a)

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Name of Company that employees you

Address

Attention: Name

Dear Employer

REQUIREMENT TO TAKE THE COVID 19 VACCINE

1. Thank you for your letter or notice dated date informing me that you direct me, as my employer, to have the COVID-19 "Vaccine" ("mRNA Injection").

Potential Personal Grievance

2. I must inform you that I may file a personal grievance under the following sections Employment Relations Act 2000 ("ERA"):

103 (1) For the purposes of this Act, personal grievance means any grievance that an employee may have against the employee's employer or former employer because of a claim—

(b) - that the employee's employment, or 1 or more conditions of the employee's employment (including any condition that survives termination of the employment), is or are or was (during employment that has since been terminated) affected to the employee's disadvantage by some unjustifiable action by the employer;

*(j)(ii) - that the employee's employer has, in relation to the employee,—
(ii) contravened section 92 of the Health and Safety at Work Act 2015 (which prohibits coercion or inducement).*

3. For your information, section 92 of the Health and Safety at Work Act 2015 ("HSWA") states

Prohibition on coercion or inducement

(1) A person must not organise or take, or threaten to organise or take, any action against another person with intent to coerce or induce the other person, or a third person:

(a) to perform or not to perform, or to propose to perform or not to perform, a

function under this Act or a function under this Act in a particular way; or

(b) to exercise or not to exercise, or propose to exercise or not to exercise, a power under this Act or a power under this Act in a particular way; or

(c) to refrain from seeking, or continuing to undertake, a role under this Act.

4. Under the HSWA, if a potential risk is identified to the Person Conducting a Business or Undertaking, you must assess that potential risk to make sure it cannot adversely affect the health and safety of employees and have the appropriate policies, procedures, and resources in place and to the monitor the risk.

Questions

5. We know that once you have been vaccinated, you cannot undo the vaccine. Consequently, as you wish to coerce me into taking the mRNA Injection as a new term of employment which I did not agree to, I would like answers to the following questions:

Q1: Please refer me to the policy, which requires employees to participate in a clinical trial?

6. Please note that the mRNA Injection is currently being administered on provisional licences as part of a two-year trial which will not be completed until 2023¹.

Q2: What health and safety risk identification, mitigation and review will you be undertaking?

7. Please provide me with copies of the information.

Q3: Will the mRNA injection prevent or reduce transmission of COVID-19? If not, why do you require me to participate in a clinical trial of an experimental medical treatment as a term of my employment?

¹ <https://www.pfizer.com/news/hot-topics/the-facts-about-pfizer-and-biontech-s-covid-19-vaccine>

8. Please note that Medsafe's position as of August 2021²:

Does the vaccine prevent or reduce transmission of COVID-19?

At this stage, we do not know if vaccination prevents or reduces transmission of COVID-19.

9. The **Pfizer** `Fact Sheet for Recipients and Care Givers'³ (**Pfizer Fact Sheet**) states that:

"The Pfizer-BioNTech COVID vaccine is an unapproved vaccine that may prevent COVID. There is no FDA-approved vaccine to prevent COVID."

"[t]he duration of protection against COVID is currently unknown."

10. We noted with interest that **Merck** discontinued the development of the vaccine as it found that:

"...the immune responses were inferior to those seen following natural infection and those reported for other SARS-CoV-2/COVID vaccines⁴."

11. In addition, **Dr Anthony Fauci**, the director of the U.S. **National Institute of Allergy and Infectious Diseases** and the chief medical advisor to the president, has confirmed that the mRNA Injection aims to prevent some milder symptoms of Covid-19 rather than preventing transmission in a recent interview⁵.

Q4: Will the mRNA Injection reduce serious illness if I contract COVID-19? If not, why do you require me to participate in a clinical trial of an experimental medical treatment as a term of my employment?

12. **Peter Doshi's** reported in the **British Medical Journal**⁶ that the Covid 19 mRNA Injection trial had not been set up to detect if there will be a reduction in

² [COVID-19 Therapeutic Products – Questions and Answers \(medsafe.govt.nz\)](https://www.medsafe.govt.nz/eng/Products/COVID-19/COVID-19_Therapeutic_Products_-_Questions_and_Answers.htm)

³ <http://labeling.pfizer.com/ShowLabeling.aspx?id=14472&format=pdf>

⁴ <https://www.merck.com/news/merck-discontinues-development-of-sars-cov-2-covid-19-vaccine-candidates-continues-development-of-two-investigational-therapeutic-candidates/>

⁵ <https://finance.yahoo.com/news/fauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html>

⁶ <https://www.bmj.com/content/bmj/371/bmj.m4037.full.pdf>

any serious outcomes from Covid 19 or whether the mRNA Injection has interrupt transmission of the disease.

13. The research to determine whether the mRNA Injection has any effect in reducing hospital admissions has not commenced. However, **Kaiser Permanente Southern California** is about to commence "*Pfizer-BioNTech COVID BNT162b2 mRNA Injection Effectiveness Study*⁷" to determine the mRNA Injection effectiveness (VE) of 2-doses of Pfizer's BNT162b2 mRNA Injection against COVID-associated hospitalisation.
14. I understand that Pfizer's only concern is whether the mRNA vaccine would reduce mild symptoms.
15. A recent peer-reviewed article, *Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease*⁸, by **Dr Timothy Cardozo**⁹ (MD, PhD) and **Professor Ronald Veazey**¹⁰ undertook a study was to determine if sufficient literature exists to require clinicians to disclose the specific risk that COVID-19 vaccines could worsen disease upon exposure to challenge or circulating virus. The study found:

"COVID-19 vaccines designed to elicit neutralising antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials."

⁷ <https://www.clinicaltrials.gov/ct2/show/NCT04848584?cond=pfizer+vaccine&draw=2&rank=1>

⁸

https://www.researchgate.net/publication/346464618_Informed_consent_disclosure_to_vaccine_trial_subjects_of_risk_of_COVID-19_vaccines_worsening_clinical_disease/fulltext/5fc3873e458515b79784d097/Informed-consent-disclosure-to-vaccine-trial-subjects-of-risk-of-COVID-19-vaccines-worsening-clinical-disease.pdf?origin=publication_detail

⁹ <https://med.nyu.edu/faculty/timothy-j-cardozo>

¹⁰ <https://medicine.tulane.edu/departments/pathology-laboratory-medicine-division-comparative-pathology/faculty/ronald-s-veazey-dvm>

"Conclusions drawn from the study and clinical implications. The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent."

Q5: Does the mRNA Injection have full consent? If not, why do you require me to take an irreversible experimental medical treatment which has not been granted full consent as a term of my employment?

16. Medsafe's website¹¹ states the following:

Comirnaty (COVID-19 mRNA vaccine) (Pfizer-BioNTech) concentrate for injection 0.5 mg/mL
Approval pathway: rolling new medicine application

Status: Approved under section 23 of the Medicines Act, with conditions on 3 February 2021. Extension of indications to allow use in adolescents aged 12 to 15 years old approved under section 23 of the Medicines Act, with updated conditions on 21 June 2021.

17. Section 23(1) of the Medicines Act states:

23 Minister may give provisional consent

(1) Notwithstanding sections 20 to 22, the Minister may, by notice in the Gazette, in accordance with this section, give provisional consent to the sale or supply or use of a new medicine if the Minister is of the opinion that it is desirable that the medicine be sold, supplied, or used.

Q6: Was the normal vaccine development protocol followed? If not, why do you require me to take an irreversible experimental medical treatment with no medium or long term safety data as a term of my employment?

18. Vaccine development is usually a slow and laborious process that takes between 5 to 10 years. However, the co-founder of **BioNTech** designed the coronavirus vaccine it made with **Pfizer** in just a few hours over a single day¹².
19. Eminent vaccine authority **Dr Peter Hotez**, dean of the **National School of Tropical Medicine at Baylor College of Medicine**, who was involved in developing a potential SARS (a type of coronavirus) vaccine, has issued stark warnings regarding the way the current Covid vaccines have been developed.

¹¹ <https://www.medsafe.govt.nz/COVID-19/status-of-applications.asp>

¹² <https://www.businessinsider.com.au/pfizer-biontech-vaccine-designed-in-hours-one-weekend-2020-12?r=US&IR=T>

20. **Dr Peter Hotez** stated:

"I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with." ¹³

21. The speed at which the mRNA Injection has been rolled out is unprecedented. However, no matter what we are told about safety, **Pfizer** has not done all the tests that they would normally undertake to develop a vaccine. There is no way that **Pfizer** could have undertaken all the tests that would typically be undertaken in the 5 to 10 years in approximately seven months. Therefore, there is no medium or long-term data about the safety of the mRNA Injection.

22. The safety data is simply not there.

Q7: Please could you provide me with a copy of the benefit and risk assessment undertaken by Medsafe as part of the Pfizer/Biotech provisional consent? If you cannot provide me with a copy of this information, please let me know what benefit and risk assessments you have undertaken to ensure that I do not suffer harm?

23. A request for official information was made in March 2021 under the Official Information Act, asking for details of the benefit and risk assessment undertaken as part of the Pfizer/Biotech vaccine approval. However, the New Zealand Ministry of Health elected to withhold the information as per a copy of the letter set out below:

¹³ <https://www.reuters.com/article/us-health-coronavirus-vaccines-insight-idUSKBN20Y1GZ>

T Baker

By email: fyi-request-14899-4938bd99@requests.fyi.org.nz
Ref: H202102755

Dear T Baker

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 10 March 2021 for:

"In Ministry of Health media release (3rd Feb 2021) announcing Medsafe approval of Pfizer/BioNTech vaccine, it was stated Medsafe had completed a benefit/risk assessment, which allows [Medsafe] to balance the benefits of the vaccine against any known risks such as side effects."

Please provide full details of benefit risk assessment undertaken as part of Pfizer/BioNTech vaccine approval"

The information you have requested is withheld under sections 9(2)(b)(ii) and 9(2)(ba)(i) of the Act. The release of this information could likely unreasonably prejudice the commercial position of the person who supplied the information. Further to this, the information is subject to an obligation of confidence and making it available would likely prejudice the supply of similar information, or information from the same source.

Please note that the Ministry has published some information that may be of interest to you at the following links:

- <https://www.medsafe.govt.nz/Consumers/miac/Recommendation109-February2021.htm>
- <https://www.medsafe.govt.nz/COVID-19/vaccine-approval-process.asp>
- <https://www.medsafe.govt.nz/COVID-19/q-and-a.asp>
- <https://www.medsafe.govt.nz/Consumers/Safety-of-Medicines/Medsafe-Evaluation-Process.asp>

Under section 27(1) of the Act you have the right to ask the Ombudsman to review any decision made under this request. The Ombudsman may be contacted by email at info@ombudsman.parliament.nz or by calling 0800 802 602.

Q8: Should I be concerned that the preliminary vaccine trials did not include research on the impact of the vaccine on the elderly, the immune-compromised, pregnant women, and different ethnic groups, nor were the trials designed to look at whether the mRNA Injection reduces serious outcomes? Do you know if I fit into one of these categories that has not been the subject of research?

24. Individuals have different physiologies and what may be harmless to one individual is potentially lethal to another (e.g., peanut and egg allergies are examples).

25. The "**Summary of the risk management plan for Comirnaty (COVID-19 mRNA vaccine)**"?¹⁴ published on **MedSafe's** website sets out the "Important Risks and Missing Information table":

Table 1: List of important risks and missing information

Important identified risks	Anaphylaxis
Important potential risks	Vaccine-associated enhanced disease (VAED) including vaccine-associated enhanced respiratory disease (VAERD)
Missing information	Use in pregnancy and while breast feeding
	Use in immunocompromised patients
	Use in frail patients with co-morbidities (eg, chronic obstructive pulmonary disease [COPD], diabetes, chronic neurological disease, cardiovascular disorders)
	Use in patients with autoimmune or inflammatory disorders
	Interaction with other vaccines
	Long-term safety data

Q9: Should I be concerned about the Animal Studies from Previous Coronavirus Vaccines? If not, please could you explain why I should not be concerned?

26. I want to emphasise that this medical treatment is not like other vaccinations that the Ministry of Health has administered in the past. This is a clinical trial for a synthetic gene therapy never used to help prevent infection from a virus. It is a different technology than the traditional Attenuated Virus vaccines that we are used to.
27. According to **America's Front-Line Doctors**, '**White Paper on Experimental mRNA Injection for Covid 19**'¹⁵:

"vaccine safety requires proper animal trials and peer-reviewed data, neither of which has occurred during operation warp speed. This is especially concerning considering the fatal failure of prior coronavirus vaccine attempts such as SARS-CoV-1, the virus that is 78% identical to SARS-CoV-2 (COVID)."

¹⁴ [Comirnaty-RMP.pdf \(medsafe.govt.nz\)](https://www.medsafe.govt.nz/eng/medicines/medicinesafety/Comirnaty-RMP.pdf)

¹⁵ [White Paper on Experimental Vaccines for Covid-19* \(wsimg.com\)](https://www.wsimg.com/white-paper-on-experimental-vaccines-for-covid-19)

28. However, given the perceived urgency, vaccine makers moved straight into small-scale human tests without waiting to complete such animal tests¹⁶.
29. **Dr Peter Hotez** worked on developing a vaccine for SARS, the coronavirus behind a major 2003 outbreak, and found that some vaccinated animals developed more severe diseases compared with unvaccinated animals when they were exposed to the virus. **Peter Hotez** spoke to Reuters in 2020¹⁷ and stated that

"There is a risk of immune enhancement ...the way you reduce that risk is first you show it does not occur in laboratory animals."

30. Scientists are concerned about when the previous mRNA vaccines were tested on animals. While the animals seemed fine at first when they were exposed to the actual virus, their bodies overreacted, and many of the animals died.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421>

https://www.istage.ist.go.jp/article/ivms/68/1/60_1_49/article

<https://pubmed.ncbi.nlm.nih.gov/22536282/>

<https://pubmed.ncbi.nlm.nih.gov/17194199/>

<https://pubmed.ncbi.nlm.nih.gov/18941225/>

Q10: Should I be concerned about taking the mRNA Injection if I am pregnant? Do you know if I am pregnant? Are you allowed to ask me if I am pregnant under employment law?

31. A study published in the **New England Journal of Medicine** of COVID19 vaccinations given to pregnant women (mainly in their 3rd trimester) shows that approximately 14% of them resulted in pregnancy loss.

"Among 3958 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester). Adverse neonatal outcomes included preterm birth (in 9.4%) and small size for gestational age (in 3.2%); no neonatal deaths were reported. Although not directly comparable, calculated proportions of adverse pregnancy and neonatal outcomes in persons vaccinated against Covid-19 who had a completed pregnancy were similar to incidences reported in studies involving pregnant women that were

¹⁶ [As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing | Reuters](#)

¹⁷ [As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing | Reuters](#)

conducted before the Covid-19 pandemic. Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (46 cases)".¹⁸

32. According to the **CDC**¹⁹, Clinical trials for the COVID-19 vaccines currently authorised for use under an Emergency Use Authorization in the United States did not include breastfeeding people. Because the vaccines have not been studied on lactating people, there are no data available on the:

- Safety of COVID-19 vaccines in lactating people
- Effects of vaccination on the breastfed baby
- Effects on milk production or excretion

33. In addition, no single-dose toxicity studies, toxicokinetic studies, genotoxicity or carcinogenicity studies were conducted. Nor were there any studies on when couples receive the mRNA Injection and the impact on future children.

Q11: What are the risks of 'viral immune escape' from the mRNA Injection? If you do not know the risks, why do you require me to take an experimental medical treatment that could harm me, other employees and third parties?

34. **Dr Geert Vanden Bossche**, a vaccine maker, in his open letter²⁰ to the World Health Organisation (**WHO**), raised the issue of the covid vaccines and the detrimental consequences of further '*viral immune escape*'.

Dr Geert Vanden Bossche: Dr. Geert Vanden Bossche PhD, DVM is a world-renowned vaccine developer, headed projects for Glaxo-Smithkline and Novartis, worked for the Bill & Melinda Gates Foundation and GAVI, was Head of the mRNA Injection Development Office for the German Centre for Infection Research (DZIF) and had a vaccine consultancy business from 2012 to 2019. He also represented GAVI in fora with other partners, including WHO, to

¹⁸ [Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons | NEJM](#)

¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

²⁰ [Open Letter to the WHO: Immediately Halt All Covid-19 Mass Vaccinations-Geert Vanden Bossche, DMV, PhD – Freedom Of Speech \(fos-sa.org\)](#)

review progress on the fight against Ebola and to build plans for global pandemic preparedness.

35. **Professor Luc Montagnier**, a French virologist and recipient of the 2008 **Nobel Prize in Medicine**, discovered the human immunodeficiency virus (HIV). He contends that "it is the vaccination that is creating the variants".²¹
36. This idea is not new, as this paper was published in **PLOS BIOLOGY** in 2015.

[Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens \(nih.gov\)](#)

Q12: What is the risk of the 'spike protein' to my health? If you do not know the risks, why do you require me to take an experimental medical treatment that could harm me, other employees and third parties?

37. Pfizer's website²² states that the mRNA Injection works by:

"mRNA, delivered to your body's cells by lipid nanoparticles, instructs the cells to generate the spike protein found on the surface of the novel coronavirus that initiates infection. 1,2 Instructing cells to generate the spike protein spurs an immune response, including generation of antibodies specific to the SARS-CoV-2 spike protein."

38. Many doctors and scientists have pointed out that contrary to what the Government states about safety, the spike protein induced by the vaccine does not remain only in the muscle around the vaccination site but gets absorbed and circulates in the bloodstream and to various vital organs of the body
39. **Dr Robert Malone**²³ is speaking out as he and other scientists did not expect the Spike Protein from the vaccine to move from the muscle in the arm from where it was injected and travel to other parts of the body, causing harm. **Dr**

²¹ <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/> and <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/>

²² <https://www.pfizer.com/news/hot-topics/the-facts-about-pfizer-and-biontech-s-covid-19-vaccine>

²³ <https://www.youtube.com/watch?v=aMB1dRJNHe8>

Robert Malone believes the Spike Protein could reach the bone marrow and lead to people developing leukaemia (Blood Cancer) - only time will tell.

Dr Robert Malone²⁴ The inventor of mRNA vaccines and one of the world's foremost experts on messenger mRNA therapeutics - having invented the field in 1988, Dr Malone has extensive research and development experience in the areas of pre-clinical discovery research, clinical trials, vaccines, gene therapy, biodefense, and immunology. He has over twenty years of management and leadership experience in academia, pharmaceutical and biotechnology industries, as well as in governmental and non-governmental organisations.

40. **Dr Yeadon** (former Vice President Respiratory & Chief Scientific Advisor, Pfizer – full CV summary set out above) and **Dr Wodarg** (lung specialist and former head of the public health department) filed an application with the **European Medicine Agency (EMA)** for the immediate suspension of all SARS CoV2 vaccine studies, in particular the **BioNtech/Pfizer study** on BNT162b (EudraCT number 2020-002641-42). A pdf copy of the letter can be accessed by clicking on the link below:

https://dnyburgh.com/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_signed_with_Exhibits_geschwarz.pdf

41. **Dr Yeadon** has explained in laypersons terms that when you administer a substance to a person, you want to know where the substances distribute to in the body, how long it stays there (*Pharmacogenetics*), and what does it do when it is there (*Pharmacodynamics*). According to **Dr Yeadon**, the vaccine manufacturers are not required to study either. Accordingly, they do not have to study where the spike protein goes, what it does and for how long.
42. **Dr Byram Bridle**²⁵, a viral immunologist and associate professor at the **University of Guelph, Ontario**, in an interview, warned listeners that his message was "scary." **Dr Byram Bridle** stated that:

²⁴ <https://www.rwmalonemd.com/>

²⁵ <https://www.lifesitenews.com/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin>

"We thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein. So by vaccinating people we are inadvertently inoculating them with a toxin ..."

"We have known for a long time that the spike protein is a pathogenic protein. It is a toxin. It can cause damage in our body if it gets into circulation ..."

Q13: What is the risk of me developing an autoimmune disease after the mRNA Injection?

43. **Dr Stuart White**, in his letter to the editor of the **British Medical Journal**, "**Rapid Response: Could COVID mRNA vaccines cause autoimmune diseases?**"²⁶ writes:

"mRNA vaccines effect coded protein production in the recipient's body. In the case of COVID, inert spike (S) antigen proteins are produced. Normally, these enable SARS-CoV-2 coronavirus particles to enter host cells, but therapeutically, inoculation triggers humoral (antibody-mediated) acquired immunity.

Severe/fatal cases of COVID are associated with immune hyperactivation and excessive cytokine release, leading to multiorgan failure. A broad range of mechanisms (with a final common pathway) appear to be involved. However, it has been suggested that molecular mimicry may contribute to this problem, with antibodies to SARS-CoV-2 spike glycoproteins cross-reacting with structurally similar host heptapeptide protein sequences (for example, in interleukin 7 and alveolar surfactant proteins), and raising an acute (auto)immune response against them.[2] Autoinflammatory dysregulation in genetically susceptible individuals, and other autoimmune mechanisms such as epitope spreading and bystander activation, might also contribute to acute but also chronic autoimmunity during and after COVID. [3]

In the understandable socioeconomic rush towards mass vaccination without longer-term safety testing, it would seem that an essential stage in any vaccine licensing process should involve careful analysis of the human proteome against vaccine peptide sequences. This should minimise the risks both of acute autoimmune reactions to inoculation and future chronic autoimmune pathology."

Q14: Why are you directing me to take an experimental medical treatment when there are effective medicines for COVID-19 (these medicines have been used safely for decades)?

44. **Dr Peter McCullough** is the most highly cited physician on the early treatment of COVID-19, with more than 600 citations in the **National Library of**

²⁶ <https://www.bmj.com/content/371/bmj.m4347/rr-6>

Medicine. In an interview with **Dr Reiner Fuelmich** that 85 percent of the more than 600,000 U.S. deaths could have been prevented with a multi-drug treatment given in the early to mid-point of the disease ²⁷.

45. **Dr Peter McCullough's** ²⁸ testimony (19 minutes) to the senate looked at the veracity of early treatment protocols can be viewed by copying and pasting the link in the footnotes below. On 19 November 2021, **Dr Peter McCullough** testified to the senate (2:20:27):

"I'm in close communication for this worldwide disaster with many countries, and I can tell you I did a program with Eamonn Mathieson at the Covid Medical Network in Australia to show you how off-kilter the world is. [Webinars: <https://www.covidmedicalnetwork.com/webinars/prof-peter-mccullough.aspx> EARLY COVID TREATMENTS: Guest Speaker - Prof Peter McCullough MD. Presented by Dr Eamonn Mathieson, Anesthetist, Covid Medical Network, Convenor. 14 Nov 2020 (32:46)] In Queensland, Australia a doctor will be put in jail for prescribing hydroxychloroquine. If you go over to India they're going to give it to you right away. In Greece they're going to give it to you right—it's in their guidelines."

46. On 17 June 2021, the **American Journal of Therapeutics** ²⁹ published a peer-reviewed meta-analysis of 15 trials that found that ivermectin reduced the risk of death compared with no ivermectin. The study found that ivermectin probably reduced deaths by 62% and possible transmission by 86%.

Q15: Will you continue to pay me indefinitely if I suffer from an adverse reaction from the mRNA Vaccine? If I accept your direction to take the mRNA Injection, will you accept personally liable for any harm caused to me as a consequence of administration of the mRNA Injection, irrespective of any claim to be carrying out instructions? If you will not accept personal liability, why not?

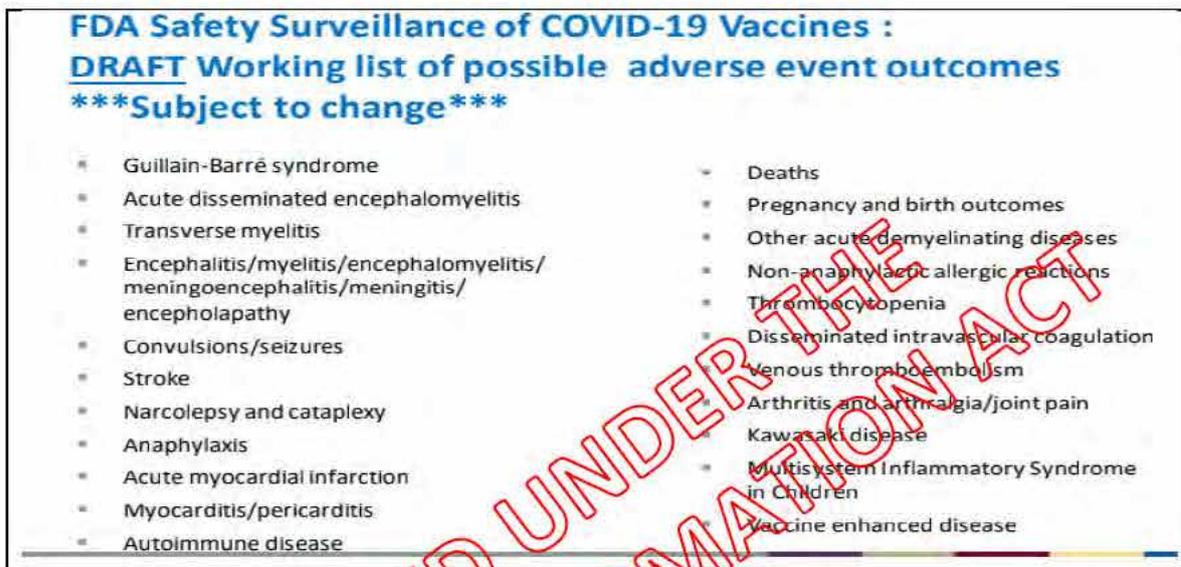
47. Traditional vaccines work by exposing the body to a weakened microorganism strain responsible for causing the disease. The mRNA Injection employs a novel messenger ribonucleic acid (**mRNA**), which theoretically work by injecting a non-natural RNA (of which no toxicology trials have been undertaken) into the body, where it replicates inside your cells and encourages your body to recognize and make antigens for, the "spike proteins" of the virus.

²⁷ [Dr. Peter McCullough on with Reiner Fuelmich June 11, 2021 \(bitchute.com\)](https://www.youtube.com/watch?v=QAHi3lX3oGM)

²⁸ <https://www.youtube.com/watch?v=QAHi3lX3oGM>

²⁹ https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx

48. The **FDA** ACIP Meeting on 30 October 2020 headed up *CBER Plans for Monitoring COVID mRNA Injection Safety and Effectiveness*³⁰, which are shown in the screenshot below ("**FDA's Working List of Possible Adverse Event Outcomes**"):



49. The reporting systems are recording significant adverse reactions, including the above.
50. The New Zealand Government has granted **Pfizer** and **BioNTech** indemnity from any claims that may arise from the mRNA Injection use³¹.
51. It is unclear whether a private insurance company or ACC will cover a person who suffers a serious injury or death from the mRNA Injection.
52. There is no compensation program in New Zealand.
53. The **New Zealand Ministry of Health Covid Committee** discussed the issue of compensation in one of their webinars. The facilitator made the following comment³²:

³⁰ <https://www.fda.gov/media/143557/download>

³¹ <https://www.rnz.co.nz/news/national/435107/government-grants-vaccine-suppliers-indemnity-against-claims>

³² <https://youtu.be/hlyyJ6s0oRM>

"There were a couple of questions at the last meeting that came through so I'm just going to run those off quickly.

The first was around funding to support primary care when people are presenting to them with side effects following their vaccination.

There is no specific funding available to cover that and no specific funding to cover the submission of an adverse event into CARM so there isn't any funding to cover that.

I'm going to touch base, I spoke to the post-event team leader today just to follow up with him and he's organising for me the contacts at ACC so we can understand what is the threshold at which we can make a claim through ACC that this is a treatment injury.

I haven't seen those yet, but we will follow that up and see where it takes us."

Q16: Will you compensate my family if I die from an adverse reaction from the mRNA Vaccine? If I accept your direction to take the mRNA Injection, will you accept personally liable for my death as a consequence of administration of the mRNA Injection, irrespective of any claim to be carrying out instructions? If you will not accept personal liability, why not?

54. According to projections by UK's top modelling agency, **Statement from the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O)**, the third wave of COVID spike will hospitalise and kill 60 to 70% of those people who took both the mRNA Injection doses³³.
55. You can access the above Statement by clicking on the link below:
[S1182 SPI-M-O Summary of modelling of easing roadmap step 2 restrictions.pdf \(publishing.service.gov.uk\)](#)
or going via the Gov.UK website:
[SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2, 31 March 2021 - GOV.UK \(www.gov.uk\)](#)
56. In 'The Safety of COVID-19 Vaccinations—We Should Rethink the Policy' in MPDI, the experts compared the risks and benefits of the mRNA Injection, given that

³³ [SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 2, 31 March 2021 - GOV.UK \(www.gov.uk\)](#)

the COVID-19 vaccines have had expedited reviews without sufficient safety data. They calculated the number needed to vaccinate (**NNTV**) from a sizeable Israeli field study to prevent one death. The results showed that:

"The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer, while the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate. The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations. Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11/100,000 vaccinations. For three deaths prevented by vaccination, we have to accept two inflicted by vaccination. Conclusions: This lack of clear benefit should cause governments to rethink their vaccination policy."³⁴

57. Why are we trusting a company that has a record of acting unlawfully? According to the **Violation Tracker Parent Company Summary**³⁵, Pfizer has incurred \$4,660,896,333 in penalties since 2000.

Q17: Are you legally able to ask about my private information concerning whether I have received the mRNA Injection or not?

58. The MOH states on its website:

Sharing information with employers

Your employer may request confirmation of you receiving a vaccine as part of meeting their obligations under the Health and Safety at Work Act. If your employer wishes to request access to this information, they should contact us at the email below, and provide appropriate confirmation that you agree to the release of this information.

59. Please note that I do not under any circumstances agree to the release of this information.

Conclusion

60. Given the above information (which is only a summary of my concerns) and the pressure from you to take an experimental mRNA Injection which is part of a clinical trial and has not been given full consent, I am suffering emotional distress and feel that I am being bullied and discriminated against.

³⁴ [Vaccines | Free Full-Text | The Safety of COVID-19 Vaccinations—We Should Rethink the Policy | HTML \(mdpi.com\)](#)

³⁵ <https://violationtracker.goodjobsfirst.org/parent/pfizer>

61. I did not agree to you having control of what substances are injected into my body when we agreed to the conditions of my employment. I am now faced with being disadvantaged by your unjustified actions to have control over my body.
62. I also believe you have contravened section 92 of the Health and Safety at Work Act 2015, which prohibits coercion or inducement.
63. Please let me know if you would like to discuss this information further. I would prefer not to go down the litigation path as I hope we can sort out this misunderstanding and continue in a mutually beneficial employment relationship. If, however, this does proceed to the Employment Relations Tribunal, please remember that the burden of proof falls on the employer to prove that the mRNA Injection is necessary to the continuation of the employer's business.

Yours sincerely

Your name

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From: [Morag Ingram](#)
To: [Morag Ingram](#)
Subject: FW: Letters that employers are getting
Date: Tuesday, 28 September 2021 9:39:45 am
Attachments: [image01.png](#)
[s 9\(2\)\(a\) .rtf](#)

Ngā mihi
Morag

From: Mikael Aldridge <Mikael.Aldridge@maritimenz.govt.nz>
Sent: Friday, 24 September 2021 8:32 AM
To: Lindsay Davis (Lindsay.Davis@health.govt.nz) <Lindsay.Davis@health.govt.nz>
Cc: Morag Ingram <Morag.Ingram@dia.govt.nz>; Sharyn Forsyth <Sharyn.Forsyth@maritimenz.govt.nz>
Subject: Letters that employers are getting

Hi Lindsay,

An example of letters that employers are getting.

There are two cases that I see for this letter. The first case is where vaccination is mandated for certain roles or people in certain situations in the VO. The second is where an organisation, e.g. a port company, requires all of its workers to be vaccinated, withing responsibilities under HSWA as the basis for the decision.

Ngā mihi and kind regards,

Mikael Aldridge

Mikael Aldridge | Principal Advisor, Stakeholder Engagement

Covid-19 Recovery Team

Maritime New Zealand | Te Whanganui-a-Tara

Nō te rere moana Aotearoa

Tau waea +64 4 495 9668 | **Waea pūkoro** [s 9\(2\)\(a\)](#) | **Īmēra**

Mikael.aldridge@maritine.govt.nz

cid:A308BC04-6AF6-46F8-BD35-0ECF405FF6BE

From: [s 9\(2\)\(a\)](#)

Sent: Thursday, 23 September 2021 5:07 PM

To: Mikael Aldridge <Mikael.Aldridge@maritimenz.govt.nz>

Subject: EXTERNAL: FW: Letter 1

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Afternoon

Here is an example of the letters

Regards

[s 9\(2\)\(a\)](#)

[s 9\(2\)\(a\)](#)

Maritime Union of New Zealand Incorporated

[s 9\(2\)\(a\)](#)

P O Box 27004 Marion Square Wellington 6141 New Zealand

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From: s 9(2)(a)

Sent: Thursday, 23 September 2021 4:54 pm

To: s 9(2)(a)

Subject: Fwd: Letter 1

----- Forwarded message -----

From: s 9(2)(a)

Date: Thu, 23 Sep 2021, 16:03

Subject: Letter 1

To: s 9(2)(a)

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To **s 9(2)(a)** and whom it may concern,

I write with regard to the matter of potentially receiving a Covid-19 vaccine and my desire is to be fully informed and appraised of ALL facts before going ahead .

I'd be most grateful if you could please provide the following information, that is in accord with statutory legal requirements.

1. Can you please advise me of the approved legal status of the Covid-19 vaccine you consider to be acceptable and if it is "experimental"?
2. Can you please provide details and assurances that the vaccine has been fully, independently and rigorously tested against Covid groups in the subsequent outcomes of those tests.
3. Can you please advise of the full list of contents of the vaccine that I am to receive and if any are toxic to the body?
4. Can you please fully advise of all the adverse reactions associated with this vaccine since it's introduction?
5. Can you please confirm that the vaccinated you are advocating is **NOT** experimental mRNA gene altering therapy
6. Can you please confirm that I will not be under any duress from yourselves as my employer, in compliance with the Nuremberg Code?
7. Can you please advise me of the likely risk of fatality, should I be unfortunate enough to contract Covid-19 after being vaccinated and the likelihood of recovery.

Once I have received the above information in full and I am satisfied that there is NO threat to my health, I will be happy to accept your offer to receive the treatment, but with certain conditions - namely that:

1. You confirm that I will suffer no harm.
2. Following acceptance of this, the offer must be signed by a fully qualified doctor who will take full legal and financial responsibility for any injuries occurring to myself, and/or from any interactions by authorized personnel regarding these procedures.
3. In the event that I should have to decline the offer of vaccination, please confirm that it will not compromise my position and that I will not suffer unmerited prejudice and discrimination as a result?

Recent developments of further concern include:

1. The true nature of Delta vs other variants.
2. The low rate of mortality currently being seen in Covid infected communities.
3. Why is Israel the most heavily vaccinated place in the world, but also experiencing the greatest outbreak and starting with shot number 4 now.
4. How the fully vaccinated (but infected) have been found to carry up to 250 times the viral load of the un-vaccinated(but infected).
5. How the hospitals in the UK and Israel are filled with double vaccinated.
6. How recent studies show Pfizer immunity to be almost worthless after 12-16 weeks post injection.
7. The horrifying incidence of death and injury in all of the international adverse reaction databases.
8. How New Zealanders are being forced out of jobs and education because they refuse to take a still experimental vaccine that is causing unprecedented amounts of injury and death globally...a vaccine that is known to NOT prevent infection, transmission or death.

Being told you need a vaccine or you will lose your job, is not a choice, it is an ultimatum and goes against a number of the UN's Human Rights including to refuse medication.

Because I am unable to make an informed decision based on the current information, and the vaccine status of being experimental until 2023, I exercise my human right to postpone this treatment (vaccine) at this time.

Kind Regards,

s 9(2)(a)

From: [Anna Clark](#)
To: [Shane Kinley](#)
Subject: RE: Letters being received [UNCLASSIFIED]
Date: Tuesday, 28 September 2021 6:55:13 pm
Attachments: [image001.png](#)

Thanks for this Shane - I agree with you. My view is that the Govt has made an Order based on extensive public health advice and the employer is therefore entitled to rely on that Order as the basis for requiring vaccination, without having to answer these questions.

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Tuesday, 28 September 2021 3:36 pm
To: Charlotte Rigby <Charlotte.Rigby@mbie.govt.nz>; Val Sim <val.sim@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Edward Butler <Edward.Butler@mbie.govt.nz>; Allison Bennett <Allison.Bennett@mbie.govt.nz>; Kelly Hanson-White (WorkSafe) <Kelly.Hanson-White2@worksafe.govt.nz>; Braden.Sloper2 <Braden.Sloper2@worksafe.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Anna Clark <Anna.Clark2@mbie.govt.nz>; Lisa Collins <Lisa.Collins3@mbie.govt.nz>
Subject: `FW: Letters being received [UNCLASSIFIED]

Hi Charlotte, Val, Ed, Allison, Gayathiri, Kel and Braden
Cc Tracy, Lisa and Anna

s 9(2)(h)

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Kel and Braden – would be good to think about how far WorkSafe is willing to go on the last point and guidance about the extent to which PCBUs need to respond to questions about public health advice. I would hope that in your mind it is reasonable for a PCBU to not substitute their views for public health experts.

s 9(2)(h)

Out of Scope

From: [Shane Kinley](#)
To: [Morag Ingram](#)
Subject: RE: Letters being received [UNCLASSIFIED]
Date: Tuesday, 28 September 2021 8:08:55 pm
Attachments: [image002.png](#)

Hey Morag

A quick note to say I'm chasing my legal people re this. I've had OK from my GM and WorkSafe for a pretty strong message saying that people don't need to engage on the detail of these letters if they are relying on the Vaccinations Order or a H&S risk assessment. Just need to make sure the lawyers don't have a concern with going as hard as I would like to. I'll try and get that back ASAP tomorrow.

Ngā mihi
Shane Kinley

Note – I occasionally work from home, normally on Thursday afternoons from 2pm, but can always be contacted for Zoom or Teams meetings remotely or on my mobile: **s 9(2)(a)** (preferred contact – either text or call)

From: Morag Ingram <Morag.Ingram@dia.govt.nz>
Sent: Tuesday, 28 September 2021 9:41 AM
To: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Subject: Letters being received

Hi Shane

Thanks for your offer to look at these. Attached are two copies that have been received.

Ngā mihi
Morag

Morag Ingram ([she/her](#))

Programme Director – Border Worker Vaccination Order Amendment

Mobile **s 9(2)(a)** | morag.ingram@dia.govt.nz



BORDER EXECUTIVE BOARD

From: [Braden Sloper](#)
To: [Shane Kinley](#)
Subject: RE: Letters being received [UNCLASSIFIED]
Date: Tuesday, 28 September 2021 8:58:52 pm
Attachments: [image002.png](#)
[image003.png](#)

Nothing further from me Shane.

Braden Sloper (he/him)

Chief Advisor to the CE

M s 9(2)(a)

WORKSAFE

Mahi Haumaru Aotearoa

Getting you home healthy and safe.
That's what we're working for.

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>

Sent: Tuesday, 28 September 2021 8:23 pm

To: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Charlotte Rigby <Charlotte.Rigby@mbie.govt.nz>; Val Sim <val.sim@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Edward Butler <Edward.Butler@mbie.govt.nz>; Allison Bennett <Allison.Bennett@mbie.govt.nz>; Braden Sloper <braden.sloper2@worksafe.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Anna Clark <Anna.Clark2@mbie.govt.nz>; Lisa Collins <Lisa.Collins3@mbie.govt.nz>; Jacinta Blank <Jacinta.Blank@worksafe.govt.nz>

Subject: RE: Letters being received [UNCLASSIFIED]

Thanks heaps for this Kel and Anna for your off-line endorsement of the ER messages.

Legal people – any comment please? We're on a time-critical point for response as the border-sector employers are getting these letters and the BEB project team have asked for our advice. Can I please get any comments ASAP Wednesday.

Ngā mihi

Shane Kinley

Note – I occasionally work from home, normally on Thursday afternoons from 2pm, but can always be contacted for Zoom or Teams meetings remotely or on my mobile: s 9(2)(a) (preferred contact – either text or call)

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>

Sent: Tuesday, 28 September 2021 4:34 PM

To: Shane Kinley <Shane.Kinley@mbie.govt.nz>; Charlotte Rigby <Charlotte.Rigby@mbie.govt.nz>; Val Sim <val.sim@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Edward Butler <Edward.Butler@mbie.govt.nz>; Allison Bennett <Allison.Bennett@mbie.govt.nz>; Braden.Sloper2 <Braden.Sloper2@worksafe.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Anna Clark <Anna.Clark2@mbie.govt.nz>; Lisa Collins <Lisa.Collins3@mbie.govt.nz>; Jacinta Blank <Jacinta.Blank@worksafe.govt.nz>

Subject: Re: Letters being received [UNCLASSIFIED]

Thanks Shane, wow.

Agree wholeheartedly on your last point .

PCBUs would not be expected within a HSWA context to debate or provide detailed answers about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness. PCBUs must be able to rely upon expert public health advice for those matters, and should point workers who are concerned to that information (or perhaps provide them with access to someone who can deliver it in a way that is

From: [Edward Butler](#)
To: [Shane Kinley](#); [Charlotte Rigby](#); [Val Sim](#); [Gayathiri Ganesan](#); [Allison Bennett](#)
Cc: [Tracy Mears](#); [Anna Clark](#); [Lisa Collins](#)
Subject: RE: Letters being received [IN CONFIDENCE]
Date: Wednesday, 29 September 2021 12:11:06 pm
Attachments: [image001.png](#)

IN CONFIDENCE: legally privileged

Hi Shane

s 9(2)(h)

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Kind regards
Edward

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Tuesday, 28 September 2021 8:23 pm
To: Kelly Hanson-White (WorkSafe) <Kelly.Hanson-White2@worksafe.govt.nz>; Charlotte Rigby <Charlotte.Rigby@mbie.govt.nz>; Val Sim <val.sim@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Edward Butler <Edward.Butler@mbie.govt.nz>; Allison Bennett <Allison.Bennett@mbie.govt.nz>; Braden.Sloper2 <Braden.Sloper2@worksafe.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Anna Clark <Anna.Clark2@mbie.govt.nz>; Lisa Collins <Lisa.Collins3@mbie.govt.nz>; Jacinta Blank <Jacinta.Blank@worksafe.govt.nz>
Subject: RE: Letters being received [UNCLASSIFIED]

Thanks heaps for this Kel and Anna for your off-line endorsement of the EB messages.

Legal people – any comment please? We're on a time-critical point for response as the border-sector employers are getting these letters and the BEB project team have asked for our advice. Can I please get any comments ASAP Wednesday.

Ngā mihi
Shane Kinley

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From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>
Sent: Tuesday, 28 September 2021 4:34 PM
To: Shane Kinley <Shane.Kinley@mbie.govt.nz>; Charlotte Rigby <Charlotte.Rigby@mbie.govt.nz>; Val Sim <val.sim@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Edward Butler <Edward.Butler@mbie.govt.nz>; Allison Bennett <Allison.Bennett@mbie.govt.nz>; Braden.Sloper2 <Braden.Sloper2@worksafe.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Anna Clark <Anna.Clark2@mbie.govt.nz>; Lisa Collins <Lisa.Collins3@mbie.govt.nz>; Jacinta Blank <Jacinta.Blank@worksafe.govt.nz>
Subject: Re: Letters being received [UNCLASSIFIED]

Thanks Shane, wow.
Agree wholeheartedly on your last point .

PCBUs would not be expected within a HSWA context to debate or provide detailed answers about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness. PCBUs must be able to rely upon expert public health advice for those matters, and should point workers who are concerned to that information (or perhaps provide them with access to someone who can deliver it in a way that is readily understood, if that was reasonable and practicable in the circumstances).

HSWA does require PCBUs to engage with workers on the detail and outcome of its H&S

From: [Morag Ingram](#)
To: [Shane Kinley](#)
Cc: [Edward Butler](#); [Gayathiri Ganeshan](#); [Anna Clark](#); [Priti Patel](#)
Subject: RE: Letters being received [IN CONFIDENCE]
Date: Wednesday, 29 September 2021 9:41:20 pm
Attachments: [image003.png](#)

Thank you Shane. I'm sure that this type of input will be appreciated by PCBUS.
Can I suggest that we talk to these in the SOG meeting tomorrow morning? I'd particularly like to get MoT (Shelley) and Maritime NZ's (Sharyn/Mikael) views.
I will leave for you to decide if you're comfortable circulating them to the wider group ahead of CLO review and that SOG discussion.
Ngā mihi
Morag

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Wednesday, 29 September 2021 5:23 PM
To: Morag Ingram <Morag.Ingram@dia.govt.nz>
Cc: Edward Butler <Edward.Butler@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Anna Clark <Anna.Clark2@mbie.govt.nz>
Subject: FW: Letters being received [IN CONFIDENCE]

Hi Morag

Here are some points in response to the letters. These have been developed by MBIE with input from WorkSafe. I've pushed the boat out on these messages on the basis that they are for BEB use at this time and would be worth discussion about how they would be used.

Please note that these points are with Crown Law for legal risk review.

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- PCBUs would not be expected within a HSWA context to debate or provide detailed answers about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness. PCBUs must be able to rely upon expert public health advice for those matters (eg the information on [COVID-19 vaccines | Ministry of Health NZ](#)) and MedSafe approvals of vaccines, and should point workers who are concerned to that information (and may provide a worker with access to someone who can deliver it this advice in a way that is readily understood, if that was reasonable and practicable in the circumstances – this could include a medical practitioner).
- In addition, while an employer PCBU is required to discuss in good faith any concerns workers have about workplace issues (under the ERA), this does not require a detailed engagement on all issues at the level suggested in this correspondence. Where relevant, MBIE considers it would be reasonable for an employer to point to the fact that the High Court has confirmed that the Vaccinations Order is valid and to refuse to respond to detail in the correspondence about the Vaccinations Order. This is because any issues related to the Vaccinations Order are not matters that a PCBU can affect or substitute their judgment for ie if a role is covered by the Vaccinations Order, then the PCBU is not able to override that.
- There remains a possibility that an employee would raise a personal grievance (employment relationship problem) under the ERA if they are not satisfied with their employers response to concerns that the worker has raised or any other actions of an employer (including under the Vaccinations Order or for health and safety reasons). This is an employee's right under the ERA.
- The Employment Relations Authority has found that an employee who was not vaccinated, whose role was covered by the Vaccinations Order, and for whom no redeployment opportunities could be identified, was not unjustifiably dismissed or disadvantaged – see [GF v New Zealand Customs Service \[2021\] NZERA 382](#) (note: this Authority determination does not set precedent – an Employment Court judgment would be needed for this – and the factual circumstances may not be applicable to other situations).
- MBIE considers that it is reasonable / likely that a PCBU who has followed a robust process of health and safety risk assessment to require vaccination for specified roles, should / would also be able to refuse to respond to detail in the correspondence on the basis that it relates to points of medical specificity that a PCBU should be able to rely on public health guidance that the approved vaccines are safe and appropriate in a New Zealand context. MBIE considers that it would be reasonable for a PCBU to point to the Ministry of Health guidance (see [COVID-19 vaccines | Ministry of Health NZ](#)) and focus any good faith conversation on whether a worker will be vaccinated in accordance with the PCBUs risk assessment.

Ngā mihi

Shane Kinley

Note – I occasionally work from home, normally on Thursday afternoons from 2pm, but can always be contacted for Zoom or Teams meetings remotely or on my mobile: [s 9\(2\)\(a\)](#) (preferred contact – either text or call)

Policy Director, Workplace Relations & Safety Policy Branch

Labour, Science and Enterprise Group

Ministry of Business, Innovation & Employment (MBIE)

shane.kinley@mbie.govt.nz | Telephone: +64 4 9018619 | Internal extension: 48619 | DX: SR57080

From: Morag Ingram <Morag.Ingram@dia.govt.nz>

Sent: Tuesday, 28 September 2021 9:41 AM

To: Shane Kinley <Shane.Kinley@mbie.govt.nz>

Subject: Letters being received

Hi Shane

Thanks for your offer to look at these. Attached are two copies that have been received.

Ngā mihi

Morag

Morag Ingram ([she/her](#))

Programme Director – Border Worker Vaccination Order Amendment

Mobile s 9(2)(a) | morag.ingram@dia.govt.nz



BORDER EXECUTIVE BOARD

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From: [Shane Kinley](#)
To: [Cameron Meads \(Parliament\)](#); [Anna Clark](#); [Paul Stocks](#); [Katherine Macneill](#)
Cc: [Gayathiri Ganeshan](#)
Subject: Vaccination issues
Date: Thursday, 30 September 2021 1:40:39 pm

Hi all

Out of Scope

FYI also **Cam** the key reason I was on this call today was to discuss a Q&A that we **are publishing**, probably today (across the programme on the Unite Against COVID-19 website, in the [COVID-19-vaccines-engaging-with-workers.pdf \(covid19.govt.nz\)](#) factsheet and which we are looking to replicate somewhere on Employment NZ website). This is in response to calls for a clear guidance position from PCBUs to respond to letters they are receiving about the efficacy of the vaccine, seeking medical assurances from PCBUs before the workers would be vaccinated. We have developed this at speed given the deadline (tonight) for vaccinations and the fact that employers are (about to be) in the process of terminating workers who are not vaccinated, who cannot be redeployed. These talking points were consulted on with WorkSafeNZ and reviewed by Crown Law. Happy to discuss – but really informing you rather than consulting on this Q&A.

Ngā mihi

Shane Kinley

Note – I occasionally work from home, normally on Thursday afternoons from 2pm, but can always be contacted for Zoom or Teams meetings remotely or on my mobile: **s 9(2)(a)** (preferred contact – either text or call)

Q&A for publication (in [COVID-19-vaccines-engaging-with-workers.pdf \(covid19.govt.nz\)](#))

Q: Does an employer need to engage with worker questions about health issues related to the vaccine as part of discussions about whether a worker will be vaccinated, where the work they perform is covered by the [COVID-19 Public Health Response \(Vaccinations\) Order 2021](#) (Vaccinations Order) or a PCBU has required that specified work is only performed by vaccinated workers for health and safety reasons, justified by a COVID-19 exposure risk assessment under the Health and Safety at Work Act 2015 (HSWA)?

A: Employers must be open and communicative and respond to workers in good faith where issues are raised by workers, including related to vaccination.

However, this does not mean PCBUs need, within a HSWA context or in relation to the

application of the Vaccinations Order, to debate or provide detailed answers to questions about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness.

Where detailed medical questions are raised a PCBU is able to rely upon expert public health advice for those matters (eg the information on [COVID-19 vaccines | Ministry of Health NZ](#)) and MedSafe approvals of vaccines, and should point workers who are concerned to that information. PCBUs should consider providing a worker with access to someone who can deliver it this advice in a way that is readily understood, if that was reasonable and practicable in the circumstances – this could include a medical practitioner.

A PCBU can then focus any good faith conversation on whether a worker will be vaccinated to continue to perform work that is covered by the Vaccinations Order or where the PCBU has required that specified work is only performed by vaccinated workers for health and safety reasons, justified in accordance with the PCBUs risk assessment.

Out of Scope

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Out of Scope

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From: [Gayathiri Ganeshan](#)
To: [Shane Kinley](#)
Subject: Vaccine safety info request Q&A for website
Date: Thursday, 30 September 2021 2:47:27 pm
Attachments: [Document1.docx](#)

Here is what Dylan and I have simplified the Q&A to for website publication. Shout if we've done anything egregious.

From: Gayathiri Ganeshan
Sent: Thursday, 30 September 2021 2:46 PM
To: Dylan Nicholson <Dylan.Nicholson@mbie.govt.nz>
Subject: Document1.docx [IN-CONFIDENCE]

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Q: Does an employer need to engage with worker who have questions about health issues related to the vaccine?

A: Employers must be open and communicative and respond to workers in good faith where issues are raised by workers, including related to vaccination.

However, this does not mean employers/PCBUs need to debate or provide detailed answers to questions about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness.

Where detailed medical questions are raised, an employer/PCBU is able to rely upon expert public health advice for those matters (eg information on [COVID-19 vaccines from the Ministry of Health NZ](#)) and MedSafe approvals of vaccines, and should point workers who are concerned to that information. Employers/PCBUs should consider providing a worker with access to someone who can deliver it this advice in a way that is readily understood, if that was reasonable and practicable in the circumstances – this could include a medical practitioner.

An employer/PCBU can then focus any good faith conversation on whether a worker will be vaccinated to do work covered by the Vaccinations Order, or where the PCBU has required that specified work is only done by vaccinated workers for health and safety reasons, following a health and safety risk assessment.

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From: [Gayathiri Ganeshan](#)
To: [Vinh Nguyen \(Employment Services\)](#); [Dylan Nicholson](#)
Subject: RE: Addition to ES vaccination page
Date: Thursday, 30 September 2021 4:59:23 pm

Thanks!

From: Vinh Nguyen (Employment Services) <Vinh.Nguyen2@mbie.govt.nz>
Sent: Thursday, 30 September 2021 4:04 PM
To: Dylan Nicholson <Dylan.Nicholson@mbie.govt.nz>
Cc: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Subject: RE: Addition to ES vaccination page

It's live <https://www.employment.govt.nz/leave-and-holidays/other-types-of-leave/coronavirus-workplace/covid-19-vaccination-and-employment/#scrollto-workers-have-questions-about-health-issues-related-to-the-vaccine>

From: Dylan Nicholson <Dylan.Nicholson@mbie.govt.nz>
Sent: Thursday, 30 September 2021 2:52 PM
To: Vinh Nguyen (Employment Services) <Vinh.Nguyen2@mbie.govt.nz>
Cc: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Subject: Addition to ES vaccination page
Importance: High

Hi Vinh

Can you please get this added to the vaccination page this afternoon? Maybe under the heading [Options for workers concerned about unvaccinated colleagues](#) but will leave that decision up to you.

Please let me and Gayathiri know when its up ☺

Thanks!
Dylan

Dylan Nicholson

Digital Advisor, Customer Experience and Insights
Ministry of Business, Innovation, and Employment
dylan.nicholson@mbie.govt.nz | M: s 9(2)(a)

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Sent: Thursday, 30 September 2021 2:46 PM
To: Dylan Nicholson <Dylan.Nicholson@mbie.govt.nz>
Subject: Document1.docx [IN-CONFIDENCE]

Q: Does an employer need to engage with worker who have questions about health issues related to the vaccine? This might be as part of discussions about whether a worker will be vaccinated, where the work they perform is work covered by the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order) or a PCBU has required that specified work is only performed by vaccinated workers for health and safety reasons, justified by a COVID-19 exposure risk assessment under the Health and Safety at Work Act 2015 (HSWA)?

A: Employers must be open and communicative and respond to workers in good faith where issues are raised by workers, including related to vaccination.

However, this does not mean employers/PCBUs need, within a HSWA context or in relation to the application of the Vaccinations Order, to debate or provide detailed answers to questions about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness.

Where detailed medical questions are raised, an employer/-PCBU is able to rely upon expert public health advice for those matters (eg information on COVID-19 vaccines from the Ministry of Health NZ) and MedSafe approvals of vaccines, and should point workers who are concerned to that information. Employers/PCBUs should consider providing a worker with access to someone who can deliver it this advice in a way that is readily understood, if that was reasonable and practicable in the circumstances – this could include a medical practitioner.

An employer/-PCBU can then focus any good faith conversation on whether a worker will be vaccinated to continue to perform work that is covered by the Vaccinations Order, or where the PCBU has required that specified work is only performed done by vaccinated workers for health and safety reasons, following a health and safety justified in accordance with the PCBU's risk assessment.

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From: [Vinh Nguyen \(Employment Services\)](#)
To: [Dylan Nicholson](#)
Cc: [Gayathiri Ganeshan](#)
Subject: RE: Addition to ES vaccination page
Date: Thursday, 30 September 2021 3:07:50 pm

Coolio – I will action it now 😊

Vinh

From: Dylan Nicholson <Dylan.Nicholson@mbie.govt.nz>
Sent: Thursday, 30 September 2021 2:52 PM
To: Vinh Nguyen (Employment Services) <Vinh.Nguyen2@mbie.govt.nz>
Cc: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Subject: Addition to ES vaccination page
Importance: High

Hi Vinh

Can you please get this added to the vaccination page this afternoon? Maybe under the heading [Options for workers concerned about unvaccinated colleagues](#) but will leave that decision up to you.

Please let me and Gayathiri know when its up 😊

Thanks!
Dylan

Dylan Nicholson
Digital Advisor, Customer Experience and Insights
Ministry of Business, Innovation and Employment
dylan.nicholson@mbie.govt.nz | M: **9(2)(a)**

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Sent: Thursday, 30 September 2021 2:46 PM
To: Dylan Nicholson <Dylan.Nicholson@mbie.govt.nz>
Subject: Document1.docx [IN-CONFIDENCE]

From: [Nicky Kingston](#)
To: [Shane Kinley](#); [Anna Clark \(GM WRSP\)](#)
Subject: FW: ENZ/BNZ Web Guidance
Date: Tuesday, 29 March 2022 12:32:40 pm
Attachments: [v2SK Updated ENZ vaccination and testing guidance and Biz.govt VAT content SJ.docx](#)

More comments from Sam on this one.

You'll see that he starts to answer his own questions as he moves through the document – so by the end his questions about what 'normal employment law' is have been answered.

Please let me know how the updates are going and whether there's been any significant shift following input from other agencies.

Ngā mihi,
Nicky

From: Sam Jaffe

Sent: Tuesday, 29 March 2022 12:16 PM

To: Nicky Kingston <Nicky.Kingston@parliament.govt.nz>

Subject: ENZ/BNZ Web Guidance

Fewer comments on this one, really good work

Samuel Jaffe | (Roving) Ministerial Advisor to Hon Michael Wood

M: [s 9\(2\)\(a\)](#) E samuel.jaffe@parliament.govt.nz

Parliament Buildings, Wellington, New Zealand

Authorised by Michael Wood, Parliament Buildings, Wellington

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Draft update to: [Vaccines and the workplace » Employment New Zealand](#)

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Before any vaccine is approved for use in New Zealand, it must meet international standards and local requirements for quality, safety and efficacy.

This does not mean employers need to debate or provide detailed answers to questions about the vaccination, its safety, and/or its effectiveness as a control against infection/transmission/severe illness.

Commented [SJ50]: Should this be slightly rephrased to say "This means that employers do not need to..."

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