

# The People's Terms

*The People's Terms is an independent, comprehensive and targeted set of terms that will fundamentally redefine how the inquiry should operate and what will be reviewed.*

*The following will also be sought:*

- *Removal and replacement of Commissioners Blakely and Whitehead; and*
- *Disbanding and replacement of all other staff currently engaged with the Commission of Inquiry; or*
- *Alternatively, the termination of the current Inquiry.*

*In addition it will be sought that:*

- *Three new suitable Commissioners be appointed;*
- *Key decision makers be compelled to appear and answer questions under oath;*
- *All evidence be given in public with proceedings being live-streamed; and*
- *All evidence be made publicly available.*

## **[Proposed] Terms of Reference for the Royal Commission of Inquiry into Covid-19 and New Zealand's Response\***

### **1. Background**

1. **The Covid-19 pandemic presented a significant event to public health in New Zealand and the world.** At first, there was uncertainty about Covid-19's characteristics or how it might evolve. New Zealand had not experienced anything similar in several generations. Existing pandemic planning was not actioned. There was little international consensus on how to respond. Recommendations from the World Health Organization changed, as did the nature of the threat from Covid-19 as more was learned, as advice on the virus evolved, and as treatments and strategies were developed and implemented. The emergency phase of the pandemic continued over an extended period.
2. **Throughout 2020 - 2021, New Zealand's initial response was an elimination strategy.** The strategy included lockdowns, limiting passenger flows across international borders to keep the virus out, extensive testing to detect community transmission, and a set of public health measures to stamp out outbreaks quickly when they appeared. That public-health-informed strategy was supported by economic and other measures to maintain basic services, ensure that businesses could retain staff and cover their costs when they could not operate, and support people to isolate where necessary. The strategy involved a set of alert levels, which triggered public health responses calibrated to the risk of virus transmission and informed people how to protect themselves.
3. **By the end of 2020, fast-tracked vaccines had been developed** with New Zealand procuring Pfizer vaccines, which were granted provisional consent by Medsafe 3

February 2021, and were **sequentially made available to the following age cohorts:**

- 20 February 2021, 100 nurses became the first people in New Zealand to receive the Pfizer–BioNTech Covid-19 vaccine. Border, healthcare workers, essential workers and those considered most at risk were to be vaccinated in the second quarter of the year. The general adult population to be vaccinated in the second half of the year.
- 28 April 2021, the Government passed the COVID-19 Public Health Response (Vaccinations) Order 2021, requiring workers at managed isolation facilities and border workers to be fully vaccinated by 4 June 2021.
- 30 July 2021, the first mass vaccination event in New Zealand began in South Auckland.
- 19 August 2021, cabinet approved the vaccine for use in all 12 to 15-year-olds who were required to be vaccinated to attend extracurricular activities.
- 3 October 2021, in response to the Waikato lockdown implemented, Prime Minister Ardern stated that lockdowns would continue unless vaccination rates increased nationally.
- On 11 October 2021, the Government extended the vaccination order to all health and disability workers and prison workers, requiring them to be fully vaccinated by 1 December 2021, while all teachers and early childhood workers will have to be fully vaccinated by 1 January 2022 in order to carry on in their roles.
- On 26 October 2021, PM Ardern and Workplace Relations Minister Michael Wood announced a new vaccine mandate requiring all workers in hospitality businesses and certain services industries like gyms, barbers, and hairdressers to get vaccinated within four weeks or risk losing their jobs in order to carry on in their roles.
- From 29 November 2021, booster doses of the Pfizer–BioNTech Covid-19 vaccine were rolled out to those who had completed a primary course at least 6 months prior.
- On 26 November 2021, Workplace Relations Minister Michael Wood issued a vaccine mandate for New Zealand Police and New Zealand Defence Force personnel, requiring them to be vaccinated against Covid-19 by 17 January 2022 in order to carry on in their roles. This mandate was later deemed unlawful.
- On 17 January 2022, those aged 5-12 years became eligible for the Covid-19 vaccine with a lower dose and smaller volume.

- On 9 February 2022, Medsafe approved a version of Pfizer's paediatric vaccine for children aged between 6 months and four years old.
  - Second and third booster doses were made available through 2022 and 2023.
  - As of December 2023, over 4 million New Zealanders received over 12 million Covid-19 vaccines.
4. **By December 2021, a high proportion of New Zealanders had received vaccines** for Covid-19, including through vaccine mandates, vaccination passports, and employer mandates.
  5. **New Zealand then moved to a national strategy of minimisation and protection** with the stated goal to minimise the spread of the virus in the community, protect those who were most at risk, and protect the health system's capacity to respond to non-Covid health needs. A new Covid-19 Protection Framework set out graduated public health responses to outbreaks and how people could keep themselves safe. Economic and other measures were also updated.
  6. **In February and March 2022, large anti-mandate protests at Parliament Grounds** occupied Parliament Grounds for three weeks. The February 2022 protest was preceded by many anti-mandate and anti-Covid-19 Response measures through 2020 and 2021. Some protesters were arrested and charged with breaching Covid-19 Orders despite the NZ Bill of Rights.
  7. **In September 2022, the Covid-19 Protection Framework was retired**, and the Government indicated that powers in Covid-19 legislation would be narrowed, signalling the end of the emergency phase of the pandemic.
  8. **There has also been criticism of New Zealand's preparedness to deal with Covid-19**, of the organisation of its response, and of particular public health measures and their impact on people's lives.
  9. **New Zealand's response to the pandemic has been the subject of expert scrutiny.** The World Health Organization, the Lancet Commission on lessons for the future from the Covid-19 pandemic, and the International Science Council have conducted reviews. Within New Zealand, at least 75 individual reviews have been undertaken across government since 2020, generating more than 1,600 recommendations covering a broad range of issues and subjects. Independent reviews have been conducted by reviewers such as the Covid-19 Independent Continuous Review, Improvement and Advice Group, the Auditor-General, and the Ombudsman. New Zealand courts and the Waitangi Tribunal have determined several challenges to the lawfulness, Treaty consistency, and appropriateness of actions taken in response to the pandemic. The Government has also proactively released Covid-19 papers and decisions. As a consequence, there is now a substantial amount of publicly available information on New Zealand's pandemic response.

10. **Covid-19 and the attendant public health responses affected every single person in New Zealand** both at the time and following.
11. **In late December 2022, the Labour government established a Royal Commission of Inquiry (COVID-19 Lessons) Order 2022 (SL 2022/323).** That Royal Commission of Inquiry was narrow and specified various limitations on what the Inquiry could consider. The Commission Members have indicated that they have received 95,000 documents and held hearings in private. None of this information has been made publicly available, nor has a full list of all people the Members have spoken to or evidence received.
12. Further, **one of the three Members of the inquiry resigned effective 15 November 2023.**
13. **The People of New Zealand call on the Government to expand the Lessons Learned Inquiry** to learn from the Covid-19 health response, to make findings and to provide recommendations.

## **2. Matter of public importance that the inquiry is directed to examine as a priority:**

1. **The New Zealand Government's approach and rationale to a vaccine solution** from early on in the pandemic to the exclusion of any other medical treatments, including:
  - Vaccine efficacy
  - Vaccine safety and adverse effects
  - Vaccine safety signals
  - Vaccine adverse event reporting systems and their accuracy in capturing all events
  - Which persons report vaccine adverse events
  - Vaccine injury claims and ACC treatment
2. **Origins of the SARS-CoV-2 virus** in the context of New Zealand's future pandemic prevention, preparedness and response (including in respect to the World Health Organization's International Health Regulations amendments and the Pandemic Treaty)

## **3. The Purpose of the Inquiry**

1. **To acquire comprehensive, up-to-date information**, as defined in the Terms of Reference (ToR) and work program, including both national and international sources and from a diverse range of academics regarding the Covid-19 pandemic.
2. **To conduct an honest appraisal of the New Zealand Government's information**, response and management of Covid-19.
3. **To acquire sufficient information** to allow in-depth, credible assessment of the benefits, costs and harms of the New Zealand Covid-19 response.

4. **To inform the New Zealand Government, Parliament and the New Zealand public** of the full inquiry findings, conclusions and recommendations.
5. **To enable better preparedness for New Zealand** to deal with future pandemic emergencies, particularly involving a respiratory virus.
6. **To enable improved regulation and oversight of research and experimentation** of activities that are covered by the Biological Weapons Convention (BWC) including updating the BWC to forestall future bioterrorism releases.
7. **To provide a comprehensive basis for New Zealand to assess lessons and provide context for:**
  - Planning and preparation for any future pandemic.
  - Obligations presented by amendments to the International Health Regulations 2005 (IHR);
  - Obligations presented by an international pandemic treaty instrument.
8. **To be conducted and held in an impartial and transparent manner.**
9. **To allow and encourage public input for testimony, evidence and research.**
10. **To grant the Members the power to:**
  - Subpoena documents and witnesses;
  - Make findings and recommendations.
11. **To provide an historical document for future reference.**

#### **4. Scope of the Inquiry**

**The Scope of the Inquiry has been prepared under the following headings:**

- A. *The Background to the Pandemic*
- B. *The Government's Response*
- C. *The Emergence of SARS-CoV-2 (2019 - May 2020)*
- D. *NZ's preliminary response 2020 – non-pharmaceutical intervention, elimination strategy*
- E. *The Role of Media and Public Messaging*
- F. *Border Response 2020 – 2023*
- G. *Vaccination Strategy 2021*
- H. *Social and Economic Impact*

## *I. Future Pandemic Prevention, Preparedness and Response*

### **A. Background to the Pandemic**

1. The state and readiness of New Zealand's health system prior to the onset of the Covid-19 Pandemic, including an overview of the population's health.
2. New Zealand's prevailing pandemic plan, including involvement in pandemic planning exercises and modelling prior to the 2019 Covid-19 pandemic, including Rockefeller Scenarios for the Future of Technology and International Development (Lockstep scenario) 2010, Global Preparedness Monitoring Board (GPMB), Annual Report, "A World at Risk" 2017, SPARS Pandemic Scenario October 2017, Event 201 (October 2019), plus various reviews of the International Health Regulations 2005.
3. The pharmaceutical industry's search for a universal influenza vaccine and its intersection with the Covid-19 pandemic.
4. Gain-of-function research and experimentation, the risks of genetic engineering increasing the lethality and transmissibility of pathogens, and any involvement by New Zealand.

### **B. The Government's Response**

1. **Government's leadership**, including:
  - Who was responsible, and when
  - Transitions and relevant authority/powers to lead
  - The decision-making processes that enabled the a-b above
2. **Government departments and agencies**, including the responsibilities, operations and information and intelligence, information sharing, including but not limited to between:
  - Ministry of Health
    - i. Appointment, funding and ToR of TAGs (technical advisory groups)
    - ii. Technical Advisory Groups (TAG) scope: Requirement to review scientific literature; methodology frameworks for reviews; funding for capacity to review; terms of reference, conflicts of interest
    - iii. Medsafe
    - iv. Pharmac
  - Prime Minister
  - Ministry for Covid-19 Response
  - National Emergency Management Agency (NEMA)
  - Department of the Prime Minister and Cabinet (DPMC), including its Covid-19 group
  - New Zealand Police
  - Ministry of Business Innovation and Employment
  - New Zealand Defence Force (NZDF)
  - Ministry of Justice

- Coroner's Office
  - Attorney General
  - Treasury
  - Ministry of Internal Affairs
  - NZ security services, including NZSIS, GCSB, NAB (National Assessments Bureau) including National Security Group and relevant Ministries
  - Human Rights Commission and public comments on human rights contraventions
  - Office of Commissioner for Children on contravention of children's rights
  - Office of the Health and Disability Commissioner on issues of medical allocation and ethical guidance through the pandemic
  - Ombudsman's responses and timeframes
3. **Information and intelligence timeline.** Key authorities and experts tasked with providing risk-based information.

*Including assessing the extent of advice that was present, why a marked deviation from prevailing pandemic measures, or established processes that demoted transparency about SARS-CoV-2's risk.*

4. **Involvement of Government communication teams** including their messaging, advice, authorisation, guidance, qualifications, funding, cost and suitability.
5. **Decision-making underpinning policy formulation, establishment of powers and lawfulness of:**
- Government's enactment and use of emergency powers, including the creation of legislation in response to Covid-19
  - The purpose, scope and application of the initial legislation leveraged (Civil Defence Emergency Management Act 2002, Public Health Act 1956, etc.)
  - Creation of Covid-19 Response Minister, Unite Against Covid within the Department of Prime Minister and Cabinet
  - Introduction of 'Alert Level' borders, how this was informed, and their enforcement, including Iwi-led border establishment
  - Evidence for, and rationalisation of, the Traffic Light System to increase vaccine take-up, state of evidence on the safety and efficacy of the BNT162b2 gene therapy COVID-19 Vaccine

## **C. The Emergence of SARS-CoV-2 2019 - May 2020**

1. **Origins of SARS-CoV-2 - zoonotic or laboratory origins,** considering;
- The history of gain of function research into bat coronaviruses, including patents for chimaera viruses and antidote vaccines
  - History of laboratory breaches from biolabs and research institutions
  - Warnings from the research and scientific community with respect to security breaches at biolabs
  - US Moratorium on gain of function research 2014 - 2017 and what work was permitted despite the moratorium

- The extent of foreign funding for bat coronavirus research provided by the US Government for domestic research and to the Chinese or other nations
  - The evidence for zoonotic emergence of SARS-CoV-2
2. **SARS-CoV-2 epidemiological footprint.**
  3. **SARS-CoV-2 morbidity and mortality by age and health status for different variants** over time, including transmissibility, seriousness of disease, infection fatality rate (IFR) and risk assessment by age and health status.
  4. **SARS-CoV-2: Real-time polymerase chain reaction (RT-PCR) assays:** development of the PCR test (RT-PCR assay) of PCR test, authorisation and suitability for a pandemic emergency response.
  5. **The extent to which the International Health Regulations 2005 (IHR) and the 2017 NZ Pandemic Plan were followed.**
  6. **Key advice and recommendations received by the New Zealand Government or key personnel** (including the then Prime Minister and Director General of Health) from domestic and international institutions and organisations, e.g., WHO, UN, GAVI, COVAX, advice or guidance from NGOs or philanthropic organisations, including Bill and Melinda Gates Foundation, etc., and their influence in leading the Covid-19 Response.

## **D. NZ's preliminary response 2020 – Non-pharmaceutical intervention, Elimination strategy**

1. **Government's information and response**
  - New Zealand's pandemic planning and preparedness prior to 2020, including all plans and the application of these, MOUs, SLAs, contracts, and procurement (or procurement agreements) of any equipment or otherwise, including the decision-making shifting from 'flatten the curve strategy' to Elimination.
  - Epidemiological studies for Covid-19, including surveillance and assessment of the results and findings from nations ahead of New Zealand with Covid-19 and their respective responses.
  - The use of seroprevalence testing to ascertain the spread of Covid-19 infections through the general population as was done in the 2009 swine flu pandemic. When was seroprevalence testing commenced and what advice was tendered to justify any delays?
  - Covid-19 pandemic modelling used, or relied upon, by the New Zealand Government, including the suitability of the models. Is there a bias in models and modellers to present the worst possible scenario? Investigate the use of modelling to convey messages to the public, given models such as Shaun Hendy's 30,000



deaths were gross exaggerations.

- To what extent was expert evidence relied upon by the Government in its elimination policy, including the extent to which alternative expert opinion concerning Sars-Cov-2 morbidity/mortality risk was provided to senior Covid-19 Government officials and Ministers to challenge the policy that underpinned lockdowns and social distancing until a vaccine became available.
  - Government's choice of expert advisors (including but not limited to Michael Baker, Helen Petousis-Harris, Siouxsie Wiles, Michael Plank, Rod Jackson, Shaun Hendy) and whether the advice tendered was sufficiently broad, balanced, suitable, or contestable. What alternative advice was refused or not allowed into the decision-making room?
  - Cabinet papers, Ministerial briefing papers, department memos and committee advice, Cabinet decisions and reliance on advice from the World Health Organization, other countries, other countries' regulators or other organisations.
  - NZ Government reporting and advice to UN bodies as required in respect to Article 4 of the International Covenant on Civil and Political Rights (ICCPR) in respect to derogation from the articles of the ICCPR and to whom this was directed and advice received as a result of reporting
  - Surveillance of individuals and organisations of interest relating to the Covid-19 response by intelligence agencies
2. **Public health measures** - lawfulness and Bill of Rights considerations particularly s 5, justified limitations, with respect to:
- Masking,
  - Social distancing,
  - Lockdowns,
  - Limits on access to medical treatments,
  - Determination of non-essential industries/businesses, and resultant furloughed workforces, and criteria employed
  - Border closure,
  - PCR tests,
  - Waste-water testing.
3. **Health information and government messaging:**
- Early or alternative treatment protocols and repurposed drugs for SARS-CoV-2 and Covid-19, including:
    - i. Consideration given to pre-prescribe to vulnerable groups
    - ii. Government actions in 2020 to discourage prescribing and suppress discussion of repurposed and generic drugs with known antiviral activity

- iii. Consideration of home treatment packs of repurposed drugs for COVID-19 symptoms
  - All information and reviews undertaken to assess the state of evidence on the benefits of natural (acquired) immunity (all age cohorts and conditions) and the messaging relating to natural immunity.
  - Knowledge held by NZ National Security Group (NSG) of the origins of and background research leading to the release/emergence of SARS-CoV-2
- 4. **Government virus spread reporting** - Daily death reporting, including categorisation of deaths to 'deaths with/from Covid-19'
- 5. **Early Pandemic News Media and Messaging:**
  - Early Media reporting of the pandemic outbreak
  - COVID-19 Fact Checkers and the validity of their checks
  - Operation of media during the early Covid-19 pandemic
  - Use of social media by the New Zealand government to transmit Covid-19 data and messaging
  - Suppression of alternative voices, media and opinion
  - Validity of early claims by the mainstream media and their basis in fact
- 6. **Economic and commercial considerations:**
  - Economic analysis and decisions made regarding the Covid-19 payment system, including consideration of the consequences of the debt, business impacts and interruption, including inflation
  - Decision-making process regarding 'essential' and 'non-essential' categorisation of all businesses, including public and allied health, liquor outlets and fast-food chains
  - All Inland Revenue decisions in 2020-2023 regarding tax, small business loans and repayment of these
  - Assessment of the cost of Covid-19 interventions compared to previous interventions to save lives measured in quality-adjusted life years
- 7. **Social and community considerations**, including decision-making and effects:
  - With respect to furloughing a large segment of the population during lockdowns, including the Auckland Lockdowns
  - Of the cancelled summer of 2021/2022
  - Unprecedented lockdowns on individuals and the community's ability to conduct their lives as free human beings with rights and responsibilities, including conducting weddings, funerals, attending religious services and more ordinary rituals of life
  - Closure of education institutions, schools, primary and secondary, universities and higher education facilities and effects on absenteeism post the pandemic
  - Effect on babies born or infants through the Covid-19 pandemic

## E. The Role of Media and Public Messaging:

1. **Operation of media during Covid-19 (2020-2023)**, including advertising
2. **Government funding for Covid-19 media** collaboration and advertising (2020-2023)
3. **Use of social media by the New Zealand government** to transmit Covid-19 data and messaging (2020-2023)
4. **Management of dissenting voices and opinions contrary to NZ Government advice** and directions arising from Covid-19 Response measures
5. **Censoring by Government agencies of material on social media** and all related correspondence with social media companies
6. **Designation of persons with alternative views to the Government's Covid-19 messaging as terrorists or spreaders of misinformation**, disinformation and malinformation by Government and legacy media
7. **Public Interest Journalism Fund and its contractual requirements** imposed on media participants

## F. Border Response 2020-2023

1. Border closures, limitations, or requirements on entry 2020-2023
  - Health considerations, advice and decisions on closing borders and authority to make those (specifically Ministry of Health, Ministry of Business, Innovation & Employment and Immigration)
  - Impact of border closures on citizens, permanent residents, pregnant women, impact on children born overseas
  - Human Rights considerations and advice
  - Immigration NZ – ‘Critical Worker Visas’ were issued, including to 64 foreign DJs (some up to 3 visits in 2021 alone)
2. **MIQ hotel system - lawfulness, accessibility:**
  - Hotel contracts: including selection criteria, alternatives considered (private facilities or home isolation), capacity restriction, management and responsibility, safety consideration for people in MIQ, including fire safety arrangements
  - Costs
  - MIQ exemption system (available to Hon. James Shaw, not to others)
  - Online voucher system (calendar lottery entry)
  - Offline voucher system:
    - i. Government allocations towards arts/sports – preferential treatment of departments or industries
    - ii. Emergency Applications (“EAR”)

- iii. How women's health (pregnancy) was totally absent from EAR even after the Government lost \$100,000 legal fees being unsuccessful in High Court Oct/Nov 2021 (only revised after Bellis February 2022)
- Work with other nations and global agencies - planning for international vaccine passport systems
- Government agencies and departments, including advice and information specifically with respect to border closures and border measures:
  - i. Suitability and appropriateness of Megan Wood's role in MIQ and as senior minister involved in negotiating vaccine contracts
  - ii. Crown Law - advice given
  - iii. Assessment of Covid-19 vaccines for safety signals compared with other medicines' safety signals
  - iv. Human Rights Commission and public comments on human rights contraventions
  - v. Office of Commissioner for Children on contravention of children's rights
  - vi. Relevant Ombudsman's responses and timeframes

## G. Vaccination strategy 2021 - 2023

1. **Decision-making and information with respect to the use of elimination** until a vaccine became available.
2. **Public health measures** - lawfulness and Bill of Rights considerations particularly s 5, justified limitations, with respect to:
  - Vaccination
  - RAT Tests (including confiscation of the same)
  - Non-pharmaceutical interventions
3. **Supply contracts** with Covid-19 vaccines manufacturers (Pfizer BioNTech, Moderna, Johnson & Johnson, AstraZeneca, etc), including timing, details and persons involved in negotiations and procurement, Government departments responsible, public release of contracts, contract provisions (the *precedent to supply* clause, the 5 day APA clause, ramifications of the indemnity signed off under the Finance Act, known limitations of ACC, Waiver of Sovereign Immunity Clause) and conflict of interests.
4. Vaccine **regulatory approval**: Medsafe and EPA Regulation
  - Applications and criteria for granting provisional consent to Covid-19 vaccines (for each iteration, doses and age cohort, including boosters):
    - i. Gazetted 58 conditions: How were these 58 conditions fulfilled, who were they reported to, and why were they not disclosed to the public.
    - ii. Vaccines were never made using mRNA gene therapy technology; as a biological entity, it was a 'higher-risk medicine'. However, because it was a biological entity, a data protection period applied for 5 years from the date of the Gazette.
    - iii. Monitoring and testing of vaccines
    - iv. Safety Data Sheets

- v. Assessed against relevant provisions of the Medicines Act 1981, the Hazardous Substances and New Organisms Act 1996, the Environmental Protection Authority Act 2011, the Health and Safety at Work Act 2015, including the (HSWA) Hazardous Substances Regulations 2017, and the Biosecurity Act 1993, including when read alongside the vaccine Safety Data Sheets (SDS).
  - Accuracy and the interpretation of the Safety and Efficacy data and claims made by Covid-19 drug sponsors and regulators globally
    - i. Relative efficacy versus absolute efficacy
    - ii. Number needed to vaccinate to stop infection, hospitalisation, ICU admissions or death
  - Safety studies not submitted by Covid-19 drug sponsors
5. **Vaccine safety and efficacy.** What evidence and scientific reasoning was considered by the Government that supported the rollout of a novel injectable technology on a novel (RNA) platform. Consideration of the ‘safety’ processes will inform the public in respect to the merits of claims for more vaccines based on similar technologies.
6. **Extent that controversial or conflicting information was communicated** to and known by officials responsible for coordinating vaccination strategy.
7. **Government advertising** of Covid-19 vaccines:
- Representations made by Government personnel
  - Representations made by sports and other recognised NZ public personalities, such as scientists and actors/actresses
  - Suitability of all advertising associated with Covid-19 pandemic countermeasures
8. **Funding and support**
- Foreign Covid-19 funding to New Zealand medical and science institutions and all universities
  - New Zealand’s funding, support and assistance to island nations
  - Conflicts of interest and their management
9. **Surveillance** and assessment of Covid-19 medical countermeasures **efficacy and safety**:
- Results and findings from nations ahead of New Zealand with their Covid-19 vaccination programmes
  - Loss of education opportunities for school-aged children and those young adults in tertiary education
  - Loss of extracurricular activities, such as participation in sports or cultural activities for school-aged children who were not vaccinated
  - The pressure on children and young persons to get vaccinated otherwise forego extracurricular and education opportunities
  - Methods of reporting and comparability to other diseases
  - Changes in public reporting of pharmacovigilance outcomes, including Medsafe CARM

- Covid-19 vaccination and infection and mortality data curated by the Government
- Use of real-time epidemiological data to inform Covid-19 mandate decisions
- Independent, peer-reviewed and published studies, including RCTs on Covid-19 vaccines

10. **Adverse Events - Pfizer vaccine**

- Outline of all pharmacovigilance systems employed to track NZ Covid-19 vaccine adverse events
- Who and what advice was offered to the Government when it was establishing the Covid-19 vaccine pharmacovigilance reporting systems.
- Global adverse event reporting systems for Covid-19 vaccines from 2020-2023
- Guidelines and procedures for receiving and assessing Covid-19 adverse event reports
- Epidemiological and statistical tools used for monitoring the safety of Covid-19 vaccines
- Real-time epidemiological and statistical safety data gathered by New Zealand for Covid-19 vaccines
- Covid-19 adverse event reports received by the Medsafe and CARM database
- Amendments to the Coroner's Act 2006 to remove the requirement for coroners to investigate deaths by natural causes
- Health practitioner safety notification systems and use of the same
- Medsafe CARM and sponsor pharmacovigilance obligations for Covid-19 vaccines - assessment of adverse event signals by Medsafe, Global Vaccine Data Network, Medsafe and any relevant committees
- Rationale for a voluntary reporting system versus mandatory reporting system, especially with regard to known underreporting levels but also considering as against Medical Board guidelines for vaccine messaging
- Safety signals and acceptable risk associated with Covid-19 vaccines compared to other medicines, drugs and vaccines
- Comparison of the level of adverse events reported and estimated compared with other vaccine products, i.e. Influenza, measles etc.
- Causality assessment protocols for Covid-19 vaccine adverse events, including the Accident Compensation Scheme's response to the vaccine-injured
- Empower the commission to recommend compensation to the vaccine injured on the presumption that the medical intervention is the presumed causal event
- Experiences of persons allegedly injured or affected by Covid-19 vaccines
- Coroner's assessment of deaths temporally associated with Covid-19 vaccination, including pathology assessments ordered and conducted
- Role of medical and clinical professionals in reporting Covid-19 vaccine adverse events
- Institutional encouragement or discouragement of Covid-19 vaccine adverse events by Medical Authorities, Medical Councils, Nursing Council, Midwifery Council etc.
- Investigate NZ Mortality during COVID-19
- Investigate mortality by vaccination status for all demographics

11. **Government-ordered Covid-19 vaccination mandates, including vaccine passports**
  - Cost-benefit assessments across demographics
  - Conflict with informed consent
  - Ethical and rights-based assessments
  - Lawfulness of decisions and legislation
12. **Employer-specified Covid-19 vaccination mandates**
  - Duties and responsibilities of employers with respect to vaccine mandates applied in the workplace when viewed alongside the Health and Safety at Work Act 2015 and the Employment Relations Act 2000
  - Government pressure (including perceived and implied), support and facilitation through amendments to the Employment Relations Act 2000, including changes to the Employment Relations Act 2000
  - Failure of employers to engage with employees seeking health and safety analysis
  - The extent to which vaccine mandates continued in public and private employment beyond the lifting of mandates by the Government in April 2022
13. **Refusal to give transplant patients life-saving operations** due to vaccination status
14. **NZ Blood Service's failure (and/or refusal) to screen** for Covid-19 vaccination
  - Change of policy for directed donors
  - The Baby W case
15. **Training of vaccinators** at Covid-19 vaccination clinics, GPs, etc
  - Sufficiently informed to be able to provide informed consent
  - Waivers
  - All decision-making by non-trained, non-clinical personnel regarding vaccines
  - Aspiration of the hypodermic injectable to ensure the Covid-19 vaccine is not mainlined into a recipient's bloodstream
16. **Vaccination incentive schemes** for individuals and organisations to receive or deliver vaccines
  - Remuneration paid to providers per vaccine dose
  - Whether the remuneration created a conflict of interest
17. **Incentive schemes to get vaccinated**
  - Types of incentives, including vouchers, food, gifts
  - Effect on lower socio-economic areas of the community with such incentives
  - What was done to ensure people weren't getting more than one dose for those incentives
  - Ethical and legal consideration of inducements to get Covid-19 vaccinated given the lawful and moral requirement for informed consent before the receipt of any medical treatment
18. **Covid-19 vaccine exemptions**
  - Changes in legislation regarding exemptions

- Significant Service Disruption exemptions
  - Decision-making process and consideration given to all exemptions, including those injured by initial vaccines
  - Decision-making process and consideration given to all exemption refusals, including those injured by initial vaccines
19. **Professional and Regulatory or Registration Boards'** in response to Covid-19
    - Relationships with and correspondence between NZ and foreign medical boards, including the Federation of States Medical Boards (FSMB) (US)
    - Statements and 'guidelines' to health practitioners
    - Suitability and appropriateness of the disciplinary actions taken against health practitioners by medical boards
  20. **Clinical services** that could have better assisted Covid-19 management
  21. Use of **artificial intelligence** during Covid-19

## H. Social and economic impact

1. **To what extent were alternative strategies considered** or not considered
2. **New Zealand excess deaths** (mortality) since 2021 in comparison to historical mortality data
3. **Covid-19-related Official Information Act requests** from 2020 to 2023 and the role of the Ombudsman
4. **Impact on children** as a consequence of school closures, both concurrent and consequential
5. **Government Covid-19 budget outlays**
6. **Assessments of the cost of COVID-19 response** countermeasures and the value compared to other interventions measured in Quality-Adjusted Life Years (QALY)
7. **Human Rights and the role of the Human Rights Commissioner** during Covid-19 mandates and lockdowns
8. **Judicial approach to Covid-19**, Medsafe extensions, mandates and lockdowns, including judicial decisions: Borrowdale, Kaitiaki, Midwives/NZDSOS, Kids' Case, Police (Yardley), Defence, Teachers, Grounded Kiwis, Transit Ticket, Baby W, etc.
9. **Protected Disclosures (Protection of Whistleblowers) Act 2022** and Covid-19 information
10. **Economic and sociological impacts** of Covid-19 mandates and lockdown policies
  - Government assessments of the cost/benefit outcome of the Elimination/Lockdown policy done post-fact



- Lives saved versus the cost of measures
11. **Systems impact**
    - Mandates (i.e., health system - staffing), including emergency services, defence, and allied health
    - From the increase in medical conditions following the Covid-19 vaccination programme
  12. **All other matters reasonably needing to be examined**, including handling of the **anti-mandate protest at Parliament** (8 February – 2 March 2022), the use of police and their actions, the circumstances around the agreement amongst political party leaders to not address the protest and thereby lessen the disruption to Wellington city
  13. **Any and all information relating to any decisions made and considerations of the Bill of Rights Act (1990) and the Human Rights Act (1993)** and their implications

## I. Future Pandemic Prevention, Preparedness and Response

1. **Risk of pandemics**, caused by natural (as opposed to an enhanced gain-of-function) virus spillover, are rare events.
2. Investigate the **extent to which laboratory gain-of-function research represents a threat** to human well-being, including potential and known laboratory breaches.
3. **Assess morbidity statistics** and evaluate the extent to which preventable chronic diseases and current treatment measures might mitigate against future morbidity in a pandemic.
4. **Decision-making underpinning policy shifts/changes** and consultation to the National Ethics Advisory Committee (NEAC) policy paper and the focus on vaccination through a “ladder of increasing coercion,” comparing;
  - National Ethics Advisory Committee (2007, July). Getting through together. Ethical Values for a pandemic. NEAC.
  - With the contemporary National Ethics Advisory Committee. 2022. Ethical Guidance for a Pandemic (EGAP). Wellington: Ministry of Health consultation proposals and final EGAP policy.
5. **The Independent Panel for Pandemic Preparedness and Response (IPPPR)**  
Co-Chaired by Her Excellency Ellen Johnson Sirleaf and the Right Honourable Helen Clark
6. **Investigate the findings of the IPPPR** against what was known in light of this Royal Commission’s findings and recommendations
  - Investigate the IPPPR recommendations and their underpinning of or justification for proposals to amend the International Health Regulations (IHR) and develop a Pandemic treaty

7. **New Zealand policy and rationale for IHR amendments** and the development of a Pandemic Treaty
8. **The employment of technology for pandemic countermeasure surveillance.**
9. **Development of new pathogens and medical countermeasures** using artificial information.

*\* The People's Terms will be presented to the Royal Commission Covid-19 Inquiry and NZ's Coalition Government on or before the feedback deadline of Sunday 24 March 2024. There may be minor amendments made to these Terms prior to filing.*