



THE NEW ZEALAND CITIZEN COVID-19
INQUIRY
2023 - 2025

TRUTH | JUSTICE | RECONCILIATION

TERMS OF REFERENCE

SCOPE

STRUCTURE OF THE INQUIRY

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The rule of law

*is not only important to ensure that a
justice system functions correctly;
the rule of law is equally important
to maintaining the confidence of
New Zealanders in their justice system
and system of governance*



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1. EXECUTIVE SUMMARY

In March 2020, the Wuhan coronavirus (Covid-19) pandemic was declared, marking a significant date in time which indicated significant changes ahead for New Zealand and the world.

New Zealand was a free and open, democratic society, well known internationally for its libertarian values, fairness and equity of treatment of its citizens as a Westminster type commonwealth country. New Zealand's society is governed, based on common law principles such as the right to live in peace, undisturbed by government, judiciary and law enforcement overreach.

From March 2020 onwards, this would all change.

With the rise in significance of Covid-19 and the World Health Organisation's (WHO) declaration of the disease as a pandemic in early 2020, New Zealand and the world would be subjected to a new form of medical tyranny, which, as later revealed, was unrelated to logic and authentic science.

Societal wellbeing was affected in an unprecedented way by the New Zealand Labour Government's response to Covid-19. Our country was victimised by Covid-19 lockdowns, business and school closures, mask and vaccine mandates, vaccine passports, and social distancing. Bans on funerals and gatherings caused people to develop a deep fear of Covid-19 and even of others around them. Mental health and wellbeing in New Zealand plummeted during this time, affecting the very young and the elderly. The negative social consequences were enormous.

It appears that what happened in March 2020 was the beginning of a war against rights and freedoms, once taken for granted by citizens in Western societies. 2020 also saw the greatest transfer of public wealth into the hands of corporate elites such as Pfizer, vaccine companies, big tech giants and corporate supermarkets.

New Zealand has been left in massive debt because of the response to Covid-19.

In 2020, during the pandemic and lockdowns, the New Zealand Labour Government entered into private discussions with organisations like the World Economic Forum, Bill & Melinda Gates Foundation, Microsoft and Amazon Web Services among others. While New Zealand businesses were under huge financial pressure due to lockdown closures, shockingly, meetings were held in New Zealand between the government and these big corporations; and, during lockdown and border closure, the New Zealand Government covertly advanced issues and agreements. This does not bode well for an open and transparent government and society.

Post pandemic, New Zealand remains deeply divided and devastated with unexplained deaths, mental health crises, crime statistics that are out of control, plummeting educational standards leaving New Zealand children well below acceptable performance standards, and the decimation of middle-class wealth through job losses and the destruction of small businesses.

Additional to all these points of crisis, New Zealanders are being led into a new world of control through the silent and covert acceptance of plans to ensconce New Zealand into global pandemic and climate change response protocols that may threaten our country with more harm and loss of civil liberties.

During the pandemic and proposed for the future, New Zealand sovereignty was outsourced to non-government organisations such as the United Nations (UN) and the World Economic Forum (WEF).

The intent of the New Zealand Citizen Covid-19 Inquiry (NZCCI) is to investigate and examine all aspects of the former Labour Government's response to Covid-19, its behaviour during the period of interest and the legacy it leaves.

The Inquiry will ask important questions - have crimes been committed against the people of New Zealand and, if so, how, why and by whom?

2. SCOPE

The scope of this Inquiry is a criminal investigation.

The **New Zealand Citizen Covid-19 Inquiry** is being conducted on behalf of the people of New Zealand and we will investigate whether crimes were committed by the New Zealand Labour Government in 2020 through to 2023, by dint of their response to Covid-19. We are committed to accountability and transparency in the way we conduct this inquiry.

Our team of investigators and legal advisors will ensure that the Inquiry is conducted according to the highest evidentiary standards. The New Zealand Citizen Covid-19 Inquiry team will discharge our roles to the very highest standards of conduct, ethics and integrity.

On behalf of the citizens of New Zealand, the Inquiry alleges that crimes may have been committed by the New Zealand Labour Government and will investigate the following issues:

1. That between March 2020 and October 2023, the New Zealand Labour Government, under the leadership of then Prime Minister Jacinda Ardern and then Christopher Hipkins, has, without justification, engaged in activities in response to Covid-19 which were harmful to the people and economy of New Zealand.
2. We allege that the New Zealand Labour Government, its members of Parliament, government officials of various government agencies, universities, media organisations and certain non-government health organisations have committed the following acts against the people of New Zealand:
 - Professional negligence and dishonesty
 - Criminal malfeasance or misfeasance
 - Acts which were in violation of the standards expected of persons in state office
 - Acts which were in violation of the New Zealand Bill of Rights Act 1990, Human Rights Act 1993, the Nuremberg Code 1947 and Medicines Act 1981, the New Zealand Legislation Act 2019 and others
 - Acts which breached fiduciary care and responsibility standards
3. We allege that the New Zealand Labour Government did purposely develop and roll out media and advertising campaigns of mis- and dis- information to mislead the public about the threat that the Covid-19 virus represented.
4. We allege that the government rolled out a propaganda campaign to mislead the public about Covid-19 vaccines' safety and efficacy, and the necessity for health interventions which they had advocated and implemented, which caused unjustified harm.
5. We allege that these campaigns were used to create fear in the population of New Zealand to compel acceptance of the government's Covid-19 response measures.
6. We allege that New Zealand media organisations were co-opted into the New Zealand Labour Government's mis- and dis- information propaganda campaign through wrongful use of public funds. We allege this was done through the New Zealand Public Interest Journalism Fund, distributed by the New Zealand on Air government agency.
7. We allege that, as partners in the government's campaign of Covid-19 mis- and dis- information, certain media organisations committed political interference, slander and defamation of persons running for office who held concerns about the government's Covid-19 response.
8. We allege that the New Zealand Labour Government conspired with social media 'big tech' companies such as Facebook, Google and YouTube to silence dissenters to their Covid-19 narrative.
9. We allege that the New Zealand Labour Government had 'covert backdoor access' to various online and social media platforms and used these to 'interfere' with political opponents.
10. We allege that the New Zealand Labour Government equipped and funded organisations, Te Punaha Matatini (Centre for Social Science) and The Disinformation Project to carry out campaigns to mislead the people of New Zealand about Covid-19 and to punish and discredit dissenters of the government's Covid-19 narrative and response strategy.
11. We allege that the government used the New Zealand Medical Council to silence and punish medical doctors and staff who publicly criticised or had concerns about the Covid-19 narrative, vaccines and response strategy.
12. We allege that the Labour Government maimed, injured and killed New Zealand citizens through its Covid-19 response strategy and actions.

3. SPECIFIC ALLEGATIONS

The Inquiry will investigate the following matters:

1. We allege that certain measures introduced by the New Zealand Labour Government to combat Covid-19 were knowingly unjustified by proven science and health data at the time. Measures such as mask wearing, social distancing, lockdowns and vaccine mandates were arbitrary and were a restriction on the rights of New Zealand citizens, guaranteed under the New Zealand Bill of Rights Act 1990, Human Rights Act 1993, Nuremberg Code 1947 and other legislation.
2. We allege that these measures caused unjustifiable harm on a significant scale.
3. We allege that the order made by Covid-19 Response Minister Christopher Hipkins to lock down Northland on October 8 2021, for a period of eleven days, was arbitrary, without justification and caused immense harm.
4. We allege that Minister Hipkins knowingly misled the public by stating in news media the following:
 - Reasons for the Northland lockdown that were untrue.
 - Falsely accusing two female New Zealand citizens (although there were three women and a man involved) of unlawfully crossing the Covid-19 boundary between Auckland and Northland.
 - That they were Covid-19 positive at the time of arrival in Northland, without having the data to prove this.
 - That they were sex workers and gang affiliated, and did knowingly spread Covid-19 while being involved in prostitution.
All of these reasons were found to be false, according to the New Zealand Police Operation Hiking Report and as reported in mainstream media.
 - We allege that, through his unjustifiable order, Minister Hipkins caused businesses to fold, jobs to be lost and significant social harm.
 - We allege that Minister Hipkins attempted to use the New Zealand Police to mask his incredible mistake.
 - We allege that, through this lockdown, Minister Hipkins committed an economic crime which cost the Northland economy at least twenty-three million dollars (NZ).
 - We seek remedy and compensation from Christopher Hipkins and/or the current government for affected businesses.
5. We allege that Prime Minister Jacinda Ardern and Minister of Covid-19 Response, Minister Christopher Hipkins, and Director General of Health, Ashley Bloomfield did, without scientific justification, unlawfully enforce an order that New Zealand go into a nationwide Covid-19 lockdown on August 17, 2021, an order which was enforced at 23:59 that night.

This order was secondary legislation under the Covid-19 Public Health Response Act 2020 and was required to be published in the New Zealand Gazette forty-eight hours before enforcement.

 - We allege that this lockdown order was not published in a timely manner in the New Zealand Gazette before enforcement, as required.
 - We allege that the government unlawfully enforced this order without properly documenting the reasons for its enforcement, and without giving at least forty-eight hours' notice.
 - We allege this is a breach of the Legislation Act 2019 and the 'Gazetting and Entry into Force' requirements.
 - We allege Minister Hipkins unlawfully enforced this order with no more than thirty-four minutes gazette notice before enforcement.
 - We allege that Minister Hipkins and the Director General of Health did unlawfully and knowingly enforce a health order on August 18, 2021 without following due process as required by standard parliamentary processes.
 - We allege that Minister Hipkins and the Director General of Health cannot provide adequate documented justification or proof of exemption or waiver of the required gazetting publication notice requirement.
 - Parliamentary rules clearly state 'Laws should enter into force only after their publication' in the New Zealand Gazette as according to 1.50 instructions to 'Gazetting and Entry into Force' regulations. We allege that that Minister Hipkins and the Director General of Health did not adequately document reasons to justify the non-gazetting of the order before enforcement. Nor did they keep written record of the process used to justify and prove the reasons for enforcement that satisfied the following: *'The exceptions to this important constitutional convention are matters of national security or of great commercial or legal significance where time is an overriding factor'*.
 - We allege that, due to this significant breach of process, this order was unlawful for the first forty-eight hours of its enforcement.

4. TERMS OF REFERENCE

The Inquiry's scope is based on the first premise that 'The New Zealand Labour Government committed crimes of negligence, criminal malfeasance or misfeasance against the people of New Zealand from March 2020 until October 2023'.

We have identified the following range of questions that require investigation.

The NZCCI's Terms of Reference (TOR) – *These terms of reference herein may not be exhaustive.*

New Zealand Citizen Covid-19 Inquiry:

1. How was the Covid-19 Public Health Response (CPHR) Bill 2020 developed?
2. How was it read into law? Were opposition Members of Parliament and/or the public given enough time to scrutinise the bill?
3. Did this Bill, then Act, justifiably violate or suspend the New Zealand Bill of Rights Act 1990?
4. How were decisions that were implemented under the authority of the CPHR Act 2020 arrived at and made? What were the processes and who was involved in those processes?
5. Was there a risk benefit assessment protocol of public health measures developed to ensure public and economic harm was minimised?
6. If so, is there evidence of this?
7. What are the social and mental health harms caused by the New Zealand government's Covid-19 Public Health Response Act and response strategy?
8. Was the Covid-19 Public Health Response Act 2020 and response strategy of the government's response to Covid-19 justified by science and enforced by good law?
9. Did the government ever unlawfully enforce Covid-19 orders or law in the early days of the pandemic?
10. Who were the medical and health advisors that shaped the Covid-19 Public Health Response Act 2020 policy?
11. Did the World Health Organisation assist with the development of the Covid-19 Public Health Response Act 2020 and New Zealand Covid response strategy?
12. Did New Zealand have a pandemic preparedness plan prior to December 2019?
13. If so, what recommendations did it contain?
14. Was New Zealand's Pandemic Response plan pre December 2019 used in 2020 and thereafter? If not, why not? Why was it abandoned?
15. What were the WHO's pandemic response recommendations pre 2020?
16. Did the government know early on that the Covid-19 'disease' had a low risk of mortality to most New Zealanders?
17. If so, why did they implement severe Covid-19 response interventions that involved the entire country?
18. Who were the most at risk from Covid-19?
19. Were lockdowns justified by established science as a means for dealing with Covid-19 and preventing transmission?
20. What did the WHO pandemic response plan say about lockdowns?
21. What did the New Zealand pre-2020 pandemic response plan say to do?
22. What did the paper written by Professor John Ioannidis and published by the WHO say about lockdowns and the infection fatality rate of Covid-19?
23. What was the decision process that was followed to approve lockdown use?
24. Were harms caused by lockdowns? If so, what were they?
25. What economic harm, if any, did lockdowns cause?
26. What risk benefit analysis was done for lockdowns?
27. How many businesses and people were penalised for not obeying Covid-19 lockdowns?
28. How did the use of social distancing come about? Is this measure justified by science?
29. Was wearing of facemasks of the type used by most New Zealanders effective for protecting against viral transmission or infection?
30. Until June 2020, what was the accepted WHO scientific position about facemask wearing for preventing infection of a 'virus'?
31. On what scientific basis were facemasks mandated? How and when was it decided that mask mandates would be implemented?

32. What was the cost of facemasks supplied to New Zealand and who supplied them?
33. What was the impact on children who used facemasks?
34. Was there wastage? Was there an environmental impact from the use of PPE gear or facemasks?
35. What was the procurement process for Covid-19 'vaccines'?
36. Was there direct lobbying by persons connected to or by the manufacturers of Covid-19 vaccines with members of parliament? If so, who were involved, when were these conversations held, and where are the records of these conversations?
37. What did the safety and efficacy data received from the manufacturers tell the government about Pfizer Biontech and other Covid-19 vaccines and what was the due diligence process of pre-procurement?
38. Did the New Zealand Ministry of Health and Medsafe carry out their own due diligence and pharmacovigilance work?
39. What were the fifty-eight conditions that Medsafe required of Pfizer before approval?
40. Did Medsafe General Manager, Chris James have any concerns about the Pfizer Comirnaty injection?
41. After his initial analysis of the Comirnaty vaccine, did he approve it or declare any concerns?
42. What data does the Pfizer Post Marketing Report given to the New Zealand Government contain and when did they receive it?
43. What safety process did Medsafe put ALL Covid-19 vaccines through?
44. How was ongoing safety monitoring managed?
45. At what stage would a vaccine be withdrawn if there were ongoing problems?
46. Were all usual safety processes and guidelines followed?
47. How was provisional and limited use approval granted for the Pfizer Comirnaty Covid-19 vaccine?
48. Pfizer has been convicted of serious corporate crimes – is it legal for New Zealand to do business with a criminal corporate company like this?
49. Given its criminal conviction history for fraud, bribery and misleading people over its products, what assurances did New Zealand have about Pfizer and why did the New Zealand Government trust them in a totally open way?
50. Were any Ministry of Health staff members concerned about any of the Covid-19 vaccines?
51. Did Medsafe communicate any concerns to Pfizer? If so, what were those concerns and what was the response from Pfizer?
52. Can the New Zealand public access key data contained in the Pfizer procurement contract?
53. Are there aspects of the contract that are contrary to the interests of New Zealand citizens?
54. Did the New Zealand Labour Government use any state owned assets as collateral in the Pfizer procurement agreement? If so, what assets, and is this lawful?
55. Were members of the COVID-19 Vaccine Advisory Group (VAG) [2] and/or the Medicines Assessment Advisory Committee (MAAC) involved in the approval process?
56. Were members of the COVID-19 Vaccine Advisory Group (VAG) [2] and/or the Medicines Assessment Advisory Committee (MAAC) involved in requesting Medsafe approval?
57. Did Pfizer's Regional Australasian Manager have any direct or indirect communication with either of these two groups or Medsafe Group Manager, Chris James?
58. If so, what was the nature of this contact?
59. Did Pfizer or any vaccine company sponsor any medical sector announcements by universities about Covid-19 vaccines? If so when and how?
60. Who from the New Zealand medical sector, while simultaneously connected to any vaccine manufacturer or vaccine advocacy group, made statements about Covid-19 vaccines?
61. Were vaccine companies associated with these statements?
62. How and what did the government communicate to the public about Covid-19 vaccine safety and efficacy?
63. What did the government tell the New Zealand public about the Pfizer Covid-19 vaccine? Was it accurate?
64. What does the Centre for Adverse Reactions Monitoring (CARM) report number 46 tell us?
65. Why was the CARM report closed down in late 2022?
66. Are there other government records of harm from Covid-19 vaccines? If so, what do they indicate and where are those records held?
67. Outside of the CARM report, what data do the Ministry of Health have about Covid-19 vaccine related death or injury?

68. Has the government or ACC agency compensated any New Zealander for vaccine related injury or death?
69. What was the justification for vaccine mandates and passports? Was it lawful and justified to use them?
70. Did the government and relevant ministers and officials knowingly mislead the public or hide or misrepresent any data about the Covid-19 vaccines?
71. Did the New Zealand Labour Government use propaganda against the public to accept vaccines? If so, how?
72. What is the traditional definition of a vaccine prior to 2020?
73. Is the Pfizer Comirnaty vaccine gene therapy or does it have any affect or impact on genes or human DNA?
74. Did the vaccine prevent contracting or transmitting Covid-19?
75. Were Covid-19 vaccines safe and effective?
76. Did the Ministry of Health write a report that exposed significant kidney harm from having two doses of the Comirnaty Covid-19 vaccine?
77. If so, when did they publish it?
78. Why has it been taken down and then put up again with different numbers in the new report?
79. Are there other reports about human organs affected by the Covid-19 vaccine?
80. Did the government, at any time, plan to introduce the Covid-19 mRNA vaccine into council water supplies or into animals bred for food supply? Are there any plans in the future for these options to be discussed?
81. If so, who is or was involved?
82. Did the government promise that there would be no Covid-19 vaccine mandates?
83. Were Covid-19 vaccine mandates justifiable by science and reality of the function of the Covid-19 vaccines?
84. How were risk assessments made for businesses that were required to enforce mandates on staff and customers?
85. Were these lawful or a breach of privacy and human rights?
86. What was the effect on children attending schools who did not wish to have a Covid-19 vaccine? How many students were removed from school because of mandates?
87. How many students in tertiary or specific training lost their place on these programmes due to mandates?
88. What risk does Covid-19 pose to most young people aged under 19 years of age?
89. How many workers across New Zealand were dismissed because they did not want a Covid-19 vaccine? How many medical staff and educators lost their jobs or resigned in protest?
90. How many businesses were punished for not obeying Covid-19 vaccine mandates?
91. The mandates were implemented to stop the spread of Covid-19 using vaccines. Could the vaccine stop infection or transmission?
92. Why were vaccines mandates abandoned?
93. Pfizer (Senior Executive Janine Small) has admitted in the EU Parliament that they never tested their vaccine for effectiveness for preventing transmission or becoming infectious. How does the New Zealand Ministry of Health respond to that?
94. Given that Pfizer and Bill Gates have admitted their Covid-19 vaccine is not a transmission blocker, how does this fact affect the reasoning for promoting the vaccine?
95. Given that vaccine mandates for workers were introduced to prevent transmission and infection spread, and that it could not do that, will the government apologise and compensate businesses and employees negatively affected by such mandates?
96. Who authorised vaccine mandates and on what basis?
97. How many people were given Covid-19 vaccine mandate exemptions?
98. Is it true that eleven thousand medical personnel were offered vaccine exemptions?
99. If so, on what basis were these offered?
100. How was the Pfizer vaccine marketed to Māori and Pacific Island communities?
101. How were Māori and Pacific Islanders targeted to accept the vaccine? What messaging was involved?
102. How much were Māori Health agencies funded to vaccinate their communities?
103. Is it true that District Health Boards allowed vaccinated staff to go to work, even with Covid-19, if they wore PPE gear or separated themselves while working?
104. How many New Zealanders were mandated out of their jobs and how many businesses collapsed because of vaccine mandates or lockdowns?
105. What was the negative effect, from the New Zealand Labour Government's response to Covid-19, on ordinary citizens' employment?

106. Because of lockdowns and loss of staff, how many patients missed critical health appointments, leading to harm or death?
107. What was the overall economic and social cost of the government's Covid-19 response?
108. How much did the government spend on advertising with mainstream media organisations?
109. Who is New Zealand in debt to as a result of Covid-19 expenditure?
110. What impact did the government's Covid-19 response have on the future contributions to the economy by the population?
111. Can it be proven that politicians, officials and their advisors, through either negligence or malfeasance, caused harm to New Zealand's economy by their Covid-19 response and advice?
112. Can it be proven that breaches of trust or crimes have been committed by the New Zealand Labour Government who, in its service to the people of New Zealand, failed to meet due care standards by way of nepotism, conflict of interest and remissness of high standards of behaviour while in office?
113. Did the New Zealand Government survey ALL medical and public health advisors to their Covid-19 response plan for conflicts of interest?
114. On average, what was the capacity use of intensive care rooms in New Zealand hospitals during the pandemic?
115. During the Delta or Omicron phase of large numbers of cases, was New Zealand's medical system ever overwhelmed?
116. Did staff shortages during the pandemic put pressure on hospitals and general care practices and did vaccine mandates compound this problem?
117. Was the PCR test a reliable testing or diagnostic tool for Covid-19?
118. How was patient test data kept? Who has it now? Did it contain DNA data? Was patient confidentiality maintained?
119. Why did New Zealand laboratories using the PCR test, use up to forty cycles for testing patient samples for Covid-19 when the recommended cycles were thirty or fewer?
120. Why were antibody blood tests removed from the testing option in favour of PCRs?
121. Could PCRs detect and distinguish an infectious person?
122. Were Covid-19 managed isolation centres lawful?
123. Was it lawful to prevent New Zealanders from being able to return to New Zealand from overseas during the pandemic?
124. On what basis was the decision for quarantine centres made?
125. By UN definition and standards, how could New Zealand managed isolation centres be described?
126. During the pandemic, what communication was there with the WHO, CDC US and Pfizer?
127. Were there meetings with foreign international companies, in New Zealand, during the pandemic?
128. If yes who? And when did these occur?
129. Why were these meetings held?
130. Did the government use big tech social media companies such as Facebook and Google to censor New Zealand based Covid-19 narrative dissidents?
131. Did the government have back door access to control social media platforms?
132. Did the government use this access to censor New Zealanders who had concerns about their Covid-19 response?
133. Did the government use these platforms to interfere with the 2020 general elections?
134. Did the government advocate for and arrange the closure of Advance New Zealand's Facebook page, just four days before the election?
135. Did the government use the New Zealand Medical Council to censor and censure scientists and doctors who had concerns about the government's Covid response?
136. How many doctors and nurses were threatened with deregistration for speaking out with concerns about the government's Covid-19 response?
137. How many doctors and nurses were deregistered for raising concerns about the Covid vaccines?
138. Because of vaccine mandates, how many medical staff did the medical sector force to resign?
139. Given that it appears that New Zealand doctors were administering a never-before-used Covid-19 vaccine that has harmed countless New Zealanders, did they violate their Hippocratic Oath?
140. Given that it appears that doctors did not have adequate information about the risks of Covid-19 vaccinations and were not encouraged to discuss this with their patients, does this violate the principle of Informed Consent?
141. Did the New Zealand Medical Council uphold the principles of the Nuremberg Code during the pandemic period, in regards to the Covid-19 vaccines?
142. Why were alternatives to vaccines not used to treat people with Covid?
143. If the Pfizer vaccines are effective, why did the government purchase Paxlovid antiviral treatment from Pfizer?

144. What is Paxlovid?
145. Does the New Zealand government have a purchase agreement with Pfizer for Paxlovid? If so, what does that contain and when was it agreed to?
146. How are the WHO International Health Regulations amendments and the WHO Global Pandemic Preparedness framework going to impact future New Zealand Government decisions when dealing with a 'pandemic'?
147. Why is the Covid-19 Public Health Response Act still in use when the government said it would be repealed if deaths were not as high as modelled?
148. What did the case / death models of chief advisor, Professor Sean Hendy of Auckland University, tell us?
149. Were his models of Covid-19 cases and deaths accurate?
150. If not, how and why not?
151. How many people died from Covid-19 as the primary cause?
152. How many people died with Covid-19?
153. What was the average age of death of those who died from or with Covid-19?
154. Were most deaths in Elderly Residential care facilities?
155. Where was the first Covid-19 death, and was it *from or with* Covid-19?
156. How were Covid-19 deaths categorised as Covid-19 deaths? What were the criteria for classification?
157. What is the IFR rate of Covid-19?
158. What is the average seasonal influenza rate of mortality, on an annual basis?
159. If there were significant failings of Professor Hendy's modelling, why was he not removed from the Covid response advisory team?
160. Why was Professor Hendy's organisation paid six million dollars for providing wrong data?
161. If it became apparent that these models had failed, did the government respond adequately?
162. Did the government amend its Covid response strategy if Professor. Hendy's modelling had failed?
163. If not, why not?
164. How did the government use police, intelligence services and media against New Zealand citizens who had concerns about their Covid-19 response?
165. Did the government use Security Intelligence Services for surveillance operations against citizens who spoke out against their Covid-19 response?
166. How did the government co-opt mainstream media (MSM) to feed their Covid-19 messaging to the public?
167. What is the New Zealand Public Interest Journalism Fund (NZPIJF)?
168. Who administered the NZPIJF and how?
169. Who were the recipients of this funding and how much did they get?
170. How did MSM perform for the government and what did they do to people who spoke out with concerns about the Covid response? What specific slander operations were carried out and by whom?
171. Did MSM interfere in political elections?
172. Did MSM and big tech cooperate with the Labour Government to attack Covid 'dissidents'? Did Labour have back door access to social media and on line platforms that Covid dissidents used to voice their concerns?
173. How much funding from government sources went to Covid advisors from Auckland and Otago Universities during the pandemic period?
174. How much funding from the government, for any type of programme, did Otago and Auckland Universities receive during the pandemic?
175. Did these universities ever receive funding from vaccine companies or the Bill & Melinda Gates Foundation for any purpose?
176. When was it decided that the New Zealand Defence Force (NZDF) would be used in Covid order enforcement?
177. When was 'Operation Protect' enabled as a Defence Force wide operation dealing with Covid-19?
178. Under what section of the law did they operate?
179. Why did the government attempt to keep secret the eventual deployment of NZDF personnel to manage and enforce Covid-19 rules?
180. What communications relevant to Covid-19 between Commissioner of Police, Andrew Coster and Labour Government ministers were there between February 2020 and October 2023?
181. The following questions are directed at the office of the Commissioner New Zealand Police, Andrew Coster.
182. Did the New Zealand Police receive complaints from members of the public regarding Covid-19 vaccines or any other Covid-19 related issue?
183. How many complaints about Covid-19 vaccine harm did the New Zealand Police receive?
184. Did members of the New Zealand Police raise and express concerns to senior Police management about possible crimes associated with the vaccine and alleged related harm? If so, who and how many raised concerns?

185. Were any Covid-19 and Covid-19 vaccine complaints investigated? If not, why not?
186. What is the official position of the New Zealand Police in regards to investigating alleged crimes committed by members of government or their officials?
187. What are the criteria that must be met for an investigation to be initiated by the New Zealand Police into alleged Covid-19 vaccine crimes against citizens?
188. Did the New Zealand Police identify persons of interest because they held views about Covid-19 that were different or in opposition to the government? If so, who were these people?
189. If it can be proven that there is reasonable cause for a police criminal investigation into the government and its handling of Covid-19, will the New Zealand Police fulfil their mandate and investigate the government?
190. Did New Zealand supply Covid-19 vaccines to Pacific Island nations?
191. If so which nations, when and how much was supplied?
192. Were these Pacific Island nations warned about potential side effects and adverse effects of the vaccines?
193. Were there conditions New Zealand expected these countries to meet?
194. How did Tokelau receive vaccines?
195. Was there pressure on the population to accept vaccines?
196. Were Tokelauan people put under pressure for refusing the vaccine? If so, how?
197. Was there scientific justification for New Zealand to recommend and then impose Covid-19 vaccines onto the people of Tokelau?
198. What role did the New Zealand Administrator of Tokelau, Ross Ardern, play in bringing the Covid-19 vaccine to Tokelau?
199. What communications were there between Ross Ardern and the Ministry of Foreign Affairs and Trade that led to Tokelau receiving Covid-19 vaccines?
200. Where are the records of those communications?
201. NZCCI is seeking funding from the public to complete this Inquiry through donations.
202. Given the amount of concern about the government's Covid-19 response and the Covid vaccines, why has the government not suspended its Covid vaccine rollout programme?
203. Is the current New Zealand Government willing to support this independent citizen's Covid-19 Inquiry and, if required, support the prosecution or accountability of any individual found to have recklessly caused harm?
204. Were Members of Parliament required to be vaccinated for Covid? If not, how were they exempted? Which MPs received the Covid vaccine?

5. INQUIRY ROLLOUT

How will the New Zealand Citizen Covid-19 Inquiry roll-out be structured? We plan to conduct this investigation as follows:

- The Inquiry has commenced and shall be running through to completion by or before March 2025.
- Public testimonials will be in a public hearing format, with a nationwide schedule of events starting in Invercargill and finishing in Northland.
- We propose to start public hearings in March 2024.
- We will conduct private and expert witness interviews.
- We will post requests to interview politicians and officials.
- Official Information Act requests.
- We will use deep investigation techniques.

NZCCI essential facts:

- This is a fully independent citizen inquiry.
- The Inquiry is to be publicly funded with no government funding.
- A team of up to four commissioners will be selected to oversee the inquiry.
- The Inquiry is to have three to four investigators.
- The Inquiry is to have three to four legal practitioners and advisors.
- The Inquiry is to have a science and medical team of advisors and researchers.
- The Inquiry is to have an administration support team.

What is the aim of the Inquiry?

- Our aim through this Inquiry is to prove that the New Zealand Labour Government and its various partners did commit crimes of professional negligence or criminal malfeasance or misfeasance against the people of New Zealand through its Covid-19 response strategy.
- We allege that the government failed to act in good faith with the citizens of New Zealand and imposed harmful measures without justification.
- This Inquiry is required so that we can construct a case for litigation and/or prosecution against former members or partners of the former New Zealand Labour Government during the period when these crimes were committed.
- This includes holding media, academic 'experts' and health organisations accountable if they have misadvised the public with mis- or dis- information.
- We seek government compensation for vaccine mandated or vaccine injured New Zealanders.
- Before presenting our findings or case in New Zealand, we will take our evidence and case summary to an international tribunal or court for legal advice.
- We will then turn to the New Zealand court system to advance a class action suit and criminal case/complaint.
- We seek to have the Covid-19 vaccine rollout suspended immediately.

6. REASONS FOR A NEW ZEALAND CITIZEN COVID-19 INQUIRY

New Zealanders demand and deserve a truly independent inquiry into the New Zealand Labour Government's response to the Covid-19 pandemic so that the current government is on notice that they are being closely observed and analysed.

The need to have an inquiry that the public can trust is crucial for trust and confidence as there are a wide variety of considerations and concerns which the public have about the two government inquiries:

1. Because of the unprecedented scale of harm caused by the Labour Government's Covid-19 response measures, there must be a deep independent inquiry as to how and why the government developed policies that caused harm.
2. New Zealanders have many legitimate questions concerning how the Covid-19 response was managed, and what scientific and policy advice the government relied upon—questions which the government has ignored or has been low on transparency and accountability. To get to the bottom of these concerns there must be a totally unencumbered inquiry into all areas of the Covid-19 response.
3. The scope and range of the impacts from the government's Covid-19 responses remain unprecedented and must be investigated at the same range to establish if crimes of malfeasance or misfeasance have been committed. This Inquiry is seeking to prosecute actors who may be proven to have committed a criminal offense or gross professional negligence.
4. The impacts of the government's Covid-19 response affected New Zealanders at a national level, with the responses negatively affecting a vast and diverse number of New Zealanders.
5. There are currently two Government/Crown affiliated, initiated and funded inquiries into the Labour Government's Covid-19 response. The first one, already under way, is the Royal Commission of Inquiry, and the second one due to commence in August 2024 is the NZ First party-initiated Government Covid-19 Inquiry.
6. Public trust and confidence in both inquiries is expectedly low for the following reasons.
 - The Royal Commission of Inquiry into the Labour Government's handling of Covid-19 is chaired by epidemiologist, Tony Blakely of Otago University. Otago University has received significant Labour Government funding and funding from Bill Gates related organisations. Lack of objectivity or the appearance of conflict of interest is a concern that undermines public trust. Tony Blakely has also already stated in the media that the government did a 'superb job of managing Covid'.
 - The terms of reference for the said inquiry are very narrow and have been greatly criticised by notable barristers such as Debbie Chambers KC.
 - The second NZ First-initiated government inquiry also fails on those and these points: The leader of NZ First and current Deputy Prime Minister, Winston Peters was the co-signee of the draconian Covid-19 Public Health Response Bill 2020 into law.
 - He was a high-profile critic of all non-vaccinated New Zealanders until late 2021.
 - He supported his then Minister Tracy Martin's draconian 2020 Internet Censorship Bill to crack down on 'mis- and dis- information and hate speech' that could have been levelled at 'Covid-19 dissidents'.
 - The government minister overseeing this inquiry is Brook van Velden of the Act Political Party, a pro Covid-19 vaccine advocate, as is her party.
 - The terms of reference for this second inquiry are only marginally broader than the Royal Commission's narrow TOR.
 - Both inquiries offer no pathway for accountability or justice if harm was proven unjustifiably caused or crimes committed.
 - A call from Mr Billy Te Kahika to senior NZ First member Shane Jones with a request for the newly elected National, Act and NZ First Government to help facilitate a truly independent inquiry went unheeded.
 - This could primarily be because most political parties in parliament during the 2020 Labour Government period ended up supporting most of the Labour Government's Covid-19 initiatives. Therefore, they have no political incentive to have an open, free, and independent commission of inquiry into this dystopian period of New Zealand history, if it incriminates them in any way.
7. The Government cannot be expected to conduct the required investigation of themselves objectively and impartially, hence the need for the NZ Citizen Covid-19 Inquiry.
8. It is necessary to solicit, receive, and evaluate first-hand personal testimony from those impacted by the government's responses to Covid-19. It is important that this testimony be sincere, honest, and free of coercion, censorship, or favouritism.

9. It is necessary to solicit, receive, and evaluate testimony from scientific, medical, legal, and other appropriate experts which may differ from the narrative communicated by the Labour Government, their affiliated academic bodies, and mainstream media.
10. It is necessary to ascertain where governmental responses to Covid-19 were ineffective, or counterproductive and where alternative methods could have yielded less harmful impacts.
11. It is necessary to establish accountability for the impacts of measures undertaken and to ascertain the social and economic costs of those measures.
 - It is necessary to ensure that our government manage any future declared public emergencies effectively and that it exercises restraint and

manages emergency orders or powers in a transparent, responsive, democratic, and effective manner, according to New Zealand values.

- It is necessary that should gross crimes or negligence be found to have been committed by the Labour Government, that a deterrence is in place to prevent future governments from committing the same acts.
- It is necessary that anyone involved in the Labour Government's Covid-19 response who is proven to have committed a crime or professional negligence is held accountable in court.
- There is no trust and confidence that a New Zealand Government initiated inquiry will satisfy a deep desire to know the truth of the matter, and deliver justice if required.

7. GUIDING PRINCIPLES OF THE NZ CITIZEN COVID-19 INQUIRY

The NZCC-19 Inquiry is established under strict guidelines, which include the following:

- Independence: The Inquiry must be completely independent of government interests or influence.
- The Inquiry shall have team members who have no political interests or ambition to use this Inquiry to gain personal political support for a political purpose.
- The Inquiry shall investigate terms of reference points and our allegations without favour or malice.
- Inquiry team members are selected on the basis of subject matter experience and expertise, competence, credibility, and not for any preconceived positions they might hold on the issues dealt with by the Inquiry.
- Investigators are either former members of NZ Military or NZ Police or who are subject matter experts tasked with exploring specific areas of interest.
- Citizen-supported: The authority of the Inquiry must rest on a mandate received from significant numbers of New Zealand citizens across the country. Funding for the Inquiry must come from public citizen sources.
- Openness and transparency: The Inquiry's investigation and related activities shall be undertaken in an open and transparent way.
- All persons who participate in the Inquiry shall submit oral, video, or written testimony under oath, dutifully sworn before the Inquiry team.
- Additionally, each witness will sign documentation confirming their statement.
- Evidence-based and led: The deliberations and conclusions of the Inquiry will be strictly evidence-based, with all testimony received being subject to cross examination. The submitted evidence for all arguments, claims, and/or positions shall publicly be available through the Inquiry's website at www.nzcci.com.

8. PURPOSE OF THE NEW ZEALAND CITIZEN COVID-19 INQUIRY

- To immediately suspend the use of any Covid-19 and/or mRNA vaccine in New Zealand until a full review of safety and performance data and product due diligence is completed.
- To inquire into and listen to New Zealanders, concerning the impacts that the New Zealand Labour Government's Covid-19 policy measures had on their lives, including their physical and mental health, families, and communities (particularly children and seniors), jobs and livelihoods, businesses, and their fundamental freedoms and civil liberties as guaranteed by the New Zealand Bill of Rights Act 1990 and others.
- To investigate our allegations that the Covid-19 Public Health Response Act and its measures, in some areas, constituted crimes against the people of New Zealand.
- To invite all New Zealanders negatively impacted by the Covid-19 response measures imposed on them to have their stories counted and documented as evidence.
- To receive and evaluate testimony from medical, legal, scientific, and other relevant experts concerning the government's pandemic measures and strategy, what information was known or knowable by governments, and what, if any, alternative approaches could have been adopted and implemented.
- To receive and evaluate testimony from legacy and independent media to understand what information was known or knowable beforehand, and whether the information conveyed to the public was factual, objective, and without bias.
- To investigate whether mainstream media withheld any data in a malicious and callous way and failed to report the publicly available data relating to Covid-19 vaccines which showed harm caused by Covid-19 vaccines.
- To invite input from healthcare officers and other governmental officials to defend government rationale behind the adopted Covid-19 protection measures, including mandates, lockdowns, and public health orders and actions, and the strategies employed to secure public compliance.
- To invite and secure testimony as to the appropriateness, efficacy, and legality of the government's responses to Covid-19.
- To investigate public sector expenditures, grants, and any other subsidies or support programs and their distribution related to the governmental responses to Covid-19.
- To consider the issue of civic and criminal liability for any damages or harms caused by The Government's responses to Covid-19.
- To investigate rulings and judgments against citizens for the personal choices they made, and to investigate institutional policy changes that led to the perception of discrimination and criminalisation of ordinary noncriminal citizens who resisted the Covid-19 narrative and measures of the government.
- To investigate if the New Zealand judicial system and law enforcement acted in accordance with the law in upholding the suspension of the NZ Bill of Rights Act 1990 and punishing citizens who resisted the restrictions imposed on them.
- To provide the New Zealand public with a genuine record of documentation and data that captures the harms of the Covid-19 response.
- To make publicly available to New Zealanders all findings, submissions, and testimonies certified by and formally presented through the Inquiry.
- To identify any mistakes, negative impacts, mismanagement, or crimes that the Inquiry may determine to have occurred, and if it does so, to recommend appropriate measures for holding those accountable in court and judicial settings by way of civil litigation and a group criminal complaint.
- To provide a facility to advance legal claims against persons or organisations.

9. STRUCTURE OF THE NEW ZEALAND CITIZENS COVID-19 INQUIRY

The NZ Citizen Covid-19 Inquiry consists of four main components:

1. The Support Group, including Regional Subcommittee members
 2. The Commissioners and Investigators
 3. Subject Matter Experts and Researchers
 4. Legal Advisors
- The Support Group is a purely administrative committee that facilitates NZCCI logistics, such as booking venues, maintaining the NZCCI website, or raising funds to support this initiative.
 - The Support Group is represented across New Zealand through Regional Subcommittees. These committees carry out the local planning and organisation needed to host the NZCCI hearings, accommodate witnesses, and provide logistical support to the Investigators.
 - Support Group and Regional Subcommittee members are all unpaid volunteers who stepped forward from across New Zealand and all walks of life.
 - The Commissioners and Investigators are solely responsible for hearing testimony, asking questions, and issuing a comprehensive report inclusive of findings and recommendations, if any.
 - The NZCCI will have a team of up to four Commissioners and three Investigators and a research team.
 - The Commissioners and Investigators are appointed based on their credibility, commitment to truth and
 - the investigation and relevant competence in one or more areas (e.g., law, medicine, science, ethics, public policy, journalism, etc.).
 - Upon the conclusion of the Inquiry, the Commissioners and Investigators shall compile evidence, and each contribute towards a final written report.
 - This report will then be formatted into a case evidence summary file in preparation for legal review and action.
 - The Inquiry has several legal advisors, including practicing lawyers, a senior law lecturer and a Justice of the Peace who held District Court Bench responsibilities. Our work stream will include compiling a case file for our legal team to review.
 - Then it will be presented to certain international tribunals for legal opinion and recommendations. Once this has been done, we may bring our case to New Zealand courts for civil litigation and a group criminal complaint.

10. NATIONAL HEARINGS FOR THE NZ CITIZEN COVID-19 INQUIRY

To gain a credible picture of the scale of harm the Labour Government's response to the pandemic caused to New Zealand citizens, NZCCI is seeking to conduct a national public hearings tour at which witnesses can testify to their experience. Concurrently, there will be a deep investigative operation into the areas highlighted in this document.

The range of issues includes:

- Lockdown harm and social distancing
- Mental health
- Suicide numbers
- Managed Isolation Centre experience
- Vaccine harm – injury and death
- Vaccine mandates
- Business destruction
- Employment loss
- Students who lost tertiary education qualifications and training

NZCCI will hold up to thirty events across New Zealand, starting in March 2024 in Invercargill and finishing in Whangarei.

Project description:

- A national tour of cities and towns of up to thirty dates, in the South and North Islands of New Zealand.
- Starting date: early March 2024.
- Events of up to five hours long.
- Documentary presentation: two hours.
- Public hearing of citizen testimonies about how the Covid-19 response strategy of the New Zealand Government harmed New Zealanders.
- Vaccine harm testimonies etc.
- Archived for compilation into an evidence envelope for court litigation and a criminal complaint.
- Documented for *River of Lies – The NZ Scamdemic Investigative Documentary*.

11. INTRODUCTION – THE NZ COVID-19 BACKSTORY BEHIND NZCCI

Pandemics are nothing new, and depending on the definition, there have been about five since the high profile and devastating Spanish flu of 1918. There are historical records of other major pandemics, probably the most notable being the Black Death (the Plague) of the late Middle-Ages which decimated a large portion of the European population.

These pandemics have left a profound imprint on the human psyche and a warranted fear of disease and death which, historically, was mitigated by reasonable public control measures such as isolating the sick. Troubled Covid-19 times have been accompanied by irrational measures and actions never before seen employed, like *“segregation of healthy people, wide spread use of ineffective face masks, arbitrary social distancing and the testing of healthy individuals without symptoms.”*

This quote from the Canadian National Covid Inquiry illustrates how reasonable thinking was abandoned when dealing with Covid-19:

“Basic principles of immunity and hygiene were developed to ensure that we live in harmony with the biodiversity that surrounds us in the environment and in our own individual ecosystem made up of our microbiota. Because of the high levels of human interaction across the world, there is a growing awareness that local epidemics can spread to larger geographic regions and become pandemics of global concern. At the international level, there are agreements in place to harmonize the management of pandemics, using the best practices from the international community. Although human beings have an instinctual fear of sick people who could transmit diseases, contact with other healthy human beings is regarded as helpful for good health and illness recovery, despite what some germaphobes and preachers of doom obsessively espouse.”

Contrary to sermons of Covid doom and gloom, unless someone is afflicted by a permanent genetic immunosuppression or transient epigenetic immunosuppression, due to poor life habits and comorbidities, the risk from Covid-19 is, for most, negligible. The failings of the mortality and case

number models of New Zealand Professor Sean Hendy and Imperial College London modeller Professor Neil Ferguson, both of whom are physicists and not medical or public health experts, were profound. The advice given to governments by these so-called experts regarding Covid-19 response, led to a clear demonstration of the worst example of ‘settled science’ imaginable.

A narrative was created that divided societies and caused excessive unjustified fear.

This is underlined by the fact that in New Zealand in March 2020, the then Prime Minister of New Zealand Jacinda Ardern, stated publicly that Covid-19 ‘would cause most New Zealanders to have mild to moderate symptoms or possibly no symptoms at all’. This statement contradicts and challenges every message of fear the Labour Government then communicated to the public about Covid-19. If it had not been recorded by mainstream media, this statement would be forgotten or thought not to have even existed. This is another reason why the New Zealand Citizen Covid-19 Inquiry must be completed.

What was also abandoned was the understanding that interaction between humans, animals, and plants enriches and educates the immune system—the ultimate foundation of human health. Instead, governments recklessly began isolating healthy people from interacting with society, resulting in other forms of disease and extreme mental health issues, including suicide and domestic violence.

And when people are sick, one essential condition for their healing is human care and a reassuring human presence; this reduces a sick person’s stress level, which is otherwise immunosuppressive. Elderly people were left to die without saying goodbye to their children and grandchildren and vice versa.

When considering good questions to ask, a good starting point is:

Have we ever closed entire societies down for a low mortality disease like seasonal influenza, or for an infection that has a fatality rate as low as Covid-19?

The clear answer is no. Then why have we seen this type of unusual and illogical health response?

This answer is also clear. It is because this is and was about control and social re-engineering of the entire

world. The WHO International Health Regulations Amendments plus the Global Pandemic Response, are issues interwoven with the United Nations Agenda 2030, offering the structure of a new, stakeholder, centralised Global Society. (CGS)

After many months and years of analysis, we can see the world's leading epidemiologist Professor John Ioannidis had made correct conclusions in early 2020 and 2021, that the world's governments aggressive response to Covid-19 was unjustified by science and its low infection fatality rate. Covid-19 mitigation measures can now be seen to have caused impacts that especially negatively affected the world's poorest communities, making them vulnerable to predator finance institutions like the World Bank and IMF, and coercion to endorse WHO and UN programs in return for funding.

It is well accepted that if the levels of morbidity and mortality are not significantly manifested above the usual baseline population, it should not constitute a pandemic of international concern. But this was ignored in favour of the WHO global cry of fear and terror. Typically, this situation would be managed locally with an appropriate epidemic management plan; but not so for Covid-19.

Dr Mike Yeadon, former Pfizer Vice President, has stated that 'inexplicably, world governments in lockstep had abandoned SOP pandemic response plans' in favour of measures that 'were expressly warned against,' such as testing of healthy people, lockdowns, and economic closure.

It now appears that the world's governments, in lockstep, responded to Covid-19 in a completely new and unprecedented way without having the supporting science.

For respiratory diseases, it could be challenging to accurately detect cases of a new respiratory virus, such as SARS-CoV-2, as many symptoms can be confused with symptoms triggered by other viruses such as influenza or other coronaviruses.

This then raises the issue of the importance of reliability of the diagnostic and testing tool used to detect Covid-19, and of understanding the tool's limitations.

Almost four years since the start of the pandemic, it is now patently clear that the RTQ Polymerase Chain Reaction Test (PCR) was a defective testing tool for Covid-19 testing and could not make the necessary distinctions between diseases, nor could it identify infectious subjects. The inventor of the PCR, Professor Kary Mullis expressly stated that the test was nonspecific and could be used to give heightened 'meaning and importance' to testing results that were not justified as being meaningful. He also said that the test should not be used as a diagnostic tool because of

the way results could be manipulated, either knowingly or by ignorance.

It appears New Zealand used the PCR test in such a way that its defective nature as a testing tool was exploited to its fullest.

This means the counting of excess sick people by the NZ Labour Government, above the baseline of other respiratory infections, could have been inflated by erroneous attribution resulting from poor diagnostic testing using the PCR test. In short, it brings the entire status of Covid-19 as a pandemic into question.

PCR testing causing inflated case numbers and a campaign of media-induced fear set the scenes for a response that was emotive, wild, and destructive.

Strangely, in New Zealand, reliable antibody blood tests were abandoned early, apparently due to cost, in favour of the internationally endorsed, unfit-for-purpose PCR test, which had its FDA approval revoked in 2022.

New Zealand still uses this test in a faulty way beyond the recommended testing methodology.

The analysis of all-cause mortality in New Zealand during the peak time of the pandemic, that cannot be biased by subjective attribution factors, leads to the observation that there was no Covid-19 pandemic caused by a novel and particularly dangerous respiratory virus. By June 2023, New Zealand had 2,031 deaths attributed as 'with or from Covid' – this was across four winter flu seasons and the incredible 2020 year, when influenza had disappeared in New Zealand. This number, at face value, is within the same range as seasonal influenza deaths but would decrease significantly if the number of deaths represented only those who died from Covid-19 as the primary cause.

However, we have seen upward peaks of all-cause mortality deaths with the apparent correlation, especially of deaths in clusters, following the rollout of the Pfizer Biontech Comirnaty vaccine.

New Zealand Ministry of Health data analyst whistleblower, Barry Young, has exposed data that seems to show direct correlation between the rollout of the Covid-19 vaccines and significant uplift of all-cause mortality in New Zealand. This data will be closely examined by the Inquiry.

Alarming, requests for samples of the original genesis virus have either been ignored or diminished so that requests are not made.

In June 2020, Otago University in New Zealand claimed it had isolated the Sars Cov-2 virus and championed this claim loudly, until UK organisation Principia Scientific exposed this claim as a fraud. Principia Scientific also requested confirmation from leading universities all around the world, and here is copy of the article they wrote.

NZ University Exposed in False Claim of Identifying COVID-19 Virus

Published on November 3, 2020.

<https://principia-scientific.com/nz-university-exposed-in-false-claim-of-identifying-covid19-virus/>

I can confirm that the University holds no records which fall within the scope of your request, as SARS-CoV-2 is not isolated in the way you describe. However, I attach a letter from one of our research staff, Professor Miguel E. Quinones-Mateu, which may be of interest to you. This explains:

New Zealand's University of Otago claimed to have 'isolated the COVID-19 virus' but has no record of it isolated anywhere, by anyone, ever.

I have been submitting Freedom of Information (FOI) requests to various institutions in Canada, New Zealand, Germany, the U.K., England, Ireland and the U.S., seeking any records that describe the isolation of a 'Covid-19 virus' aka 'SARS-COV-2' from an unadulterated sample taken from a diseased human patient.

Our requests have not been limited to records of isolation performed by the respective institutions, or limited to records authored by the respective institutions. Rather they have been open to any records held by the institutions describing Covid-19 virus isolation performed by anyone, anywhere, any time.

As of today (October 16, 2020) twenty institutions have provided their responses; nineteen institutions indicated that they searched their records and found none (authored by anyone, anywhere, ever) describing the isolation of a 'SARS-COV-2 virus' from an unadulterated sample taken from a diseased patient. The remaining institution simply refused our request. All twenty of these FOIs responses can be accessed from this page:

<https://www.fluoridefreepeel.ca/health-canada-has-no-record-of-covid-19-virus-isolation/>

This is the same Otago University that has supplied epidemiologists such as Michael Baker and Tony Blakely to the New Zealand Government as advisors about Covid-19, the same university that has received large grants from the Bill & Melinda Gates Foundation.

This is the same Tony Blakely who is chair of the Royal Commission of Inquiry into the handling of Covid-19 by the Labour Government and who is endorsed by the Crown and government.

We have yet another reason why we need NZCCI.

12. WORLD HEALTH ORGANISATION INFLUENCE & GUIDELINES

International Health Regulations, Global Preparedness Framework & Digital Surveillance

The Covid-19 pandemic has provided an unprecedented opportunity for the World Health Organisation to advance and enshrine its Population Health Guidelines, International Health Regulations 2005 amendments and the Global Pandemic Preparedness Framework to 194 WHO member countries.

On the face of it, this could be a good thing. However, upon analysis, several issues of concern arise that are linked to the implementation of harmful and civil liberties destroying measures, such as were used during the pandemic. These measures led to the use and application of polices and technology that did and will

severely impact the rights and privacy of citizens if used again. These measures are endorsed and enshrined in WHO doctrine.

During the pandemic, citizens' privacy violations occurred in New Zealand, along with the creation of new laws that affected civil liberties and human rights of New Zealanders – this was unprecedented.

Over the past decades, each elected New Zealand Government put in place pandemic response plans that were adopted at the supranational level, under the auspices of the WHO. Additional to this, was former

Prime Minister Jacinda Ardern in 2019, at a Bill Gates sponsored event, committing New Zealand to full rollout and implementation of the UN's resource, people management and sustainability plan, UN Agenda 2030.

Without any public consultation and without this issue being a point she was elected on, Ardern made this huge commitment without the New Zealand citizenry giving her the mandate to do so. What followed over six years was a demonstration by her government of a complete failure to deliver the benefits New Zealanders were promised from this commitment.

But what we have seen is that this commitment remains unrepealed across all government agencies and local councils, despite a newly elected so called right-leaning government coming to power.

It seems the Covid-19 pandemic 'crisis' was a super boost for the implementation of UN and WHO agenda in New Zealand.

This is closely followed by multinationals lining up and gaining access to New Zealand opportunities during the pandemic period. While New Zealand Government closed its country's businesses down, the government itself was open for business with foreign interests.

There should be little surprise that since the beginning of the pandemic, Jacinda Ardern has made further commitments to international bodies and businesses without transparency, including opening, as it were, a treasure trove of opportunities for organisations such as the World Economic Forum, Bill & Melinda Gates Foundation, Microsoft, Amazon Web Services, BlackRock / Vanguard etc. and of course the UN and WHO.

Shortly before her 'shock resignation', in June 2022 Ardern embarked on a 'Brand Ardern' promotional tour in the United States under the guise of a diplomatic mission. She travelled to New York and met with BlackRock, the UN and others. She resigned just a few months later following this mission.

Let us list some of the Covid-19 measures that the Labour Government used against New Zealanders to apparently combat Covid-19, and see if any of them could be related to some of these organisations mentioned above:

- Vaccines – Pfizer, GAVI – Global Alliance for Vaccines and Immunization * Bill & Melinda Gates Foundation
- Covid Treatments – Pfizer (PAXLOVID) * Bill & Melinda Gates Foundation
- Artificial Intelligence Infrastructure and Regulation, Digital Surveillance / Data Cloud Management – * AWS, Microsoft, WEF
- Facemasks and PPE Global Supply – BlackRock / Vanguard etc.

Examining this simple and limited list, you can see that New Zealand's and the world's Covid-19 pandemic misfortune has been exploited by certain individuals and organisations.

If we examine Bill Gates' relationship with Jacinda Ardern, we will see areas of concern. We can identify a plethora of opportunities provided by Ardern to Gates affiliates, including hundreds of millions of dollars given by Ardern to GAVI and Pfizer. The impression that something is amiss is compounded by the fact that the then wife of Gates, Melinda Gates, was able to personally call Ardern to secure her support and advocacy for global vaccination in 2020. This requires investigation.

Following this, Ardern's government fast-tracked the clearance for 'provisional approval' of the Pfizer Biontech Comirnaty Covid-19 vaccine into the arms of New Zealanders, while at the same time, paving the way for Pfizer to sell the Paxlovid Covid antiviral drug to New

Zealand (only required because the Pfizer injection did not fulfil its promise of being effective).

This is just the tip of the iceberg but it is an indication that the New Zealand economy and business environment is being overrun by global corporate interests which make lots of money out of pandemics.

There is a chain of activity, organisations and people all interconnected in the entire Covid and global medical and 'health' programme. Now there is the high level discussion that we must prepare for another pandemic, called 'Disease X' which is coming our way.

The intelligent question to ask is why all of this, who benefits, how and where is this leading?

For a quick demonstration of one thread of the ‘chain’ of actors and players, let’s remain with Bill Gates and examine his connections to the entire global medical health control movement.

Let’s see how Bill Gates is connected to:

WHO	Gates Foundation main funder and advocate of Tedros Adhanom Ghebreyesus as Director General of WHO. Tedros is listed as a communist and terrorist by the Ethiopian Government.
GAVI	Founder and funder: Global Vaccine Alliance.
Pfizer & Drug Companies	Investor in twelve of the largest vaccine manufacturers, including Pfizer, during the pandemic.
Microsoft	Seeking to rebuild New Zealand’s data cloud system.
Digital Surveillance	Is the initiator of Project ID2020, a global digital human tracking programme.
Otago and Auckland Universities	Funding of various ‘research programmes’.
Pirbright Institute UK	Funder of coronavirus research.
Imperial College London	Funder of research programmes.
Developer of Project ID2020	Global digital human tracking.
WEF	A funding partner extraordinaire.

This is only one example of one chain involved in the Covid-19 and global medical control system and shows a paradigm of monopoly. There are many others – all interconnected in a web.

Incredibly, Bill Gates is now invested in ‘geo-engineering’ – a so-called conspiracy theory that is now fully unearthed as being real and in operation. He is now invested in the climate change issue.

So, are we saying that one individual, Bill Gates, invests in and funds NGOs like WHO and GAVI that influence governments’ health policy and vaccine procurement decision making? That he funds research laboratories that also advise governments about Covid-19? And funds universities that also advise governments about Covid-19? And that he funds media and owns interests in most of the major vaccine drug companies? Yes, we are.

And to top it off, that he has created the Project ID2020 programme for digital human tracking and a company to manage the world’s data system? Yes.

And are we saying that it seems Bill Gates has an unusually friendly relationship with Jacinda Ardern? All of this leads to a very logical, straightforward question – is there something going on here?

But let us return to the WHO and International Health Regulations Amendments 2005 (IHRs).

Covid-19 was declared a ‘public health emergency of international concern’ and the WHO has used this issue to attempt to centralise all WHO member states under a supercharged amended umbrella called International Health Regulations 2005 (IHRs), and now with their proposed outrageous, tyrannical amendments. The amendments they are seeking to make to the IHRs will affect every aspect of human life and especially so when more pandemics arrive – just like a Disease X pandemic, for which a response is being designed by the WHO and World Economic Forum.

Additional to the IHRs is the contentious Global Pandemic Preparedness Framework that started out as a Treaty but because of push back, has now become a ‘framework.’ This is word play and a distraction as they will still achieve the same desired outcomes of total global control of the so-called health issue.

The WHO is proposing to amend the IHRs to cement how the world will respond to future pandemics in a lockstep way – a concerning proposition for civil liberties. The two major issues with the centralisation of pandemic management by a supranational organisation of unelected bureaucrats are clear.

The first one is the potential lack of accountability inherent in an organisation staffed by unelected bureaucrats who may be perceived as likely to be more loyal to the financial contributors of the organisation, than to the member states and their citizens. Since some contributors, already mentioned here, have major interests in the vaccine industry, this conflict of interest may be perceived to influence the agenda of the WHO, without firewalls to mitigate their unrestrained influence.

The second significant aspect is that proper management of pandemics cannot be effective if the management is not based on a localised approach with established parameters.

Indeed, many factors like the climate, population density, age distribution, health habits and cultural differences make the propagation of a disease very different from one country to the other.

But, as with Covid-19, the issue is not about health management but total control.

The G20 leaders meeting in Indonesia in November 2022 gave us a frightening glimpse of the type of world that the WHO, WEF, certain politicians, unelected officials and billionaires have for every man, woman, and child.

The Whitehouse's Bali G20 leaders declaration is available online here at www.whitehouse.gov/briefing-room/statements-releases/2022/11/16/g20-bali-leaders-declaration.

Through this declaration they expose the control mechanisms and measures which they want contained in IHRs and the Global Pandemic Preparedness Framework. This is how the Great Reset into a new Fourth Industrial Revolution under UN Agenda 2030 will happen. This is not conjecture – their own declared plans reveal this as fact.

Build Back Better, their campaign slogan, tells us the construct IS happening.

The new version of the WHO's International Health Regulations and the Global Pandemic Preparedness Framework is set to be managed centrally by distant bureaucrats that fail to consider the impact of local factors better appreciated by people closer to their own society.

It remains unclear how populations will respond, on knowing this centrally-managed framework would or could come into being, or is indeed coming into being, and that decisions that affect them are being decided upon on the other side of the world in places like Geneva.

As individual people are fallible and corruptible, so large unaccountable bureaucratic organisations like the UN and WHO are prone to foster abusive, self-serving policies that are exacerbated by incompetence and corruption, as we may have witnessed displayed by the New Zealand Labour Government during the Covid-19 pandemic period.

Nevertheless, individuals from these unelected groups and individuals, possessing varying degrees of expertise, are appointed to positions of authority without being held accountable to the public.

This brings us to looking into Dr Ashley Bloomfield, Director General at the New Zealand Ministry of Health during the Covid era, who though unelected, for a period of time essentially ran New Zealand.

Bloomfield had been the main architect and manager of the New Zealand Covid-19 response for the Labour Government, supposedly helping to steer it safely through troubled Covid waters. The problem is, because of Bloomfield's Covid-19 management style that was supported by Ardern and in line with WHO policies, we now have a decimated country – socially, morally, economically, medically, and with human and civil rights in tatters. The Terms of Reference (TOR) in this document highlight the carnage Bloomfield caused. Bloomfield resigned in July 2022, almost a full year before his appointed term was completed, citing exhaustion.

Ardern and Labour, however, paid for their acquiescence to Bloomfield's steering directives.

Ardern resigned ten months before the 2023 general election as the most despised New Zealand politician ever, and months later still requires Police Diplomatic Service protection. Ardern's Labour Government then lost the 2023 New Zealand General Election in October through a landslide loss – but Ardern was fine – she had already abandoned the sinking ship.

Interestingly, Ashley Bloomfield, after his resignation as Director General at the New Zealand Ministry of Health, is now number two co-equal of the WHO project committee developing these new International Health Regulations, directly reporting to and working with Tedros.

The same man who destroyed New Zealand is now a senior member of the WHO team seeking to repeat his successes on a global basis. Considering the carnage he has caused in New Zealand, it should be a concern to the world that he is now planning global delivery of his methods.

Was he rewarded for his performance in delivering WHO strategies in New Zealand? This question can be taken in a few ways, but this too requires investigation. Interestingly, when you google Ashley Bloomfield there is barely a mention that he is a senior member of the IHR committee – as if it is hushed up.

For every developed country, the healthcare system is the most significant and socially important budget item paid for by taxpayers. As such, autonomy to manage healthcare services and public health measures should be the responsibility of elected officials who are accountable to their electors, and not subjugated to

supranational bureaucracies. Nor should New Zealand bow down to any international goal or philosophy that does not suit our culture or societal values.

These points highlight why we should not be a partner in such global programmes, frameworks or treaties IF they threaten our autonomy in any way.

In the final analysis, when we look at actors, corporate players and non-governmental organisations who sit in the background controlling and influencing the world's economy and governments, we can see that potentially predator behaviour impacts the way governments respond to global issues.

The Fourth Industrial Revolution and Great Reset under UN Agenda 2030 is the housing for all of this control. It has all of the characteristics of Marxist Green Fascism, housed under a new global governance system prompted by climate change and health emergency preparedness.

The NZCCI must prosecute this Inquiry with these considerations in mind.

The abandonment of Pandemic Plans

This issue is another thread for the Inquiry to investigate. New Zealand Central Government and local government councils, all had pandemic preparedness plans before 2020 – all of these were abandoned in favour of the international approach to dealing with Covid-19.

To justify this abandonment, government advisor and medical academic at Otago University, Professor Michael Baker, wrote a paper in October 2020, stating:

"A pandemic is defined as '[a]n epidemic occurring over a very wide area, crossing international boundaries, and usually affecting a large number of people.' (Porta 2014). Ideally, lessons learned from previous pandemics inform subsequent ones. The obvious potential for harm inherent in pandemics means that virtually all governments plan for such events, and the World Health Organisation (WHO) has encouraged all countries to develop pandemic influenza plans. As a result, when the Covid-19 pandemic arrived, the New Zealand Government did have a pandemic plan (Ministry of Health 2017) but the plan was for a different emergency: pandemic influenza."

Prof. M Baker, Oct 13, 2020.

Just as the failed Covid-19 death cases modelling was hastily constructed, it seems that Baker and the powers that be, without the science, quickly and early

on decided that the 'settled science' of pre-Covid era response plans were defunct and out of date.

Baker's paper goes on to address IHRs and centralised control of future pandemics through a national response agency. What is evident in this paper is the lack of human empathy and the absence of concern about harms caused from any mitigation measures, as an assessment priority before implementation.

Alarmingly, he goes on to emphasise:

Aotearoa NZ's next pandemic plan needs to adapt flexibly to respond to an unfamiliar pathogen, with a consequently broader set of strategies to consider.

Prof. M Baker, Oct 13, 2020.

We should be highly concerned with Baker's vague reference to using a consequently broader set of strategies. The NZ Ministry of Health accepted, and implemented faulty, arbitrary and defective advice from Baker, Hendy and Bloomfield, such as 'flatten the curve', 'virus eradication', '100% elimination', and lockdowns, which were disastrous for New Zealanders.

This statement ignores the paper's reference to reviewing any past mistakes made. Just a couple of pages later in his paper, he had forgotten the need to apply caution and learn from obvious mistakes. This indicates that they could likely repeat the same mistakes and make arbitrary decisions. This is a horrifying prospect.

Yet another reason for the NZ Citizen Covid-19 Inquiry to hold accountable academics who willingly and

frivolously experiment with the public and promote untested theories that lead to harm.

A solution?

There must be a deterrent in place to prevent medical academics from causing harm to populations. How much worse could it be if these same academics were to advise politicians to accept WHO strategies, only on the basis of ideology and not being guided by science and best practice?

Left or right leaning government - does it make any difference?

This reminds us of how useful is the idea of the political left and right spectrum for manipulation. Baker and most academics who advised the government during 2020 to 2023 were left leaning.

But as we may see with this new right wing leaning government, they could take us to the same ultimate destination as the left.

This fact is here underlined. Not one of the three newly elected parties in government have repealed the draconian Covid-19 Public Health Response Act. This Act is ultimately required for the WHO, IHR's and Global Pandemic Preparedness Framework to be implemented to their fullest in New Zealand.

This demonstrates they are on the same Covid control page as the previous government. Could both political sides of the New Zealand House of Representatives be captured by a plan to lead their people to global centralisation on a supranational basis? From the outset, this new government of New Zealand seems no different to the last.

And this is the same government that wishes to lead an inquiry into the Covid-19 response of the previous government.

With closer examination of most countries which accepted pandemic response plans advice prior to 2020, their response methodology was broad enough to deal with a wide range of health emergency scenarios and prescribed a uniform approach to population management.

But these were all abandoned. By all indications, ALL previous pandemic response actions were flipped on their heads and nations responded to Covid-19 in almost the complete opposite way to previously recommended. For example, when the WHO plan said, do not lockdown or test healthy people or wear face masks, that was exactly what they told governments

to do. Harmful and brutal measures such as lockdowns and social distancing were then implemented on an arbitrary basis and only abandoned once it was clear that they were unsustainable and causing immense harm. Unfortunately, it was too late – mass suicide, domestic violence, social and economic destruction had been caused. But most sadly, the heart and spirit of New Zealand was crushed – not because of the disease but because of the hysterical response to it.

Why the WHO flipped their own established processes and 'settled scientific' understanding on almost all issues relating to pandemic management, including face mask wearing, we do not currently know. What we do understand now is that their older response methods would have been more than adequate to deal with Covid-19.

On June 5, 2020, they had an online educational video telling people not to wear masks but the very next day, they changed their minds and wanted mandated face mask wearing – globally.

There was no scientific basis or reasoning to justify this turn around other than the definition of Sars Cov-2 as a novel coronavirus. Despite the hysteria of it being a novel virus, it had low mortality and low risk of serious harm to 99.97% of the general population of New Zealand. Despite the Prime Minister warning New Zealanders that it was a mild disease, this truth was consistently ignored in favour of media driven hysteria.

A straw man justification was created and crafted to allow for a narrative to be pushed onto an unsuspecting New Zealand public, to accept new measures of control.

Other reports, like that written by Stanford University's world leading epidemiologist and public health expert Professor John Ioannidis, were, surprisingly, published by the WHO. These papers written by Ioannidis greatly criticised the WHO approach to managing Covid-19, and condemned the use of lockdowns and authoritarian measures.

He exposed the fraudulent and failed nature of the modelling of Professor Neil Ferguson of Imperial College London with major public lectures on the topic, and online social media critiques of the nonsensical Covid-19 response measures. Professor Ioannidis was a pro-Covid vaccine scientist, so it cannot be claimed that he is a cuckoo antivaxxer.

Closer to New Zealand, NZ Public Health expert and epidemiologist, Dr Simon Thornley, shared those same concerns with Professor Ioannidis and bravely condemned them using irreproachable scientific evidence – evidence which was ignored.

We can see, from the eagle eye perspective, that it appears we are being herded into a new era of control in a global centralised digital system run by a giant NGO of unelected officials and giant corporate multinationals who prey on economies and people and compromised politicians and officials.

The way the WHO and corporate players would achieve a global pandemic, was well rehearsed to perfection in 'tabletop exercise scenarios' SPARS (2017) and Event 201 (2019).

The mere fact that the same predator identities, WHO, Bill & Melinda Gates Foundation, WEF, Pfizer, World Bank and even the CIA and Chinese CDC were 'war gaming' a global coronavirus outbreak in 2017 (SPARS Pandemic

War Game), and again in October 2019 with Event 201, just weeks before the real thing, must raise eyebrows and scepticism as well as questions that need to be asked and answered.

Examine this insert from the SPARS exercise of 2017:

The self-guided exercise scenario for public health communicators and risk communication researchers covers a raft of themes and associated dilemmas in risk communications, rumour control, interagency message coordination and consistency, issue management, proactive and reactive media relations, cultural competency, and ethical concerns. SPARS 2017.

Is what we see here an attempt to blueprint control over populations, narrative, and data during an outbreak to manipulate citizens? Does this seem familiar? We can easily see the relationship between this statement and the real-world response by the same players, to Covid-19.

After almost four years of Covid hell, we are still expected to trust a system like this even more so than before.

Governments, including New Zealand's, expect normal citizens to faithfully give politicians and officials carte blanche to do as they please regarding our public health responses, our health, our economy and our civil liberties, and to hand those issues to these foreign players.

This is of course a recipe for disaster and the New Zealand public must learn the truth about the New Zealand Labour Government's Covid-19 response from 2020 to 2023; so that we can navigate forwards and decipher potential threats to our civil liberties, under the guise of health emergency response measures.

We believe this Inquiry will unravel the full picture.

Once this Inquiry has been implemented, New Zealanders can and will judge for themselves if there have been crimes committed at any level, and if we are being covertly lined up to lose the freedoms our forebears paid such a high price for us to have.

FUND RAISING

We are currently fundraising to conduct this Inquiry and need your financial support. Initial budget requirements sit at around \$300,000. A full budget is available on request.

In the meantime, please donate to this temporary account:

Donation NZCCI: 02-1245-0777955-031 W. Te Kahika

Credit Card donations: <https://www.nzcci.com/donate>

Digital Surveillance

Deserving a passing mention because it underpins the coming control measures, is the issue of digital surveillance and control. Freedom and privacy go hand in hand and every human deserves both, uninterrupted.

In addressing this matter, yet again that same name appears – Bill Gates as a lead figure. Gates, a founder of Microsoft, is a partner of the World Economic Forum that is seeking global digital transformation. He has used predatory philanthropy tactics to capture markets and control global organisations and governments.

Despite being an American capitalist, he is rapidly advancing China like communism and corporate fascism in the West through various programmes and especially that of digital human tracking.

Project ID2020 has been developed by Gates to trace a human's life from birth to death and their medical and vaccine status. He has developed not only the technology but also the political will on the global stage to accept this programme of Orwellian stature. New Zealand is on board, and Central Bank Digital Currencies are ready to go with biometric and AI support in place – thanks to Gates' partner the World Economic Forum.

Through his advocacy and funding, Gates was able to advance vaccine passports and digital travel monitoring 'solutions' during and post pandemic. The potential

negative consequences affecting privacy, civil and human rights are likely immeasurable.

Through technology and the ID2020 programme, vital human rights issues will have to contend with a digital surveillance and control system that monitors individual travel, vaccine status, financial transactions, and carbon emissions. Most of these points are reflected in the G20 Bali Leaders Declaration mentioned earlier in this document and reflect UN, WHO and WEF doctrine.

Our former Prime Minister Jacinda Ardern has had cozy relationships with Gates, the WEF, big corporates and the UN. It is my speculation she will eventually be a candidate for the UN Secretary General role as a reward for services rendered.

But did these relationships influence her destructive Covid-19 response strategy? We will see if the evidence leads this way.

The role of NZCCI is to investigate these inquiry threads and many more to see what has happened and where it is they want to take our country, why and if there have been crimes committed.

13. SAMPLE OF LINES OF INQUIRY – COVID VACCINES

A review and analysis of all relevant national and international human rights laws, conventions, and treaties, including the Nuremberg Code and the Treaty of Waitangi and other rights protection mechanisms, to assess whether any New Zealand citizens suffered any violations of human rights in the context of:

1. Covid-19 vaccines;
2. Mandates created by New Zealand Government requiring New Zealand citizens to receive one or more Covid-19 vaccine in order to participate in any activity;
3. Covid-19 pandemic management decisions, laws, and policies implemented by the New Zealand Government;
4. The Nuremberg Code and whether any aspects of the receipt of Covid-19 vaccines by New Zealanders involved: a) any elements of human experimentation;
5. If so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in human experimentation;
6. If so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may possibly have come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having undergone human experimentation; b) de facto clinical trials on humans;
7. If so found, whether any instances of any element of force, fraud, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in a de facto clinical trial on humans;

8. If so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having been involved in de facto clinical trials on humans; c) de facto clinical trials on humans conducted without appropriate regulations and individual consent;
9. If so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other deemed to have been involved in a de facto clinical trial on humans conducted without appropriate regulations and consent;
10. If so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having been involved in de facto clinical trials on humans without appropriate regulations; d) the administration of Covid-19 vaccines to New Zealanders for which insufficient clinical trial data or studies existed, or no satisfactory clinical trial data or studies existed, or for which no clinical trial data or studies existed in respect of the safety or efficacy;
11. If so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by New Zealand citizens to receive a Covid-19 vaccine;
12. If so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with New Zealanders who received Covid-19 vaccines for which insufficient clinical trial data or studies existed, or no satisfactory clinical trial data or studies existed, or for which no clinical trial data or studies existed in respect of the safety or efficacy; and e) in the event of a positive determination or finding for one or more of (a) through (d) above, a thorough examination of all elements of the Nuremberg Code to identify any other failures to observe the Code in New Zealand, and where appropriate, the identification of those responsible for any observed failures to observe the Code;
13. Whereby, if it can be proven that politicians or medical officials either through professional negligence or malfeasance, or misfeasance or criminal conduct, New Zealanders were either by force or coercion or deception encouraged to take Covid-19 vaccines in violation of the Nuremberg Code, NZ Bill of Rights Act 1990 and the Human Rights Act 1993.
14. If it can be thus proven that politicians and medical officials did commit crimes of professional or criminal negligence or malfeasance or misfeasance, that those responsible are held to account in a court of law.
15. If it can be proven that harm or injury was caused by Covid-19 vaccines and related mandates through this conduct, that, without delay, compensation is provided to those individuals who have suffered those harms inflicted by the New Zealand Government.

The New Zealand Government's responses to Covid-19 saw unprecedented impositions on the rights of New Zealanders. A citizen's status as either 'vaccinated' or 'unvaccinated' against Covid-19, along with their readiness to wear a face covering or otherwise, have, among other examples, determined their eligibility to:

- work in most industries, and for most employers
- enter shopping centres, bars, live entertainment venues or other public places
- enter or exit New Zealand
- enter places of worship
- enter aged care homes and hospitals
- complete tertiary education
- receive medical treatment and critical care

It was demonstrated that the NZ Bill of Rights Act 1990 provided no protection to New Zealanders, and that the above discriminations were a violation of the expectations and principles of a free and democratic society.

NZCCI will establish whether or not there was science-based justification with reasonable, lawful, honest and well-meant reasons for such a circumvention of BORA 1990.

Section Summary

This review and analysis should include an investigation into the following questions:

1. During the Covid-19 pandemic, did New Zealand fulfil its obligations under the International Human Rights treaties and covenants to which it is a signatory? If not, why not?
2. Did the New Zealand Human Rights Commission perform its statutory function during Covid-19? If not, why not?
3. Why did the Principle of Legality fail as an effective barricade to human rights breaches in New Zealand during Covid-19?
4. Has the law on informed consent in New Zealand been ignored?
5. Is the Separation of Powers functioning appropriately in New Zealand?
6. Are New Zealand's discrimination and privacy laws adequate to protect people against discrimination on the basis of their medical status, and to protect people's private medical information?
7. Was provisional approval utilised for Covid-19 drugs to enable the supply and administration of drugs that would have historically been subject to much more rigorous animal and human clinical trials?
8. Was the consequence of the early, rushed deployment and administration of Covid-19 vaccines that New Zealand citizens participated, without their consent, in a live drug trial and rolling assessment of the efficacy and safety of those vaccines?

14. SUMMARY

I have outlined a picture and provided several reasons why a truly independent Inquiry into the Labour Government's Covid-19 response is required.

The main reasons are because of the likelihood of strong bias, conflicts of interest, political intrigue and the narrow scope of the terms of reference of the current Covid-19 Royal Commission of Inquiry and the new government-generated inquiry into the Covid issue. There is also no path to accountability in either option.

This means we, as concerned citizens, will likely never get to the truth and be able to gain justice for all those harmed by the former Labour Government's Covid-19 response. But we are also asking the new government to investigate issues they are involved with and ultimately support, and to which they remain committed.

I believe that we will never have our country and society achieve a position of reconciliation until we have truth and justice. Truth, because it will help heal divided families, and justice to help those harmed in any way to move forward and receive compensation and accountability.

The bottom line is: it is possible that all current political parties in government are in some way responsible for causing New Zealanders some level of harm for their support of the Covid-19 response measures.

The National Party, leader of the current government, was not in favour of the Covid-19 Public Health Response Act 2020 but went on to co-support most, if not all of the Covid-19 measures of the Labour Government. This is damning. NZ First, the other co-governing party, was a major supporter of all the Covid-19 civil liberties destruction, and the persecution of New Zealanders who refused to bow to the tyranny of Covid laws and orders.

In fact, the leader of NZ First and current Deputy Prime Minister, Winston Peters, was Deputy Prime Minister in 2020 and a co-signee into law of the Covid-19 Public Health Response Act. He vigorously opposed Covid dissenters – people like you and me, who demand an inquiry and accountability.

Nga mihi – Kindest regards,



Billy Te Kahika

COMMISSIONER & INVESTIGATOR
billy@nzcci.com +64 21 138 7005

The other partner in the present government, the Act Party, was completely in favour of Covid vaccine measures and passport apartheid. It is these three parties that we are expected to rely on and trust to serve us with a diligent, thorough, and full inquiry. They have also just approved more mRNA Pfizer drug use for our winter.

It is my hope that this document will encourage you to support this independent by-the-people for-the-people Inquiry. I have fought for truth, freedom, and accountability for almost four years, and I believe this is the best method to bring to light possible crimes committed by those entrusted with the position of office and public service.

But the threats we face are not just historical. I believe this Citizens Inquiry can expose the government malfeasance referred to above and, in doing so, stop this current New Zealand Government from outsourcing our sovereign rights to unelected globalists and NGOs such as the WEF, WHO, UN, big Pharma and big tech.

Lastly, we will not be able to do this Inquiry without your support and it is my hope that the depth of thought and care in this initial scoping document will encourage your support.

15. INQUIRY CONTRIBUTORS

Professor Robert Malone	Medical Doctor and Vaccinologist, Co-inventor mRNA	USA
Steven Kirsch	Medical Researcher	USA
Dr Machi Manu	Medical Doctor and Natural Health Specialist	New Zealand
Dr Mike Yeadon	Former Vice President of Pfizer/Chief Scientist	UK
Dr David Martin	Investigator and Researcher	USA
Dr Guy Hatchard	Scientist and Statistician	New Zealand
Dr Rima Laibow	Medical Doctor/Researcher	USA
Dr Raghu Raghavan	Biologist/Chemist	USA
Dr Richard Pressor	Natural Health Specialist	Australia
Dr David Holden	Natural Health Specialist	New Zealand
Barry Young	Data Analyst MoH	New Zealand
Tiamara Williams	Natural Health and Civil Liberties Researcher	New Zealand
David Lyon	Psychologist and Education Expert	New Zealand
Brenton Faithfull	Embalmer and Funeral Director	New Zealand
Caroline Mansfield	Microscopist and Blood Expert	UK
Amy Benjamin	Human Rights Lawyer	USA / New Zealand
Matthew Hague	Lawyer and Legal Advisor	New Zealand
Frederick Stewart	Justice of the Peace	New Zealand

POLITICAL EXPERT WITNESSES:

Mr Andrew Brigden	Member of Parliament	UK
Senator Malcolm Roberts	Senator for Queensland	Australia

MEDIA EXPERTS:

Malcolm Dreaneen	Editor, Daily Telegraph NZ	New Zealand
Gareth Icke	Researcher/Media Personality	UK
Leilani Dowding	Researcher/Media Personality	UK
James Corbett	Investigator/Media Personality	Canada/Japan

MĀORI AND PACIFIC ISLANDS:

Whaea Jay Andrews	Kai Awhina	New Zealand
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ANONYMOUS WITNESS:

Anonymous	Senior NZ Policeman	New Zealand
Anonymous	Archivist Adverse Events	New Zealand
Anonymous	University Scientist	New Zealand
Anonymous	Medical Doctor/NZDOS	New Zealand
Anonymous	Medical Doctor/NZDOS	New Zealand
Anonymous , BSc, MPhil, PhD	Scientist, Human Health & Environment	New Zealand
Anonymous	Psychologist	New Zealand

More people are being added to this list.

16. NZCCI HEARINGS EVENTS & VENUE ITINERARY

March - May 2024

SOUTH ISLAND

- | | |
|-----------------|-------------|
| 1. Invercargill | 6. Westport |
| 2. Dunedin | 7. Kaikoura |
| 3. Timaru | 8. Blenheim |
| 4. Christchurch | 9. Nelson |
| 5. Greymouth | 10. Picton |

NORTH ISLAND

- | | | |
|-------------------------|----------------------|-----------------|
| 1. Wellington | 6. Taupo | 11. Whakatane |
| 2. Kapiti – Paraparaumu | 7. Rotorua | 12. Tauranga |
| 3. Masterton | 8. New Plymouth | 13. Thames |
| 4. Havelock North | 9. Whanganui | 14. Auckland |
| 5. Gisborne | 10. Palmerston North | 15. Brynderwyns |
| | | 16. Whangarei |



THE NEW ZEALAND CITIZEN COVID-19
INQUIRY
2023 - 2025

TRUTH | JUSTICE | RECONCILIATION

FUND RAISING

We are currently fundraising to conduct this Inquiry and need your financial support. Initial budget requirements sit at around \$300,000. A full budget is available on request. In the meantime, please donate to this account:

Donation NZCCI: 02-1245-0777955-031 W. Te Kahika

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