

COMMERICAL LIEN BY FORCE

5TH MARCH 2024



Courier. Signature Required

LW 124 150 395 NZ

Delivery target: next working day between major towns and cities.
(This is a guide only, see Postal Users' Guide for details)
Compensation for loss or damage up to \$2,000, subject to NZ
Post's Public Contract. For full terms and conditions, go to nzpost.co.nz

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LW 124 150 400 NZ

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A Security (USSEC)
USSEC Tracer Flag
Not a Point of Law

NZ Registered Mail Tracking Number **LW124150395NZ, LW124150400NZ**
Margie Apa - Chief Executive of TE WHATU ORA - HEALTH NEW ZEALAND
Level 4 Kotuku House, 4 Osterley Way
Manukau 2104
New Zealand

Plus to Home address 2/3 Ngalo Avenue, Mangere Bridge, Auckland, 2022
Plus to Peter Chandler to home address 17 Te Karaka Drive Te Puna 3174
Margie as CEO responsible to distribute to all other Debtors

Served Directly Monday 4th of March 2024
Issued Publicly Tuesday 5th of March 2024

Courier. Signature Required

LW 124 150 815 NZ

Delivery target: next working day between major towns and cities.
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Commercial Affidavit of Obligation

Commercial Lien by Force of International Admiralty and Common Law

Lien Claimant:

Janine of the house of Arabella and Walters as Settlor and Lien Claimant
bank account: House of Talia Dawn Private Foundation [REDACTED]

Via 3 Witness Acceptors Margaret Louise of House of Colmore
Robin John of House of Colmore
Paula of the House of Harrison

Lien Debtors

The Lien Debtors being the following individuals and corporations:

**BAY OF PLENTY DISTRICT HEALTH BOARD and HEALTH NEW ZEALAND and HEALTH NZ and
TE WHATU ORA- Lien Debtors**

Debra East	Lien Debtor
Scott Hart	Lien Debtor
Don Sorrenson	Lien Debtor
Peter Chandler	Lien Debtor (CEO at time of offences and harm)
Margie Apa: CEO	Lien Debtor
"John Doe" Parties:	Lien Debtors Individuals 1-10,000 T.B.D (To Be Determined of other officers with liability)

Definition of Harm: loss of or damage to a person's right, property, physical or mental wellbeing from
Miriam Webster Dictionary.

For context, this document uses only plain simple English and Counting Systems. You are considered informed that all other meanings in this/all communication/s are taken from the Oxford Dictionary of English unless otherwise definition given or as commonly understood by living men and women. Any content or character or page layout is not to be confused with legalese or any other language. If any definition or meaning is unclear to the reader the interpretations are that of the living woman author of this affidavit.

CLN-HNZ-JA-01

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Includes 30 Pages of Exhibits



Ledgering and True Bill:

The ledger and True Bill is based on a Certificate and Notice of Default with Notice of Administrative Judgement served on Heath New Zealand Corporation and it's officers/agents/debtors during the day of the twenty first day of February 2024 received by all parties and debtors on that same day with following tracking numbers for first receipt on that same day– LW124150912NZ, LW124150930NZ, LW124150943NZ, LW124150957NZ, LW124150965NZ, LW124150974NZ, LW124150988NZ and second copies to Debra East LW124150926NZ received 22 February and second copy to CEO Margie Apa LW124150991NZ received by the Health New Zealand office at Level 4 of Kotuku House at 4 Osterley Way in Manukau Auckland on 21 February with no one to sign with collection card left and not collected and signed until 12.21 on 26 February by Dinah Nicholas who is Executive Assistant to Margie Apa. The Health New Zealand Corporation is also known as Te Whatu Ora and is the successor Company to Bay of Plenty District Health Board. The Certificate of Default included invoice for payment plus proof of life of Janine the claimant to confirm she is a real live woman and not a legal fiction who has been harmed by the debtors as individuals and corporations and has the right to charge compensation fees according to the un rebutted liability notice and affidavit. The debtors were provided seven calendar days to respond and make payment by Friday the first day of March 5pm with no response or payment received by that date.

A Notice of Fault with Opportunity to Cure including Statement of facts plus invoice was delivered to the lien debtors on 9th day of February 2024 with following tracking numbers LW124150475NZ, LW124150461NZ, LW124150458NZ, LW124150435NZ, LW124150444NZ, LW124150492NZ, LW124150427NZ with seven calendar days to take remedy and cure the fault by 5pm on 16th day of February 2024. A second copy of the Notice of Acceptance was also included with the Notice of Dishonour.

That on the 19th day of January 2024 the Lien Claimant sent a Notice of Acceptance of Claim with invoice 1006 to Health New Zealand's appointed spokeswoman Debra East via email with first receipt by email to Debra.East@bopdnh.govt.nz on 19 January 2024 plus by post tracking number LW124150387NZ received on 22 January 2024. The Notice of Acceptance was also sent with LW124150489NZ, LW124150475NZ, LW124150461NZ, LW124150458NZ, LW124150435NZ, LW124150444NZ, LW124150492NZ, LW124150427NZ received on 9th day of January 2024 with the Notice of Default with Opportunity to Cure

An Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination was served to all debtors on 14th day of December 2023 with following postal tracking numbers LW123841939NZ, LW123841942NZ, LW123841956NZ, LW123841960NZ, LW123841973NZ, LW123841987NZ, and LW123841995NZ where the Debtors were provided 28 Calendar days to rebut point by point where a 7 day extension until 5pm on 18th day of January 2024 to rebut was given on 3 January with following tracking numbers LW124150325NZ, LW124150373NZ, LW124150356NZ, LW124150360NZ with LW124150339NZ received 8 January and LW124150342NZ to Margie Apa received on 17 January also confirmed by her administrator Dinah Nicholas on 16 January 2024. No rebuttal point by point to the Affidavit was received by any of the Lien Debtors where they had 35 Calendar days to respond where very clear on the Affidavit that no rebuttal point by point with full disclosure and signed with his/her wet ink signature was received and this is accepted in law and commerce as tacit acceptance and silent acquiescence that all the content in the Affidavit including the exhibits is true and correct.

A Liability Notice with commercial charges was sent to the following parties by email on 25 November 2021 to Don Sorrenson, Tess Richardson, Peter Chandler, Scott Hart, Meredith McKenzie, Rachel Waanga and to all Bay of Plenty District Health Board members being Sharon Shea, Geoff Esterman, Ron Scott, Hori Ahomiro, Bev Edlin, Ian Finch and Marion Guy, Leonie Simpson, Arihia Tuoro and Wayne Williams where no one rebutted or disputed this liability Notice or the charges within it with Chief Executive Officer Peter Chandler acknowledging the liability Notice on 26 November 2021. The Liability Notice was also received by email to Scott Hart, Don Sorrenson and Peter Chandler on 22 November 2023 and 26 November 2023 plus via courier post tracking number LW121245355NZ to Scott Hart received on 28 November 2024 with request to act in honour and provide a hard copy to Don Sorrenson and Peter Chandler. Further copies sent to Debra East

with tracking number LW123841939NZ, Scott Hart LW123841942NZ, Don Sorrenson LW123841956NZ, Chief Executive Officer Peter Chandler postal tracking number LW123841911NZ received 12 December 2023 and LW123841925NZ received 18 December 2023 plus LW123841960NZ plus LW123841973NZ received 14 December 2023 and received by Chief Executive Officer Health New Zealand Margie Apa on 14 and 15th of December 2023 with postal tracking numbers LW123841995NZ and LW123841987NZ, plus via email on 14th day of December 2023. This liability notice has been served at least four times with evidence of receipt provided in the Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination and never at any time has any of the lien debtors disputed or rebutted these charges and the liability charges have remained current and valid.

Not one of Debtors has rebutted the Liability Notice or Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination or Notice of Dishonour with Opportunity to Cure or Certificate and Notice of Default with Notice of Administrative Judgement of the Lien Claimant where in Law an unrebutted Affidavit stands as truth in Commerce and judgement in Law.

The Lien Debtors were provided four opportunities and invoices to make payment of the charges in each of the notices and Affidavits and each time these charges have been ignored and now each of the debtors are in default with the Lien Claimant having the right to add punitive damages. The ledger for this True Bill is based on losses and damages claimed by the Lien Claimant and unrebutted by the Lien Debtors. These losses and damages that were outlined in depth in the unrebutted Liability Notice and unrebutted Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination include but are not limited to the following uncontested and unrebutted list:

- Claimant's daughter Talia forced to take a medication against her will by a District Health Board (who are now known as Health New Zealand/Te Whatu Ora) officer where she had a severe reaction that was not addressed with ongoing symptoms of severe constant pain and ultimately lead to her death, the ultimate loss of life and harm caused as a result of the actions and failure of duty of care of District Health Board officer while under the legal care of the district health board.
- Deliberate and intentional acts of District Health Board officers/agents (who are now known as Health New Zealand/Te Whatu Ora) to cover up events leading up to daughter's death to try and prevent liability of the District Health Board corporation.
- Straight after death of daughter the claimant was moved into an open plan office environment with over 100 District Health Board staff to hot desk where not even placed with own team and could be sitting next to anyone including the team of health workers that were involved in the neglect of care of her daughter where every single conversation could be heard in the office leading to the claimant feeling unsafe with an unsafe work environment.
- Claimant has a privacy confidentiality seal on her NHI file and did not discuss or provide her private medical information with any District Health Board staff member including her managers, whereas Scott Hart accessed her private information and informed her managers that she was not vaccinated. Breaching someone's private medical information without their consent is a fireable offence, where Claimant was fired without cause and Scott Hart remained in employment a double standard and another example of discrimination and wrongful dismissal.
- Claimant threatened with termination and loss of livelihood if she refused to take an untested experimental drug when claimant had provided evidence that it was classified by medsafe as experimental plus a copy of a coroner's report that of at least one person who had died of taking this drug, and claimant informed her employer including Chief Executive Officer that you can not force anyone to take a drug where one of the risk factors is death, and her employer knew what had happened to her daughter who had already died a serious event of harm with some liability on the officers of the District Health Board (who are now known as Health New Zealand/Te Whatu Ora) involved in her care where she was forced to take a medication against her will.
- The Claimant had provided conditional acceptance to take the drug conditional upon the Chief Executive Officer, her manager, the human resources manager and officer threatening her with termination of employment and the doctor administering the drug providing a signed guarantee of no harm accepting full liability in event of harm and all parties refused to sign the conditional acceptance.



- Claimant informed her employers and the Debtors including Chief Executive Officer prior to being fired that she considered it a serious threat of harm and a crime against humanity to force someone to take a life threatening experimental drug where one of the risk factors is death.
- Claimant clearly identified herself as a living breathing woman prior to being terminated plus provided proof of life that she is not a legal fiction or corporation and is therefore not subject to corporation or Crown Law which the District Health Board subjected her to and breached her rights; that the Crown is actually a corporation with corporation law that only apply to its subsidiary companies and that she is not a subsidiary company to the government, but a living breathing woman created by God, and that men and women created corporations and that corporations can never have control over a living man or woman without their consent, and taking a drug was not part of her employment contract so could not force or threaten her with something that she had not agreed to prior to starting employment. See points 23 to 26 in her Affidavit.
- Claimant says that she was fired without cause where no one else's health or safety was jeopardized with loss of livelihood in a job she had planned on staying in until retiring aged 70 where almost every staff member leaving support net had retired at the age of 70.
- Failure of District Health Board now known as Health New Zealand/Te Whatu Ora and it's staff to address discrimination towards claimant and others who chose not to take the experimental drug and changing the rules where Claimant was allowed to work from home and with 2m social distancing and via video link until the time they questioned her vaccination status.
- Claimant had demonstrated and proved that she could do all aspects of her job with 2 metres of social distancing and had done so for two years prior and was not placing any other individual at risk, yet the District Health Board officers/debtors (who are now known as Health New Zealand/Te Whatu Ora) fired her anyway as an essential health worker.
- Claimant provided evidence that the District Health Board had exempted 11,000 employees from having the vaccine which showed favouritism and discrimination.
- Claimant had informed the Bay of Plenty District Health Board officers listed as debtors including the Chief Executive Officer that it was their duty to provide a safe work environment for her and they failed to do so of not providing her a safe space to work and they fired her rather than addressing her health and safety needs.
- The Ministry of Health position statement on unvaccinated individuals dated 19 November 2021 was released on the same day to all staff working within the District Health Boards where on page three it states that "transmission is more likely to occur from a vaccinated than an unvaccinated individual where there is high vaccine coverage". This was emailed to Lien Debtors Scott Hart, Don Sorrenson and Peter Chandler on 15 December 2021 and is found in Exhibit B and contradicts the message that the vaccine is 'Effective'. The truth exposed was that vaccination status did not protect anyone from contracting covid.
- The Chief Executive Officer Peter Chandler was provided by email on 20 December 2021 of the autopsy report of vaccine death by Claimant with proof provided in the Affidavit in Exhibit H plus a document released by the Ministry of Health emailed on 15 December 2021 stating that the Pfizer vaccine did not stop the spread of the disease where the Chief Executive Officer Peter Chandler straight afterward released false information to the staff and public stating that the vaccine was 'Safe and Effective' and is therefore accountable for spreading false information that helped increased the numbers of people being vaccinated, and Peter Chandler as the Chief Executive Officer of Bay of Plenty District Health Board now known as Health New Zealand has individual liability plus placed liability on the corporations for any adverse reactions and vaccine deaths that occurred within the Bay of Plenty.
- Claimant exposed with evidence in her Affidavit the fraudulent falsifying of information by District Health Board officers to increase the number of covid deaths to try and scare people into having the vaccine alongside the message from official information released by the Ministry of Health through each District Health Board that the vaccines were 'Safe and Effective' with the knowledge and support of each of the Chief Executive Officers where many individuals have been harmed by the vaccine and as such the District Health Board Officers and Chief Executive Officers now known as Health New Zealand/Te Whatu Ora Officers plus the corporations they represent are liable for his/her actions of spreading not just misinformation but fraudulent information.



- Claimant Janine had declared prior to being fired over the mandate that she is a living breathing woman going about her every day business with the following unalienable rights being the right to manage her daily affairs, right to life, liberty, security, equality, dignity plus right to work, access to water, food, travel, medical care, her bank account and funds and basic needs and visit my loved ones without interference, be free of any discrimination, right to not be held in slavery or any form of torture or degrading treatment or punishment, right to not be subjected to scientific or medical experimentation, right to refuse medical treatment, right to choose how she manages her own health and life, right to be treated fairly, right to privacy, right to freedom of movement and residence, to own things, freedom of thought and religion, freedom of opinion and expression, right to assemble, right to protect herself and my property and right to social security and social service, and these rights can not be taken away, where she has the right to charge compensation fees to any individuals or agents acting on behalf of any corporation that tries to take authority over her or breached her rights.
- Claimant Janine had removed the Crown Corporate jurisdiction over her and is not subject to its corporation rules that only apply to its subsidiary companies, that living men and women are not subsidiary companies and corporations can not take control over a living man or woman and provided evidence of this to the staff involved in terminating her employment on 15th of December 2021 shown in Exhibit J in her Affidavit, therefore the District Health Board and its staff had no right to enforce taking of an experimental drug to remain in employment where one of the risk factors is death, and she can charge for breaches to her rights the charges in her un rebutted liability notice and un rebutted affidavit, and as not one individual challenged her liability notice and charges that were sent and received to the corporation and its successor and to individuals in the private who violated her rights and breached her health and safety multiples time and is fully within her rights to charge these amounts; plus has a compensation fee schedule found in the Affidavit 'Exhibit A' found on publicnoticesnz.com. The debtors were provided the information in Affidavit of where to find this public notice which included the full un rebutted affidavit including the compensation fee schedule where a serious event of harm invoked a one hundred and fifty million dollar charge where the claimant has the right to charge this for the liability of the District Health Board (who are now known as Health New Zealand/Te Whatu Ora) and it's officers for negligence and acts of harm in the care of her daughter which resulted in her death. Her daughter's death is directly linked to being forced to take a drug by a district health board officer with a severe adverse reaction that was not ever remedied and ultimately lead to her death.
- The claimant provided research evidence by email to Peter Chandler on 3 November 2021 found in exhibit C with proof in Affidavit to the District Health Board and Health New Zealand/Te Whatu Ora members and officers including the Chief Executive Officers that the treatment protocol of treating covid with the drug remdesivir or its generic equivalent Paxlovid had high death rate where ivermectin and hydroxychloroquine had low death rates where if there were excessive deaths they and the corporations would be liable of harm.
- The deliberate intentional acts of changing the name of the corporation over to a successor company and standing down of every Chief Executive Officer in the country about seven months after the vaccine roll out to try and prevent any liability on behalf of the corporation with the claimant showing that if a successor company takes over all the assets of a company including staff, buildings and all resources then they are liable for their debts therefore the District Health Board and it's previous Chief Executive Officers and Health New Zealand corporation are liable for the actions of harm of all the officers of the District Health Board during the vaccine roll out including co-ercement and loss of employment plus severe adverse reactions to taking the vaccine or remdesivir or Paxlovid plus death where family members have a claim of harm including the claimant.
- plus losses and damages caused by collusion and conspiracy of Health New Zealand to cover up actions of harm to try and prevent liability.



New Zealand Notes and or Bonds to be returned at value for Settlement and closure:

Judgement is already in place for payment of the sum of twenty eight million two hundred and forty four thousand seven hundred and twenty nine New Zealand dollars [NZ\$28,244,729] plus collection fee of 15% added of four million dollars two hundred and thirty seven thousand dollars totaling thirty two million four hundred and eighty one thousand four hundred and thirty eight dollars (\$32,481,438.00) for harm/loss caused to the claimant related to loss of employment and livelihood plus discrimination, where according to the unrebutted affidavit and liability notice the claimant has the lawful right to add further charges.

Claim added for resulting damages and losses, payable in substantive value:

The Claimant Janine has the unrebutted right to claim for the harm caused of loss of daughter as her true and rightful lawful claim in points 49 and points 23 Affidavit. In point 23 in the Affidavit the individuals and the corporations were informed that she has two unrebutted Affidavits on publicnoticesnz.com which stand as truth in law and commerce where the compensation schedule in Exhibit A is part of these affidavits and the claimants had every opportunity to read these Affidavits on a public notice board so ignorance is no excuse plus the unrebutted liability notice affirms extra charges can be added as deemed necessary. The compensation schedule has a compensation charge of sum of one hundred and fifty million (NZ\$150,000,000) for any type of harm caused to the claimant.

Total claim payable in substantive value: 32,481,438.00 + 150,000,000 = \$182,481,438.00

One hundred and eighty-two million four hundred and eighty one thousand four hundred and thirty eight dollars (\$182,481,438.00) payable by 5pm on 20th day of March 2024 in New Zealand Notes and or Bonds.

In the event of non payment by 20th day of March 2024 the following charges will be added from the next three paragraphs into payment judgement and lien until paid in full:

Compensation paid out to the 1500 men or women who had their employment terminated due to the vaccine mandates from working for the District Health Boards nationwide who is now known as Te Whatu Ora and Health New Zealand the figures found in two news articles in Exhibit D. The claim is for 1500 people with the average wage being \$100,000 per annum or \$2000 per week for period of 2.33 years plus \$1000 per day (\$7000 per week) in damages of harm for 2.33 years with 15% accruing interest totaling one million two hundred and seventy eight thousand dollars (\$1,278,000) per district health board staff member if paid out by the end of March 2024 multiplying by 1500 staff members brings the total to one billion nine hundred and seventeen million dollars (1,917,000,000.00) with further charges and accruing interest added in event of delay of payout;

Plus one million dollar compensation charge paid to the next of kin for any Pfizer or its generic equivalent covid vaccine related death which is 32 deaths recorded on the Official Information Act in Exhibit E with more charges to follow for any individual dying following taking the drug remdesivir or Paxlovid or their generic equivalents. The data released by the whistle blower plus researcher John Gibson exhibit G shows that in the last two years there have been an excess of 4000 deaths and a lot of sudden unexplained deaths where if proven the cause of death was related to the vaccine a one million dollars compensation charge to be paid to the next of kin of the person who died with current charge being four billion and thirty two million dollars (\$4,032,000,000.00NZ) with more charges to add with further deaths;

Plus further data from The New Zealand Official Information Act in Exhibit E showing that data has been collected for different adverse reactions to the vaccine with preliminary result calculations taken off this data as 74,330 serious adverse events and if all these were from different individuals there are 74,330 individuals with a valid claim for compensation up to one million dollars totaling \$74,330,000,000.00 for taking something that they were informed by the Ministry of Health and the District Health Boards was safe and effective and the District Health Board corporations now known as Health New Zealand has commercial liability of a claim of harm with further charges added in event of delay of pay out.

Demand is now made, without prejudice to future claims by Lien Claimant for Lien Debtors jointly and severally to deliver over to Lien Claimant full payment thereof in value of substance.



Surety Collectable in Satisfaction of Claim:

Any and all accounts, bonds, securities, profits, proceeds, fixtures, assets owned and managed by Health New Zealand Limited also known as Te Whatu Ora and previously known as Bay of Plenty District Health Board.

Context and Basis in Fundamental Doctrines:

(This is a verified plain statement of fact)

That a commercial Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination including the Liability Notice with charges and date for payout being twentieth day of January 2024 was served on all debtors including Peter Chandler past Chief Executive Officer Bay of Plenty District Health Board and Margie Apa current Chief Executive Office of Health New Zealand plus Officers Debra East, Don Sorrenson and Scott Hart as individuals and representatives of Health New Zealand also known as Te Whatu Ora and Bay of Plenty District Health Board on fourteenth day of December 2023 with 28 Calendar Days to rebut point by point and signed with own wet ink signature in private and commercial capacity by 5pm on 11th day of January 2024.

That all debtors were provided a seven calendar day extension to rebut the commercial Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination including the Liability Notice with charges to rebut point by point by 5pm on eighteenth day January 2024 with no rebuttal point by point received by any of Debtors with three witnesses confirming this.

That all Debtors had until 5pm on twentieth day of January 2024 to make payment with no payment received.

That on the nineteenth day of January 2024 the Lien Claimant sent a Notice of Acceptance of Claim with invoice to Health New Zealand's appointed spokeswoman Debra East via email with first receipt by email to Debra.East@bopdhb.govt.nz on 19 January 2024 plus by post. The Notice of Acceptance confirmed that no rebuttal of the **Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination with Exhibits 'A to J'** was received by any of the five individuals in the private or on behalf of the corporations or any Principal or representatives of the Bay of Plenty District Health Board, Te Whatu Ora and Health New Zealand, and that an unrebutted Affidavit is now taken and accepted as silent acquiescence and tacit acceptance that all content in this Affidavit and its exhibits 'A to J' is true and correct with the living woman author and claimant Janine having the rightful claim to charge the compensation fees in the Affidavit and the Liability Notice in Exhibit A. An unrebutted Living Testimony in the form of Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination including Exhibits A to J under Maxims of law and commerce stands as truth and correct in Law and commerce in its entirety, where Janine the living author and claimant holds the original signed copy, and holds the lawful right to claim assets until paid out in full for the unrebutted claims and liability notice.

That this Notice of Acceptance dated 19 of January 2024 informed the lien debtors Debra East, Scott Hart, Don Sorrenson, Peter Chandler and Margie Apa and the corporations Bay of Plenty District Health Board, Te Whatu Ora and Health New Zealand that if no payment was received by 20 January 2024 then the loss of wages would be adjusted to the equitable amount of the Allied Health wages increase, which increases the claimant's wages from \$85,000 for 1.33 years to \$103,000 per year for a further 14.67 years with 3% inflation adjustment per year plus 15% accruing interest per year totals the amount of \$7,907,852 plus claim of harm \$1000 per day for 16 years at 15% accruing interest for 16 years being \$365,000 per year for 16 years at 15% accruing interest totaling \$20,336,877 plus \$7,907,852 equals the grand total of twenty eight million two hundred and forty four thousand dollars seven hundred and twenty nine dollars [\$28,244,729], with the lawful ability to seize and liquidate assets owned by the individual or corporation, or place the District Health board corporation and its successor corporation Te Whatu Ora also known as Health New Zealand into liquidation for non payment, where the author and claimant Janine is able to be the liquidator as the secured party creditor plus claim any costs she accumulates to take this action plus she can make claim off any individuals. The notice of Acceptance

and invoice was also included with the NOTICE OF FAULT AND OPPORTUNITY TO CURE received on fifth day of February 2024 being the third opportunity all parties had to respond and remedy their default.

That the living woman author Lien Claimant Janine gave a third and final opportunity in NOTICE OF FAULT WITH OPPORTUNITY TO CURE with failure to cure constituted as an operation of law, the FINAL admission of the obligation by Debtor(s) through tacit procurator to the AFFIDAVIT OF TRUTH and CLAIM of HARM and WRONGFUL DISMISSAL and DISCRIMINATION and the whole matter shall be deemed res judicata and stare decisis where the Claimant Janine has the lawful right to claim the higher amount of twenty eight million two hundred and forty four thousand dollars seven hundred and twenty nine dollars [\$28,244,729] with fifteen percent [15%] accruing interest until paid in full in money into the bank account provided or seize assets up to that same value plus all collection costs from the Debtor(s). That failure to rebut point by point the Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination with Exhibits 'A to J' has resulted in an automatic default judgment of twenty eight million two hundred and forty four thousand seven hundred and twenty nine New Zealand dollars [NZ\$28,244,729] with 15% accruing interest until paid in full and permanent and irrevocable estoppel by acquiescence barring the charges of damages under any Statute or Act against the injured party Janine. Ref: UCC 1-308 - 309 Remedy and Recourse.

That a Certificate and Notice of Default with Notice of Administrative Judgement was served on Heath New Zealand Corporation and it's officers/agents/debtors during the day of the twenty first day of February 2024 received by all parties and debtors for first receipt on that same day with following tracking numbers – LW124150912NZ, LW124150930NZ, LW124150943NZ, LW124150957NZ, LW124150965NZ, LW124150974NZ, LW124150988NZ and second copies to Debra East LW124150926NZ received 22 February and second copy to CEO Margie Apa LW124150991NZ received by the Health New Zealand office but rejected and collection card left and no officer or agent going to collect from the Post Office showing an act of dishonour and due to this act of dishonour the notice was required to be sent to Margie Apa via her home address. The Debtors were notified that payment of twenty eight million two hundred and forty four thousand seven hundred and twenty nine New Zealand dollars [NZ\$28,244,729] was due by the First of March 2024.

That if the debtors failed to settle the full amount of twenty eight million two hundred and forty four thousand seven hundred and twenty nine New Zealand dollars [NZ\$28,244,729] by the first day of March 2024 where they were informed by the lien claimant and injured party Janine in the Certificate of Default received on 21 February 2024 that a penalty collection charge will be added immediately in event of non payment by 1 March 2024 of NZ\$4,237,000.00 (Four million two hundred and thirty seven five thousand dollars) to the original amount bringing the new total to thirty two million four hundred and eighty one thousand four hundred and thirty eight dollars (\$32,481,438.00) plus penalty interest at 15% accruing from 2 March 2024 until payment received in full plus further collection costs may be added if seen to be necessary. Attached with this Certificate of Default was invoice for payment plus proof of life of Janine the claimant to confirm she is a real live woman and not a legal fiction who has been harmed by the debtors as individuals and corporations and has the right to charge compensation fees according to the un rebutted liability notice and affidavit.

Judgement in law has already been made for payment of \$32,481,438.00 with the claimant having the lawful right to add further charges and now the Claimant has added from her compensation schedule one hundred and fifty million dollars (\$150,000,000.00) charge of harm from loss of her daughter while under the care of the district health board as her true and rightful lawful claim in her compensation schedule in Exhibit A for charge of one hundred and fifty million dollars for any type of harm happening to the Claimant where the individuals and the corporations were informed in point 23 in the Affidavit that she has two un rebutted Affidavits on publicnoticesnz.com which stand as truth in law and commerce where the compensation schedule is part of these affidavits and the claimants had every opportunity to read these Affidavits on a public notice board so ignorance is no excuse plus the un rebutted liability notice affirms extra charges can be added as deemed necessary.





The Lien Claimant provides Health New Zealand and the debtors until 5pm on 20th day of March 2024 to pay her out one hundred and eighty two million dollars four hundred and eighty one thousand four hundred and thirty eight New Zealand dollars (\$182,481,438.00) into the kiwi bank account House of Talia Dawn Private Foundation kiwi [REDACTED] or she will proceed with the actions of liquidating the Corporation Health New Zealand also known as Te Whatu Ora and will add the following charges in next three paragraphs:

Compensation paid out to the 1500 men or women who had their employment terminated due to the vaccine mandates from working for the District Health Boards nationwide who is now known as Te Whatu Ora and Health New Zealand the figures found in two news articles in Exhibit D. The claim is for 1500 people with the average wage being \$100,000 per annum or \$2000 per week for period of 2.33 years plus \$1000 per day (\$7000 per week) in damages of harm for 2.33 years with 15% accruing interest totaling one million two hundred and seventy eight thousand dollars (\$1,278,000) per district health board staff member if paid out by the end of March 2024 multiplying by 1500 staff members brings the total to one billion nine hundred and seventeen million dollars (1,917,000,000.00) with further charges and accruing interest added in event of delay of payout;

Plus one million dollar compensation charge paid to the next of kin for any Pfizer or its generic equivalent covid vaccine related death which is 32 deaths recorded on the Official Information Act in Exhibit E with more charges to follow for any individual dying following taking the drug remdesivir or Paxlovid or their generic equivalents. The data released by the whistle blower and researcher John Gibson exhibit G shows that in the last two years there have been an excess of 4000 deaths and a lot of sudden unexplained deaths where if proven the cause of death was related to the vaccine a one million dollars compensation charge to be paid to the next of kin of the person who died with current charge being four billion and thirty two million dollars (\$4,032,000,000.00NZ) with more charges to add with further deaths;

Plus further data from The New Zealand Official Information Act in Exhibit E showing that data has been collected for different adverse reactions to the vaccine with preliminary result calculations taken off this data as 74,330 serious adverse events and if all these were from different individuals there are 74,330 individuals with a valid claim for compensation up to one million dollars totaling \$74,330,000,000.00 for taking something that they were informed by the Ministry of Health and the District Health Boards was safe and effective and the District Health Board corporations now known as Health New Zealand has commercial liability of a claim of harm with further charges added in event of delay of pay out.

Total claim payable in substantive value by 20th day of March 2024: one hundred and eighty two million dollars four hundred and eighty one thousand four hundred and thirty eight New Zealand dollars (\$182,481,438.00) into the kiwi bank account House of Talia Dawn Private Four [REDACTED] [REDACTED] proceed with the actions of liquidating the Corporation Health New Zealand also known as Te Whatu Ora and will add charges related to all others harmed by the covid vaccine and treatment with remdesivir drug or its equivalent including death, severe adverse reactions, termination of employment plus any other type of harm caused.

Demand is now made, without prejudice to future claims by Lien Claimant for Lien Debtors jointly and severally to deliver over to Lien Claimant full payment thereof in value of substance.

That Judgment will be registered on the PPSR and UCC1 and in the Public Notices as soon as the Debtors have received this Commercial Lien by Force of International Admiralty and Common Law Document verified by three witnesses having until 5pm on 20th day of March to provide payment in full before liquidation procedures will commence.

That Payment of one hundred and eighty two million dollars four hundred and eighty one thousand four hundred and thirty eight dollars (\$182,481,438.00) is to be deposited into the bank account House of Talia Dawn Private Foundation kiwi bank [REDACTED] 5pm on 20th day of March 2024 plus further collection costs to be added as deemed necessary plus liens over the property owned by the Debtors until



paid in full with seven to receive payment in full before the Lien Claimant is able to step in and be the liquidator and liquidate all assets belonging to the Debtors until paid in full. This means the liquidation and takeover of Health New Zealand and all of its assets including building, vehicles, equipment and staff where the Claimant Janine steps in and takes over all of the assets with the ability to terminate the employment of any employee/officer within the corporation that has acted in dishonour or caused harm to others and the right to reinstate the employment of any staff member that was mandated out of employment or terminated for their stance of exposing information with the right to receive compensation for harm and loss of wages

That as of second day of March 2024 there has been no point by point rebuttal or any proof or verification signed with wet ink signature in their full private and commercial capacity received from any of the Debtors to refute the claims and charges of the lien Claimant.

All men and women know that the foundation of law and commerce exists in the telling of the truth, the whole truth and nothing but the truth.

Truth, as a valid statement of reality, is sovereign in commerce.

An un rebutted affidavit stands as truth in commerce.

An un rebutted affidavit is acted upon as the judgement in commerce.

Guaranteed – All men shall have the remedy by the due course of the law. If a remedy does not exist, or if the existing remedy has been subverted, then one may create a remedy for themselves and endow it with credibility by expressing it in their affidavit. Not one of the debtors chose to take remedy.

Ignorance of the law may be an excuse however the Lien claimant provided a break down of the law she was claiming from in simple English terms and each debtor had the opportunity to study the law for themselves which is readily available to anyone making a reasonable effort to study the law.

All corporate government and corporate law is based upon Commercial Affidavits, Commercial Contracts, Commercial Liens and Commercial Distresses. Hence, governments and corporations cannot exercise the power to expunge commercial processes.

The Legitimate Political Power of a corporate entity is absolutely dependent upon its possession of Commercial Bonds against Public Hazard.

No Bond means no responsibility, means no power of Official signature, means no real corporate political power, and means no privilege to operate statutes as a corporate vehicle.

The Corporate Legal Power is secondary to Commercial Guarantors. Case Law is not a responsible substitute for a Bond.

Municipal corporations, which include cities, countries, states and national governments, have no commercial reality without the bonding of the entity, its vehicles (statutes) and its effects (the execution of its rulings).

In commerce, it is a felony for the Officer of a Political Party/Public Office to not receive and report a Claim to its Bonding Company – and it is a felony for the agent of a Bonding Company to not pay the Claim.

If a Bonding Company does not get a malfeasant public official prosecuted for criminal malpractise within sixty (60) days, then it must pay the full face value of a defaulted Lien process (at 90 days).

Except for a Jury, it is also a fatal offense for any person, even a judge, to impair or to expunge, without a Counter-Affidavit, any Affidavit or commercial process based upon an Affidavit.



Judicial non-jury commercial judgements and orders originate from a limited liability entity called a corporation – hence must be reinforced by a Commercial Affidavit and a Commercial Liability Bond.

A foreclosure by a summary judgement (non-jury) without a commercial bond is a violation of commercial law.

Governments cannot make unbounded rulings or statutes which control commerce, free enterprise citizens or sole proprietorships without suspending commerce by a general declaration of martial law.

It is tax fraud to use Courts to settle a dispute/controversy which could be settled peacefully, outside of or without the Court.

An official (officer of the court, policeman etc.) must demonstrate that he/she is individually bonded in order to use a summary process.

An official who impairs, debauches, voids or abridges an obligation of contract, or the effect of a commercial lien without proper cause, becomes a lien debtor- and his/her property becomes forfeited as a pledge to serve the lien. Pound breach (breach of impoundment) and rescue is a felony.

It is against the law for a Judge to summarily remove, dismiss or dissolve a commercial lien.

Notice to agent is notice to principal, notice to principal is notice to agent.

PUBLIC HAZARD BONDING OF CORPORATE AGENTS: All officials are required by federal, state and municipal law to provide the name, address and telephone number of their public hazard and malpractice bonding company, the policy number of the bond, and, if required, a copy of the policy describing the bonding coverage of their specific job performance.

Failure to provide this information constitutes corporate and limited liability insurance fraud (e.g 15USC), and is prim-a-facie evidence and grounds to impose a lien upon the official, personally, to secure their public oath and service of office.

The Owners, Shareholders, Directors/Executive Officers and Bonding Companies of Health New Zealand Limited also trading as Te Whatu Ora and previously known as Bay of Plenty District Health Board.

Allegations and Proof by Force of Law:

By force of International Admiralty and Common Law, the following Allegations are AFIRMED and thus proven, in the event of Failure/Refusal of response by a personally signed and certified written Answer to each and every point and paragraph demonstrating specifically described and verifiable facts to the contrary. Such proper Answer must be given to the Affiant of this Affidavit within 14 Calendar days from first receipt or the following Allegations are PROVEN and resulting Obligations immediately enforceable.

Certifications Signed by Hand and Seal

I, Janine of the House of Arabella and Walters, certify on my own unlimited commercial liability that I have read the above Affidavit of Commercial Obligation and do know the contents to be true, correct, complete, the truth, the whole truth and nothing but the truth and do believe with private firsthand knowledge and understanding "So-help-me God" the above described acts have been committed contrary to the law (i.e 18 USC 4 misprison of felony).

Witness my hand this 2nd day of March in the year of 2024

Janine.



Autographed by Lien Claimant Janine of the house of Arabella and Walters
the author and claimant and Principal and Secured Party with seal



Representing and Power of Attorney of 'Janine Arabella' the recognized name of the employee who was employed and then harmed and wrongfully discriminated against and dismissed from working at the Bay of Plenty District following the death of her daughter who was under the care of the District Health Board who is now known as Te Whatu Ora and Health New Zealand

Witnesses and Acceptors with his/her printed Appellation/Autograph affirming as witness that the content of this Affidavit are correct and true having seen proof of the facts and postal tracking receipts

Autograph of 1st Witness

Margaret Louise of house of Colmore

[Redacted]

Home Executor

non-negotiable-autograph all rights reserved: none waived ever

Margaret-Louise 

Autograph of 2nd Witness

Robin John of house of Colmore

[Redacted]

Home Executor

non-negotiable-autograph all rights reserved: none waived ever

Robin-John 

Autograph of 3rd Witness

Paula of house of Harrison

[Redacted]

Health Professional

non-negotiable-autograph all rights reserved: none waived ever

Paula 



Exhibits Commercial Lien by Force of International Admiralty and Common Law

Attached are the following exhibits: total 30 pages including this page

Exhibit A: Front Page and Compensation Schedule Page of un rebutted Affidavit of Status and Truth of Janine on publicnoticesnz.com where Debtors were informed of this in point 23 of Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination -2 pages

Exhibit B: Ministry of Health Covid-19 position statement dated 19 November 2021 sent by email to Debtors Scott Hart, Don Sorrenson and Peter Chandler with proof page of email plus first and third page where on page 3 states "when there is high covid-19 vaccine coverage, transmission is more likely to occur from a vaccinated than an unvaccinated individual" – 3 pages

Exhibit C: Two page Email sent 3 December 2021 to Peter Chandler with facts regarding drug remdesivir having a high death rate plus he also received further information on email on 15 December 2021 and 20 December 2021 plus in point 31 and point 48 plus Exhibits I and J in original Affidavit of Truth and Claim of Harm and Wrongful Dismissal and Discrimination – 2 pages

Exhibit D: Two news articles providing figures for how many DHB staff stood down due to mandates with both stating initial figure of 1.8% of 80,000 workforce being 1461 plus a further 39 terminated at the time of the first booster totaling 1500 DHB workers terminated due to covid vaccine mandates – 3 pages

Exhibit E: Official Information Act Adverse Event Data following covid 19 Vaccine in New Zealand with total of 74,330 severe adverse events and 32 recorded deaths – 14 pages

Exhibit F: Autopsy report for covid vaccine death sent via email to Debtors Scott Hart, Peter Chandler and Don Sorrenson, so no excuse of knowing that one of risk factors of having the vaccine was death – 2 pages

Exhibit G: 3 pages from journal article by researcher John Gibson showing data confirming there was 4% excess mortality over last three years being approximately 4000 excess deaths. – 3 pages

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Janine Barbara of the House of Bell and
Arabella and Walters



13th day of the 7th Month in the year of our
Lord, two thousand and twenty-three

Affidavit of Status and Truth

Notice-to-Agent-is-Notice-to-Principal-and-Successors – Notice-to-Successors-and-Principal-is-Notice-to-Agent

For context, this document uses only plain simple English and Counting Systems. You are considered informed that all meanings in this/all communication/s are taken from the Oxford Dictionary of English unless otherwise definition given or as commonly understood by living men and women. Any content or character or page layout is not to be confused with legalese or syntax or any other language. All character, form, style and page layout, whether capitalised, lower case, bold or underlined or any combination are what is commonly recognised by living men and women and not to be taken in any other way or meaning. If any definition or meaning is unclear to the reader the interpretations are that of the living woman author of this affidavit. The position in this communication is that of a living woman standing under God's law, also known as the creator's law, natural law, and operating outside the jurisdiction of statutory rules or man-made legislation.

Part A - Definition

LSA means: Living Soul Author

All words herein re as I, LSA mean : Janine Barbara : also known as : Janine :

Palermo Protocol means: The Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention Against Transnational Organized Crime (also known as the Palermo Protocol) is the internationally accepted definition of human trafficking.

Presumption means: An idea that is taken to be true on the basis of probability is a presumption which must be agreed upon by the parties to be true. Then equally one party challenges the presumption to be true on the basis of probability, then this is all that is recognised to be required to remove the presumption as a formal challenge, abrogation, rebuttal and renouncement to that presumption. The presumption then has no standing or merit in fact.

Probability means: The extent to which something is probable, the likelihood of something happening or being the case. By definition then this is not substantive as it is only a probability of what may be and therefore has no substance in material fact. The state court does not operate according to any true rule of law but by presumptions of the law, therefore if presumptions presented by the private bar guild are not rebutted they become fact and therefore said to stand true.

UNIDROIT means: The international institute for the Unification of Private Law, an independent intergovernmental organisation with its seat in the Villa Aldobrandini in Rome.

Government means: Corporate company. Corporate entities masquerading as, or purporting to be regional, district and/or national or world 'government' entities.

Appellation means: a name or title that a person, place, or thing is given.

Where Colons are used (:) on either side of the christian name or names of the Living Soul Author the author is directing the attention of the reader that these are the names she wishes to be communicated to with.

I :Janine Barbara:, shall absolutely reserve the right to add, alter and amend this -Affidavit of Status and Truth- claim of right, as I, :Janine Barbara: deems necessary within law, all absolute, irrevocable, rights reserved.

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Compensation Schedule of living woman : Janine: for Crown and Company Agents
 For services rendered, tasks performed, and material supplied applying to all persons and entities
 For any unwarranted unlawful solicited / unsolicited goods and services and/or interference in
 private matters and / or commercial affairs or any individual interfering with our freedom, physical
 integrity, psychological wellbeing, or our private property will be held personally liable for the following
 charges:

1. Unauthorised use of my copy righted trade names: \$1,000,000.00 per use
2. Accounting/book keeping/invoicing: \$10,000 Per hour processing accounts and administration (min charge 4 hours)
3. Court appearance: \$500,000 Per hour or part thereof.
\$10,000 Per hour all related costs
4. Unlawful detention/enslavement \$500,000 Per hour or part thereof.
5. Kidnapping/False Imprisonment \$500,000 Per hour or part thereof.
6. Obtaining or causing loss/harm by deception \$1,000,000 Per item or 2x the value of loss caused
7. Robbery/demand with intent to steal/harm \$1,000,000 Per item
8. Use physical force towards me/my property \$1,000,000 Per occurrence
9. Threats of harm to me or my property \$500,000 Per occurrence
10. Unlawful confiscation of personal property the value of the item, bought as new, multiplied x2.
11. Distress and mental anguish \$1,000,000 per event and (wo)man, boy or girl
12. Extracting a signature under duress, to force a contract \$500,000 per event
13. Entry my property without my permission \$500,000 per event and per property + per dwelling + \$20,000 per metre travelled per living person plus \$10,000 per photo taken plus \$100,000 per second for time per living person being on my property or for any type of surveillance
14. Document preparation \$10,000 Per hour/page whichever is higher
15. Meetings/Phone use/Research \$10,000 Per hour
16. Automobile use \$100 Per kilometre
17. Stationary \$100 Per item
18. Any type of harm or injury to me \$150,000,000.00 per event or injury
19. Harm or Removal of any living (wo)man or animal or plant off my property \$1,000,000.00 per day/event per living item.

*Charges are subject to change without notice. Compensation Fees to be charged in the currency of my choosing to the gold standard so have option of taking gold or asset valued to same amount.

Upon breach of duly delivered personal liability notice or rescinded offers to contract.

Notice:

Forcing or compelling a person's unpaid or voluntary performance/servitude or exercising ownership direction or control over a person is a criminal offence that carries terms of imprisonment. Causing or forcing a person to enter or engage in debt bondage (involuntary forced payment) is a criminal offence that carries terms of imprisonment. Slavery charges are imprisonment up to 7 years, fraud charges are from 3 to 30 years with one million dollars charge per fraudulent activity. Entry into property includes opening or entering any access way that is on my property that includes doors, windows, gates, fences and entrance ways and any type of surveillance on or into my property.

All Absolute Rights Reserved Without Prejudice

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Exhibit B p 1 of 3

E, 4 of 30



janine arabella <janine.arabella1@gmail.com>

Letters attached.

janine arabella <[REDACTED]> Wed, Dec 15, 2021 at 6:13 AM
To: Don Sorrenson <Don.Sorrenson@bopdhb.govt.nz>, pete.chandler@bopdhb.govt.nz, Scott Hart <Scott.Hart@bopdhb.govt.nz>, tess.richardson@bopdhb.govt.nz, meredith.mckenzie@bopdhb.govt.nz, Rachel.Whaanga@bopdhb.govt.nz


Dear Don Sorrenson, Scott Hart, Pete Chandler, Meredith McKenzie, Tess Richardson and Rachel Whaanga.

I am over the games that the DHB are playing of keeping changing the names of staff responding to my emails and letters to try and avoid liability, so will now require a response from each of the 6 parties. I have included Rachel Whaanga in this email and are giving her until Friday 12pm to confirm refunding of tax taken out of my last 2 wages before tax fraud charges will be laid towards her in the private as well as all other staff. Every staff member concerned needs to take this email and letter seriously as the charges against you are very serious.

Everyone of the six staff that this email is sent to (with the attached letter plus the official document off the ministry of health website) is required to respond back to the attached letter and email by Friday 17 December 12pm.

Janine Arabella
[Quoted text hidden]

2 attachments

 Ministry_of_Health_position_statement_on_the_management_of_unvaccinated_pdf.pdf
256K


 letter from Janine Arabella dated 14 December required response back from all 6 parties by 12pm 17 December.pdf
960K



Exhibit B - p 2 of 3

Ep of 30

COVID-19

Ministry of Health position statement on pre-consultation testing of unvaccinated individuals in healthcare settings

19 NOVEMBER 2021

The Ministry of Health position statement is in three parts:

- the principles on which the statement is based
- a discussion of the risks of transmission occurring from unvaccinated individuals seeking healthcare
- actions which can be taken and the rationale for these actions to mitigate those risks.

Purpose

The purpose of this statement is to address concerns from clinicians and providers regarding in person consultations with unvaccinated patients, and in particular the issue of requiring a negative test for COVID-19 prior to a non-urgent consultation.

Principles of this statement

Health services need to provide services in accordance with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996. Appropriate justification is needed if a health service is proposing to refuse access to services or to not comply with rights under the Code.

The onus is on the provider to make that justification. Justification should be made based on a risk assessment that considers both the provider and the patient, the other patients they see, the risk of attending a premise where there are unvaccinated persons present, and the requirements outlined in Clause 3 of the Code.

The Ministry is of the view that in in most cases, with vaccinated staff and other precautions in place, that the risks are unlikely to be high enough to provide sufficient justification to not follow the Code.

Consideration of a risk assessment should include the following:

1. Access to health care is a fundamental right.
 - a. An individual seeking healthcare cannot be refused care because of their beliefs. In this case an individual who believes that a vaccine is harmful cannot be refused care for that belief.
 - b. A practitioner's personal beliefs should not influence that practitioner's duty of care for any individual. In this case a practitioner must not allow their opinion of an individual who refuses to be vaccinated to influence the care that they offer that individual.

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Exhibit B p 3 of 3

Ep 6 of 30

COVID-19

The risk of infection is determined by a wide range of factors in addition to vaccination, including:

- behavioural factors, such as spending time in at risk environments
- medical factors, such as immunocompromise due to medical conditions, therapy, or age.

The absolute risk of transmission will be highly dependent upon the prevalence of disease in the community.

When the rate of community spread is zero or very low, the risk of transmission from any consultation will be very low, unless a person is known to be at higher risk because they are symptomatic or a close contact of a confirmed case.

In addition, in this situation the difference in the risk of transmission between vaccinated and unvaccinated people will be negligible. When the prevalence of disease in the community is high, the risk of transmission from any individual is not negligible and is likely to warrant application of mitigations for all consultations.

When there is high COVID-19 vaccine coverage (i.e., above 80 percent of eligible people are fully vaccinated), transmission is more likely to occur from a vaccinated than an unvaccinated individual.¹

Developing a separate pathway for vaccinated and unvaccinated individuals will not prevent the risk of inadvertently seeing an infectious person (regardless of vaccination status) without the health care worker being aware, using appropriate personal protective equipment and/or being in an appropriate physical environment.

Those under 12 years of age are not yet eligible for vaccination. In the event of different pathways being implemented to manage unvaccinated individuals, a decision will need to be made on whether children will be included in this pathway, considering that the risk of transmission to adults from children appears to be less than the risk of transmission between adults.

Actions to mitigate the risk of transmission

Current mitigations

Health services have instituted a wide range of interventions aimed at reducing the risk of transmission. These include but are not limited to:

- the identification of symptomatic patients
- virtual consultations
- routine use of medical masks
- management of appointment times and spacing in waiting rooms
- ventilation and air cleaning within indoor spaces.

Testing prior to health care

Testing as a screening tool vs targeted testing

Testing of individuals for COVID-19 can provide a high degree of reassurance that an individual does not have active infection.

Asymptomatic infection is the issue, not the vaccination status of the patient.

¹ As our vaccination numbers increase, we will see fewer cases but more of those cases will be in fully vaccinated people, meaning it is more likely transmission will occur from a vaccinated individual than an unvaccinated individual.

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Exhibit C - p1 of 2

E pt of 30



Gmail

janine arabella <janine.arabella1@gmail.com>

message to Pete Chandler and all staff

sent via work email address to pete.chandler@bop.dhb.govt.nz

janine arabella
To: janine.arabella@bop.dhb.govt.nz

Wed, Nov 3, 2021 at 8:40 AM

Dear Peter

Firstly I want to acknowledge that this has probably been the most difficult time in your career and the pressure and responsibility on your shoulders at times must be overwhelming. You have a team of 3000 under you and we need to know we can trust your leadership.

Some information has come to my attention from official government and research websites that is very relevant and I am compelled to share with you plus every staff member as this affects every one of us.

Currently it is being set up the new ward to manage Covid 19 patients with the recommended treatment being remdesivir. I attach a study during virus outbreak that used 4 treatment options randomly – Remdesivir, ZMapp, Mab114, REGN-EB3. Please see pages 7,8 and 9. You will see here that Remdesivir had the highest death rate of over 50%. It is extremely concerning that a drug has been chosen that had such a high death rate.

Also attached of US NIH website is official FDA approval of remdesivir, ivermectin and Nitazoxanide.

Here is the website. <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/>

Ivermectin is down as an official treatment option for treating covid. I want to know why it is being banned here.

I attach another study analysis taken from US CDC data that shows data using treatment of covid 19 for remdesivir and ivermectin. I note here the difference in prices for treatments plus overall death rates. Treatment cost Ivermectin average amount per patient: \$ 24 Remdesivir average is \$2340 to \$3210 for one 5 day treatment. This data analysis was done of beneficiaries over the age of 65, so expected that the death rate is higher due to the age, it is also noted that other comorbidities are not recorded here but give death rates following treatment with both ivermectin and remdesivir. Remdesivir(Veklury) deaths recorded in CMS database (2021):

7,960 beneficiaries prescribed Remdesivir for COVID-19, where 2,058 beneficiaries died 25.9% remdesivir patients died, 46% of those died within 14 days of remdesivir treatment

Universal Number Beneficiaries Prescribed Ivermectin in 2021

	Total No prescribed ivermectin	Total no who died	% who died
All patients	142,778	5,093	3.5%
Covid patients	44,709	3,238	7.2%

This study shows that ivermectin is far more effective for treating covid at only a fraction of the cost of \$24 per patient. Hydroxychloroquine is also recognised overseas as having a good success rate for treatment and cost is only \$29 per patient. I can not understand why Remdesivir is being pushed as the drug to be used at such high cost \$2400-\$3200 with such a high death rate. If I had to come into hospital or one of my loved ones I would want us treated with the drug that has the best success rate. Ivermectin that is being used in multiple places worldwide has a much better success rate. There is huge amount of money being made by the pharmaceutical companies and we need to know that decisions are being made that are in the best interests of the patient, not the pharmaceutical company.

It is very concerning that the NZ government has indemnified Pfizer from any liability towards death or adverse reactions. The NZ government is also closing down the current health system by June 2022. The PHOs and DHBs have been the enforcers of giving the vaccine, is this so they also have no liability? Due to the amount of law changes that are going on in New Zealand under the "State of Emergency" I have been looking into who is liable if anything goes wrong either for vaccine or treatment. A mandate has just been handed out informing that all DHB staff are required to be vaccinated to keep their jobs. If a person knowingly gives someone a drug without informing them of the risks that person can be liable, and ultimately all this falls on the shoulders on the enforcers including CEO Pete Chandler, that if he allows and authorises use of a drug that he knows can do harm he has acted in bad faith and can be charged.

As we move into the next phase I ask our CEO Pete Chandler to look deep within himself as to the choices and consequences of those choices. I believe that deep down you are a man of integrity. I ask you take a stand to do what is right by your staff and patients. Is it right to mandate compulsory vaccination of all staff using an experimental drug that has such high adverse affects plus

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Exhibit C p 2 of 2

Ep 8 of 30

has potential risk of death. Medsafe is way behind in their recording – so far in last 2 weeks there have been 3 deaths of teenagers in NZ that were healthy prior to having the vaccine. If remdesivir remains the only choice of treatment are you able to live with avoidable future deaths from treatment for covid in this hospital.

Hoping to see you take a stand for what is best for your staff and patients.

To all staff: I send my love to you all and state that I believe that every person has the right to choose over their own health and wellbeing. I stand alongside all staff vaccinated and unvaccinated and refuse to choose a side as we are all in this together. May we support each other and find a way to stand together to fight for the health, freedom and rights of all New Zealanders, as the rights and freedoms are affected for all.

Nga Mihi

Janine Arabella

4 attachments

-  **Table 2e. Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19 _ COVID-19 Treatment Guidelines.pdf**
2451K
-  **fact checking DHHS.pdf**
1760K
-  **study trial Pfizer.pdf**
1025K
-  **control of trial treatments for ebola.pdf**
6942K



CORONAVIRUS Exhibit D p 1 of 3 Ep 9 of 30

Revealed: 1.8 pct of all DHB workers off the job after refusing COVID-19 vaccine

23/11/2021

Scott Palmer

Watch Newshub political reporter Amelia Wade's report on the vaccine mandate. Credits: Video - Newshub ; Image - Getty Images

An update shows 1.8 percent of all DHB workers have been stood down, resigned or had their employment terminated after refusing to get vaccinated against COVID-19.

According to data from Monday November 22, out of a workforce of around 80,000 a total of 1028 people have been stood down, 92 staff have resigned, and 341 have lost their jobs. This includes 52 doctors, 518 nurses and 90 midwives.

More from Newshub



Vaccine mandates: Who it applies to, job deadlines and new tool for non-mandated businesses to enforce



Vax mandate for teachers and healthcare workers: 10 questions and answers

x

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How many people lost their job due to "no compulsory vaccinations"

After Prime Minister Chris Hipkins bizarrely said there were "no compulsory vaccinations" in the weekend - here's a few OIA's I've come across on job losses due to mandates.

SEP 6, 2023

9 3

Share

A video of current Prime Minister Chris Hipkins in a press conference has been doing the rounds for pulling a Trudeau, where he claims [there was no compulsory vaccination](#).

In September 2020, then Prime Minister Jacinda Ardern [stated](#) she did not see any need for penalties or sanctions. Presumably that meant mandates or other restrictions such as the domestic vaccine pass.

All of which they implemented.

And all of which were based on 2 doses as a minimum, regardless of someone's age - which was despite the vaccination [advisory group advice](#) to the contrary. And even when Chris Hipkins in his role as Covid-19 Response Minister was given an out to exempt children - [he didn't take it](#).

While there's now been a few cases in the media of people who have successfully been able to legally challenge their dismissal, how many people were terminated (I prefer the word fired so I use the terms interchangeably) or had their working life otherwise affected is incredibly hard to know.

Stats NZ [were asked](#) how many people left their place of work due to vaccination related termination, but they responded there was no way to know as the data collected was broad in nature and could be because a business closed due to lockdowns.

Being fired was the worst case scenario. You might have similar stories, but I know people who found other jobs before they were inevitably fired, or were instead made to work from home when work place policy became a de facto mandate and barred people.

In February 2022, news media [reported](#) a total of 2,600 people were stood down due to the government mandates, [including 1,461 people in health care services](#).

Those numbers are really hard to accurately verify as since that was reported, there's been OIA's with differing numbers. For instance, according to the Nurses Professional Association of

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New Zealand (NPANZ), 621 nurses left in December 2021 from just the main public health system Te Whatu Ora/Health NZ, and a total of 1,500 staff had been terminated in total to June 2022 (boosters were added to the health care staff mandate in early 2022).

For government agencies, the State Services Commission instructed each agency to to conduct a health and safety risk assessment to figure out if they required vaccination. Thanks to some dedicated requestors, here's a collection of publicly available OIA's I've come across:

This Ministry of Social Development OIA [from March 2022](#) discusses their policies and the fact that government agencies could not require people to show a vaccine pass when visiting their services. Ironic.

However a later OIA shows that 220 people [were sent](#) a preliminary notification of decision letter that they could be terminated. The Ministry of Social Development initially refused to answer how many were terminated in OIA requests, but a more [recent request](#) saw they actually terminated no one, as yet [another OIA](#) shows they instead adopted an "encourage but not require" Covid vaccination policy.

Inland Revenue did not fire anyone but did [require 120 staff](#) to work from home while the vaccination policy was in place.

At Corrections, 80 people [were fired](#) with the status recorded that it was due to vaccination status.

At Oranga Tamariki, 17 people [were fired](#) due to vaccination status.

The Ministry of Justice claimed [no staff](#) were fired over a policy requiring vaccination in their workplaces including courts, but doesn't address other measures, like requiring unvaccinated people to work from home.

The Ministry of Business, Innovation and Employment also claimed [no staff](#) were fired due to their vaccination policy, however 2 staff went on extended leave and like the others, the OIA didn't address if staff were required to work from home.

The New Zealand Defence Force fell under a mandate and they [extended it](#) to include civilian staff. An initial briefing said 200 uniformed staff declined to be vaccinated. A [news media article](#) from 2022, when the mandate was challenged in court, states 120 uniformed staff had been stood down.

Police also fell under a mandate and at the time of the February 2022 High Court ruling [against](#) the mandates, publicly said they had issued 42 termination notices and a further 100 staff had quit or taken leave due to the mandate.

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Vaccine Adverse Events Released From NZ Official Information Act

Preferred term	# reactions reported	
Headache (10019211)	20,081	
Dizziness (10013573)	17,839	
Injection site pain (10022086)	16,796	
Lethargy (10024264)	14,720	
Nausea (10028813)	13,234	
Chest discomfort (10008469)	12,502	✓
Influenza like illness (10022004)	8,901	
Pyrexia (10037680)	8,774	✓
Dyspnoea (10013968)	7,799	✓
Lymphadenopathy (10025197)	7,288	✓
Palpitations (10033557)	5,661	✓
Anxiety (10002855)	5,176	✓
Hypoaesthesia (10020937)	5,067	✓
Abdominal pain (10000081)	4,789	✓
Syncope (10042772)	4,187	
Fatigue (10016256)	4,083	
Musculoskeletal pain (10028391)	3,845	✓
Myalgia (10028411)	3,315	✓
Vomiting (10047700)	3,105	
Vision blurred (10047513)	2,930	
Swelling (10042674)	2,858	
Feeling of body temperature change (10061458)	2,844	
Rash (10037844)	2,461	
Paraesthesia (10033775)	2,441	✓
Injection site erythema (10022061)	2,404	
Presyncope (10036653)	1,996	
Injection site swelling (10053425)	1,972	✓
Pruritus (10037087)	1,876	✓
Throat tightness (10043528)	1,767	✓
Tachycardia (10043071)	1,702	✓
Injection site pruritus (10022093)	1,499	
Urticaria (10046735)	1,489	✓
Menstrual disorder (10027327)	1,469	✓
Arthralgia (10003239)	1,402	✓
Flushing (10016825)	1,383	✓
Pain in extremity (10033425)	1,355	✓
Injection site rash (10022094)	1,305	
Wheezing (10047924)	1,272	
Diarrhoea (10012735)	1,244	
Tinnitus (10043882)	1,183	✓
Insomnia (10022437)	1,123	✓
Pallor (10033546)	1,082	✓
Chest pain (10008479)	1,068	✓
Oropharyngeal pain (10068319)	944	✓
Rash pruritic (10037884)	881	✓
Depressed level of consciousness (10012373)	863	✓
Periorbital oedema (10034545)	682	✓
Chills (10008531)	662	✓
Pericarditis (10034484)	635	✓
Hypertension (10020772)	623	✓
Tremor (10044565)	611	✓
Hyperhidrosis (10020642)	573	
Muscle twitching (10028347)	543	
Feeling hot (10016334)	522	
Oedema peripheral (10030124)	502	

Preliminary Ticks by Serious adverse Events Page total 65,755

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Hot flush (10060800)	116
Gastrooesophageal reflux disease (10017885)	115
Dysphagia (10013950)	113
Nasal congestion (10028735)	107
Cerebrovascular accident (10008190)	103
Hypokinesia (10021021)	102
Pain in jaw (10033433)	95
Arrhythmia (10003119)	92
Limb discomfort (10061224)	90
Balance disorder (10049848)	89
Dysphonia (10013952)	85
Injection site paraesthesia (10022088)	85
Bradycardia (10006093)	84
Confusional state (10010305)	81
Rash macular (10037867)	81
Thirst (10043458)	79
Electrocardiogram abnormal (10014363)	75
Facial pain (10016059)	74
Injection site warmth (10022112)	74
Abortion spontaneous (10000234)	71
Cardiac failure (10007554)	71
Speech disorder (10041466)	71
Swollen tongue (10042727)	70
Ecchymosis (10014080)	69
Joint stiffness (10023230)	69
Ocular hyperaemia (10030041)	68
Ear disorder (10014004)	67
Facial paralysis (10016062)	67
Weight decreased (10047895)	67
Depression (10012378)	66
Dysarthria (10013887)	66
Mobility decreased (10048334)	66
Neuralgia (10029223)	66
Herpes simplex (10019948)	65
Injection site haemorrhage (10022067)	64
Memory impairment (10027175)	63
Cyanosis (10011703)	62
Vasculitic rash (10047111)	61
Psoriasis (10037153)	60
C-reactive protein increased (10006825)	59
Fall (10016173)	59
Night sweats (10029410)	59
Alopecia (10001760)	56
Change of bowel habit (10008399)	56
Photophobia (10034960)	56
Skin disorder (10040831)	56
Eye disorder (10015916)	55
Joint swelling (10023232)	55
Mood swings (10027951)	55
Cellulitis (10007882)	54
Coordination abnormal (10010947)	54
Costochondritis (10011219)	54
Disorientation (10013395)	54
Eye pruritus (10052140)	54
Dry throat (10013789)	53
Rhinitis (10039083)	53

Handwritten blue checkmarks (✓) are placed to the right of the table, corresponding to the numerical values in the second column. The checkmarks are present for values: 113, 103, 89, 85, 81, 79, 75, 74, 71, 71, 71, 70, 69, 69, 68, 67, 67, 67, 66, 66, 66, 66, 65, 64, 63, 62, 61, 60, 59, 59, 59, 56, 56, 56, 55, 55, 55, 54, 54, 54, 54, 53, 53.

Preliminary Ticks by serious Adverse Events Page Totals
1,169

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Somnolence (10041349)	51	✓
Amnesia (10001949)	48	✓
Peripheral swelling (10048959)	48	
Erythema (10015150)	47	
Constipation (10010774)	46	
Blood pressure fluctuation (10005746)	45	✓
Productive cough (10036790)	45	
Acute kidney injury (10069339)	44	✓
Hallucination (10019063)	44	✓
Neuropathy peripheral (10029331)	44	✓
Exercise tolerance decreased (10051301)	43	
Abdominal distension (10000060)	42	
Pharyngeal swelling (10082270)	42	✓
Stomatitis (10042128)	42	
Urinary tract infection (10046571)	42	✓
Vaginal haemorrhage (10046910)	42	✓
Eczema (10014184)	41	
Muscle contractions involuntary (10028293)	41	✓
Head injury (10019196)	40	✓
Dry mouth (10013781)	39	
Hypersensitivity (10020751)	39	
Muscle tightness (10049816)	39	
Purpura (10037549)	38	
Condition aggravated (10010264)	37	
Injection site mass (10022081)	37	✓
Tongue disorder (10043951)	37	✓
Eruclation (10015137)	36	✓
Guillain-Barre syndrome (10018767)	36	✓
Toothache (10044055)	36	
Ageusia (10001480)	35	
Blisters (10005191)	35	✓
Fibromyalgia (10048439)	35	✓
Thrombocytopenia (10043554)	35	✓
Dehydration (10012174)	34	✓
Ischaemic stroke (10061256)	34	✓
Peripheral coldness (10034568)	34	
Skin discolouration (10040829)	34	✓
Transient ischaemic attack (10044390)	34	✓
Anaphylactoid reaction (10002216)	33	✓
Breast feeding (10006247)	33	
Bursitis (10006811)	33	
Eye irritation (10015946)	33	
Pityriasis rosea (10035114)	33	
Pneumonia (10035664)	32	✓
Polymyalgia rheumatica (10036099)	32	✓
Rheumatoid arthritis (10039073)	32	✓
Skin burning sensation (10054786)	32	✓
Oedema (10030095)	31	✓
Pancreatitis (10033645)	31	✓
Skin mass (10067868)	31	✓
Sneezing (10041232)	31	
Dyspepsia (10013946)	30	
Anosmia (10002653)	29	
Hyperventilation (10020910)	29	
Injection site hypoaesthesia (10074586)	28	
Lip dry (10024552)	28	

Preliminary Ticks by serious adverse Events Page totals 802

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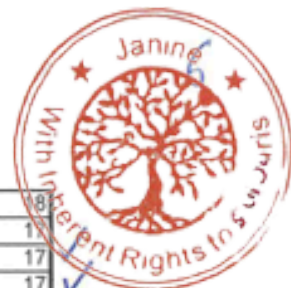
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Oral mucosal blistering (10030995)	28
Rash papular (10037876)	28
Cardiac arrest (10007515)	27
Hyperaesthesia (10020568)	27
Hyperglycaemia (10020635)	27
Injection site infection (10022076)	27
Pleurisy (10035618)	27
Contusion (10050584)	28
Dry eye (10013774)	26
Heart rate increased (10019303)	26
Injection site cellulitis (10050057)	26
Irritability (10022998)	26
No adverse event (10067482)	26
Periarthritis (10034464)	26
Cognitive disorder (10057668)	25
Eyelid oedema (10015993)	25
Rash vesicular (10037898)	25
Thrombosis (10043607)	25
Bronchitis (10006451)	24
Gingival bleeding (10018276)	24
Laboratory test abnormal (10023547)	24
Oxygen saturation decreased (10033318)	24
* Sudden death (10042434)	24
Urine analysis abnormal (10062226)	24
Diplopia (10013036)	23
Haematemesis (10018830)	23
Lower respiratory tract infection (10024968)	23
Ovarian cyst (10033132)	23
Pelvic pain (10034263)	23
Sensory disturbance (10040026)	23
Cerebral haemorrhage (10008111)	22
Electric shock sensation (10014358)	22
Haematoma (10018852)	22
Tachypnoea (10043089)	22
Vasculitis (10047115)	22
Localised oedema (10048961)	21
Neck pain (10028836)	21
Oedema mouth (10030110)	21
Parosmia (10034018)	21
Supraventricular tachycardia (10042604)	21
Erythema multiforme (10015218)	20
Erythema nodosum (10015226)	20
Gout (10018627)	20
Haematuria (10018867)	20
Skin exfoliation (10040844)	20
Superficial vein thrombosis (10086210)	20
Angina pectoris (10002383)	19
Cardiac murmur (10007586)	19
Injection site nerve damage (10022083)	19
Orthostatic hypotension (10031127)	19
Tendonitis (10043255)	19
Tonsillitis (10044008)	19
Amenorrhoea (10001928)	18
Diabetes mellitus (10012601)	18
Generalised oedema (10018092)	18
Generalised tonic-clonic seizure (10018100)	18

Preliminary Ticks by Serious adverse Events Page Totals 357
deaths 24

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Panic reaction (10033670)	18
Anaemia (10002034)	17
Arthropathy (10003285)	17
Ataxia (10003591)	17
Erectile dysfunction (10061461)	17
Haemoptysis (10018964)	17
Hypoglycaemia (10020993)	17
Petechiae (10034754)	17
Poor quality sleep (10062519)	17
Vestibular disorder (10047386)	17
Appendicitis (10003011)	16
Dysmenorrhoea (10013935)	16
Hyperthyroidism (10020850)	16
Inflammation (10061218)	16
Injection site discomfort (10054266)	16
Jaundice (10023126)	16
Nightmare (10029412)	16
Pleuritic pain (10035623)	16
Pulmonary oedema (10037423)	16
Sinusitis (10040753)	16
Tooth disorder (10044034)	16
Venous thrombosis (10047249)	16
Autoimmune disorder (10061664)	15
Delirium (10012218)	15
Dermatitis (10012431)	15
Frequent bowel movements (10017367)	15
Hemiplegia (10019468)	15
Movement disorder (10028035)	15
Acne (10000496)	14
Allodynia (10053552)	14
Dysaesthesia (10013886)	14
Encephalitis (10014581)	14
Eye discharge (10015915)	14
Gastrointestinal disorder (10017944)	14
Hypoaesthesia oral (10057371)	14
Abnormal behaviour (10061422)	13
Abnormal dreams (10000125)	13
Axillary pain (10048750)	13
Blood pressure increased (10005750)	13
Flatulence (10016766)	13
Groin pain (10018735)	13
Haematochezia (10018836)	13
Heart rate irregular (10019304)	13
Hepatic function abnormal (10019670)	13
Multiple sclerosis (10028245)	13
Pulse abnormal (10037466)	13
Sputum discoloured (10041807)	13
Urinary retention (10046555)	13
Alopecia areata (10001761)	12
Conjunctival haemorrhage (10010719)	12
Embolism arterial (10014513)	12
Injection site reaction (10022095)	12
Phonophobia (10054956)	12
Salivary hypersecretion (10039424)	12
Suicidal ideation (10042458)	12
Suppressed lactation (10042576)	12

Preliminary Ticks by Serious adverse Events Page totals 305

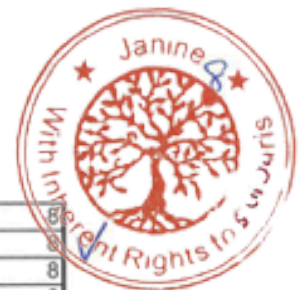
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Thinking abnormal (10043431)	12	
Chromaturia (10008796)	11	
Hepatic enzyme increased (10060795)	11	
Lip disorder (10048470)	11	
Lymphopenia (10025327)	11	
Mydriasis (10028521)	11	
Oral pain (10031009)	11	
Rotator cuff syndrome (10039227)	11	✓
Sensory overload (10079780)	11	✓
Troponin T increased (10058269)	11	
Upper respiratory tract infection (10046306)	11	
Visual field defect (10047555)	11	✓
Affective disorder (10001443)	10	✓
Body temperature (10005906)	10	
Candida infection (10074170)	10	
Colitis (10009887)	10	
Colitis ulcerative (10009900)	10	
Diarrhoea haemorrhagic (10012741)	10	✓
Dysuria (10013990)	10	
Fungal infection (10017533)	10	
Hypothyroidism (10021114)	10	
Injection site abscess (10022044)	10	
Injection site haematoma (10022066)	10	
Liver injury (10067125)	10	✓
Myoclonus (10028622)	10	✓
Pharyngitis (10034835)	10	
Pleural effusion (10035598)	10	
Rectal haemorrhage (10038063)	10	
Sinus tachycardia (10040752)	10	
Thrombocytopenic purpura (10043561)	10	✓
Tongue ulceration (10043991)	10	
Uveitis (10046851)	10	✓
Acute respiratory distress syndrome (10001052)	9	✓
Aphasia (10002948)	9	
Bone pain (10006002)	9	
Cardiomyopathy (10007636)	9	✓
Cerebrovascular disorder (10008196)	9	✓
Chronic obstructive pulmonary disease (10009033)	9	✓
Conversion disorder (10010893)	9	✓
Cytokine abnormal (10077351)	9	
Encephalopathy (10014625)	9	
Feeling drunk (10016330)	9	
Hyperacusis (10020559)	9	
Hypoxia (10021143)	9	✓
Muscle atrophy (10028289)	9	✓
Nerve injury (10052897)	9	✓
Nervous system disorder (10029202)	9	✓
Pain of skin (10033474)	9	✓
Pneumonitis (10035742)	9	✓
Sciatica (10039674)	9	✓
Tachyarrhythmia (10049447)	9	✓
Tendon disorder (10043239)	9	✓
Urinary incontinence (10046543)	9	✓
Anaphylactic shock (10002199)	8	✓
Arthropod sting (10003402)	8	
Breath holding (10006322)	8	

Preliminary Ticks by Serious Adverse Events Page totals 227

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Dermatitis psoriasiform (10058675)	
Embolic stroke (10014498)	
Exposure via breast milk (10080751)	8
Eye infection (10015929)	8
Eyelid ptosis (10015995)	8
Hemiparesis (10019465)	8
Hypopnoea (10021079)	8
Infection (10021789)	8
Mastitis (10026883)	8
Mouth haemorrhage (10028024)	8
Pemphigoid (10034277)	8
Pollakiuria (10036018)	8
Pulmonary congestion (10037368)	8
Rash pustular (10037888)	8
Raynaud's phenomenon (10037912)	8
Respiratory disorder (10038683)	8
Respiratory tract congestion (10052251)	8
Skin irritation (10040880)	8
Suicide attempt (10042464)	8
Testicular pain (10043345)	8
Wound infection (10048038)	8
Abnormal menstrual clots (10087591)	7
Abscess (10000269)	7
Atrioventricular block (10003671)	7
Blood iron decreased (10005619)	7
Choking (10008589)	7
Demyelination (10012305)	7
Dermatitis bullous (10012441)	7
Drug ineffective (10013709)	7
Ear congestion (10052136)	7
Embolism (10061169)	7
Fasciitis (10016228)	7
Haemorrhagic stroke (10019016)	7
Injection site discolouration (10051572)	7
Injection site lymphadenopathy (10057665)	7
Iron deficiency anaemia (10022972)	7
Lip ulceration (10024572)	7
Multiple organ dysfunction syndrome (10077361)	7
Myasthenic syndrome (10028424)	7
Myopathy (10028641)	7
Nasopharyngitis (10028810)	7
Nervousness (10029216)	7
Polyarthritis (10036030)	7
Postmenopausal haemorrhage (10055870)	7
Rash morbilliform (10037870)	7
Sinus headache (10040744)	7
Skin infection (10040872)	7
Splenomegaly (10041660)	7
Thrombotic stroke (10043647)	7
Thyroiditis subacute (10043784)	7
Arrhythmia supraventricular (10003130)	6
Carpal tunnel syndrome (10007697)	6
Cheilitis (10008417)	6
Chillblains (10008528)	6
Complex regional pain syndrome (10064332)	6
Concussion (10010254)	6

Preliminary Ticks by Serious adverse Events Page totals

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Conjunctivitis (10010741)	6	
Coronary artery disease (10011078)	6	
Cyst (10011732)	6	
Discomfort (10013082)	6	
Extrasystoles (10015856)	6	
Eye haemorrhage (10015926)	6	
Heart valve replacement (10061995)	6	✓
Ischaemia (10061255)	6	
Lymph node pain (10025182)	6	✓
Lymphangitis (10025226)	6	✓
Lymphocytosis (10025280)	6	✓
Myelitis transverse (10028527)	6	✓
Nephrotic syndrome (10029164)	6	✓
Neuritis (10029240)	6	✓
Orthopnoea (10031123)	6	✓
Paralysis (10033799)	6	✓
Pupillary reflex impaired (10037532)	6	✓
Radiculitis brachial (10037778)	6	✓
Seasonal allergy (10048908)	6	✓
Sepsis (10040047)	6	✓
Sjogren's syndrome (10040767)	6	✓
Skin reaction (10040914)	6	✓
Stridor (10042241)	6	✓
Systemic lupus erythematosus (10042945)	6	✓
Tearfulness (10043169)	6	✓
Vaginal discharge (10046901)	6	✓
Vascular pain (10047095)	6	✓
Vulvovaginal discomfort (10047786)	6	✓
Abnormal faeces (10000133)	5	✓
Amaurosis fugax (10001903)	5	✓
Ankylosing spondylitis (10002556)	5	✓
Aphonia (10002953)	5	✓
Blepharitis (10005148)	5	✓
Bundle branch block (10006578)	5	✓
Cardiac disorder (10061024)	5	✓
Cardiomegaly (10007632)	5	✓
Catatonia (10007776)	5	✓
Chronic spontaneous urticaria (10072757)	5	✓
Cranial nerve disorder (10061093)	5	✓
Cutaneous vasculitis (10011686)	5	✓
Ejaculation disorder (10014326)	5	✓
Feeling jittery (10016338)	5	✓
Folliculitis (10016936)	5	✓
Hallucination, olfactory (10019072)	5	✓
Injected limb mobility decreased (10057664)	5	✓
Injection site oedema (10022085)	5	✓
Injection site vesicles (10022111)	5	✓
Injury associated with device (10069803)	5	✓
Miliaria (10027627)	5	✓
Neutropenia (10029354)	5	✓
Osteomyelitis (10031252)	5	✓
Penis disorder (10034336)	5	✓
Photosensitivity reaction (10034972)	5	✓
Post-acute COVID-19 syndrome (10085503)	5	✓
Rosacea (10039218)	5	✓
Scleritis (10039705)	5	✓

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Sensation of blood flow (10039996)	5	
Status epilepticus (10041962)	5	
Synovitis (10042868)	5	✓
Type 1 diabetes mellitus (10067584)	5	✓
Vestibular ataxia (10047385)	5	✓
Abdominal pain upper (10000087)	4	✓
Arterial thrombosis (10003178)	4	✓
Blindness transient (10005184)	4	✓
Breast abscess (10006171)	4	
Chronic fatigue syndrome (10008874)	4	✓
Death (10011906)	4	✓
Drug interaction (10013710)	4	
Dysstasia (10050256)	4	
Ear haemorrhage (10014009)	4	
Eye movement disorder (10061129)	4	✓
Fracture (10017076)	4	✓
Haemorrhage (10055798)	4	
Hypersomnia (10020765)	4	
Injection site coldness (10050082)	4	
Injection site injury (10066083)	4	
International normalised ratio increased (10022595)	4	
Joint effusion (10023215)	4	
Labyrinthitis (10023567)	4	
Lipoma (10024612)	4	✓
Loss of consciousness (10024855)	4	
Lymphoedema (10025282)	4	
Melaena (10027141)	4	
Mononeuritis (10027910)	4	
Myositis (10028653)	4	
Neoplasm malignant (10028997)	4	✓
Neutrophilia (10029379)	4	
Nystagmus (10029864)	4	
Painful respiration (10033517)	4	✓
Pharyngeal oedema (10034829)	4	
Pneumonia aspiration (10035669)	4	✓
Post viral fatigue syndrome (10057244)	4	✓
Product administration error (10081576)	4	✓
Pulmonary thrombosis (10037437)	4	✓
Serositis (10058556)	4	✓
Subarachnoid haemorrhage (10042316)	4	✓
Thrombophlebitis (10043570)	4	✓
Tic (10043833)	4	
Tongue discolouration (10043949)	4	
Vaccination site reaction (10059080)	4	
Vestibular migraine (10077920)	4	✓
Viral rash (10047476)	4	
Vitamin B12 deficiency (10047609)	4	
Vulvitis (10047780)	4	✓
Abdominal rigidity (10000090)	3	
Anal abscess (10048946)	3	
Blepharospasm (10005159)	3	
Body temperature increased (10005911)	3	
Breast swelling (10006312)	3	✓
Cardiac tamponade (10007610)	3	✓
Crohn's disease (10011401)	3	✓
Deafness neurosensory (10011891)	3	✓

Preliminary Ticks by Serious Adverse Events Page Totals 95



Dermatitis atopic (10012438)	3	
Dry skin (10013786)	3	
Eosinophilia (10014950)	3	✓
Exposure during pregnancy (10073513)	3	
Facial paresis (10051267)	3	✓
Furuncle (10017553)	3	
Gastroenteritis (10017888)	3	✓
Hepatocellular injury (10019837)	3	
Immune thrombocytopenia (10083842)	3	✓
Increased appetite (10021654)	3	
Injection site granuloma (10022065)	3	
Injection site necrosis (10022082)	3	✓
Injection site ulcer (10022105)	3	✓
Intestinal obstruction (10022687)	3	✓
Iritis (10022955)	3	
Lacrimation increased (10023644)	3	
Lichen planus (10024429)	3	
Lichen sclerosus (10024434)	3	
Mechanical urticaria (10068773)	3	
Mucosal ulceration (10028124)	3	✓
Nasal discomfort (10052437)	3	
Nasal dryness (10028740)	3	
Neutrophil count decreased (10029366)	3	
Nipple pain (10029421)	3	
Otitis media (10033078)	3	
Pancytopenia (10033661)	3	✓
Polydipsia (10036067)	3	
Polyuria (10036142)	3	
Post-traumatic neck syndrome (10071366)	3	✓
Premature labour (10036600)	3	✓
Renal impairment (10062237)	3	✓
Skin depigmentation (10040825)	3	✓
Stevens-Johnson syndrome (10042033)	3	✓
Tenderness (10043224)	3	
Thermal burn (10053615)	3	
Upper-airway cough syndrome (10070488)	3	✓
Urine flow decreased (10046640)	3	✓
Abortion (10000210)	2	✓
Accidental overdose (10000381)	2	
Antinuclear antibody positive (10060055)	2	
Autoimmune hepatitis (10003827)	2	✓
Autonomic nervous system imbalance (10003840)	2	✓
Axillary mass (10049021)	2	
Blindness (10005169)	2	✓
Blood creatine phosphokinase increased (10005470)	2	
Breakthrough COVID-19 (10086861)	2	✓
Bursa injury (10057602)	2	
Cardiac flutter (10052840)	2	
Cerebral atrophy (10008096)	2	✓
Cerebral infarction (10008118)	2	✓
Cerebral thrombosis (10008132)	2	✓
Cluster headache (10059133)	2	✓
Colitis ischaemic (10009895)	2	✓
Dermatitis acneiform (10012432)	2	
Dissociation (10013457)	2	✓
Faeces soft (10074859)	2	

Preliminary Ticks by Serious Adverse Events Page Totals 61

deaths 2

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Fibrin D dimer increased (10016581)	2
Foetal growth restriction (10070531)	2
Gastrointestinal haemorrhage (10017955)	2
Giant cell arteritis (10018250)	2
Granuloma annulare (10018692)	2
Hair colour changes (10019030)	2
Heart rate decreased (10019301)	2
Hypotonic-hyporesponsive episode (10021121)	2
Instillation site inflammation (10073615)	2
Intracranial pressure increased (10022773)	2
Lip oedema (10024558)	2
Lymphocytic infiltration (10062049)	2
Menstruation irregular (10027339)	2
Musculoskeletal chest pain (10050819)	2
Normocytic anaemia (10029784)	2
Optic neuritis (10030942)	2
Pericardial effusion (10034474)	2
Personality change (10034719)	2
Petit mal epilepsy (10034759)	2
Pigmentation disorder (10062080)	2
Pneumothorax (10035759)	2
Postural orthostatic tachycardia syndrome (10063080)	2
Proteinuria (10037032)	2
Pulmonary hypertension (10037400)	2
Regurgitation (10067171)	2
Skin laceration (10058818)	2
Stillbirth (10042062)	2
Thymoma (10043670)	2
Trigeminal neuralgia (10044652)	2
Type 2 diabetes mellitus (10067585)	2
Urinary tract inflammation (10064921)	2
Varicella (10046980)	2
Vitreous floaters (10047654)	2
Weight bearing difficulty (10066454)	2
Yawning (10048232)	2
Abortion missed (10000230)	1
Acute febrile neutrophilic dermatosis (10000748)	1
Aneurysm ruptured (10048380)	1
Aortic dissection (10002895)	1
Aortic stenosis (10002906)	1
Apnoea (10002974)	1
Bacterial infection (10060945)	1
Basedow's disease (10004161)	1
Bleeding time prolonged (10005140)	1
Cerebellar haemorrhage (10008030)	1
Cervix carcinoma (10008342)	1
Circulatory collapse (10009192)	1
Coeliac disease (10009839)	1
Complication associated with device (10077107)	1
Congenital anomaly (10010356)	1
COVID-19 (10084268)	1
Dermatitis exfoliative generalised (10012456)	1
Diabetes mellitus inadequate control (10012607)	1
Disease progression (10061818)	1
Ectopic pregnancy (10014166)	1
Encephalitis autoimmune (10072378)	1

Handwritten blue checkmarks and arrows on the right side of the table, indicating verification of each row. The checkmarks are present for all rows from the top to the bottom of the table.

Preliminary Ticks by serious Adverse Events Page Total 57

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Endocarditis (10014665)	1
Enterocolitis haemorrhagic (10014896)	1
Epileptic aura (10015049)	1
Foetal disorder (10061157)	1
Fornication (10017062)	1
Gingivitis (10018292)	1
Glossitis (10018386)	1
Goitre (10018498)	1
Hair disorder (10019037)	1
Hallucination, auditory (10019070)	1
Hallucination, visual (10019075)	1
Hepatitis cholestatic (10019754)	1
Herpes zoster reactivation (10080516)	1
Injection site hypertrophy (10022072)	1
Injection site irritation (10022079)	1
Injection site nodule (10057880)	1
Injection site pustule (10054994)	1
International normalised ratio decreased (10022594)	1
Irritable bowel syndrome (10023003)	1
Keratitis (10023332)	1
Laryngitis (10023874)	1
Laryngospasm (10023891)	1
Leukocytosis (10024378)	1
Livedo reticularis (10024648)	1
Melanocytic naevus (10027145)	1
Meningitis aseptic (10027201)	1
Meningitis bacterial (10027202)	1
Meningitis viral (10027260)	1
Menopausal symptoms (10027304)	1
Mental impairment (10027374)	1
Micturition urgency (10027566)	1
Multisystem inflammatory syndrome (10086091)	1
Nail discolouration (10028692)	1
Oral herpes (10067152)	1
Osteoarthritis (10031161)	1
Palmoplantar pustulosis (10050185)	1
Pancreatic failure (10079281)	1
Papule (10033733)	1
Paraesthesia mucosal (10033780)	1
Parkinson's disease (10061536)	1
Peripheral sensory neuropathy (10034620)	1
Photopsia (10034962)	1
Prostatic disorder (10036956)	1
Pruritus genital (10037093)	1
Pseudomonas infection (10061471)	1
Pupils unequal (10037538)	1
Respiratory distress (10038687)	1
Restlessness (10038743)	1
Retching (10038776)	1
Sarcoidosis (10039486)	1
Seizure like phenomena (10071048)	1
Skin hyperpigmentation (10040865)	1
Snoring (10041235)	1
Sputum increased (10041812)	1
Sudden hearing loss (10061373)	1
Swelling face (10042682)	1

Handwritten blue checkmarks and tick marks are present in the right margin of the table, corresponding to each row.

Preliminary ticks by Serious Adverse Events Page Totals 27

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Taste disorder (10082490)	1
Temporomandibular joint syndrome (10043220)	1
Therapeutic response unexpected (10043417)	1
Thrombocytosis (10043563)	1
Thrombotic thrombocytopenic purpura (10043648)	1
Thyroiditis (10043778)	1
Tongue oedema (10043967)	1
Tubulointerstitial nephritis (10048302)	1
Unresponsive to stimuli (10045555)	1
Vaginal odour (10046935)	1
Vein rupture (10077110)	1
Viral infection (10047461)	1

✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓

Preliminary Ticks by Serious Adverse Events Age Totals 9 p 14

Deaths	Age Totals	p
	27	p 13
2	57	p 12
2	61	p 11
4	95	p 10
	153	p 9
	167	p 8
	227	p 7
	305	p 6
24	357	p 5
	802	p 4
	1,169	p 3
	5,146	p 2
	65,755	p 1
<u>32</u>	<u>74,330</u>	

CLN-HN2-JA-01



Exhibit F plot 2

Ep 26 of 30

M Gmail

janine arabella [REDACTED]

letter 7 and attachment from medsafe and autopsy report from Janine with content presented at zoom meeting 20/12

janine arabella [REDACTED]

Mon, Dec 20, 2021 at 3:30 PM

To: Don Sorrenson <Don.Sorrenson@bopdhb.govt.nz>, Scott Hart <Scott.Hart@bopdhb.govt.nz>, tess.richardson@bopdhb.govt.nz, pete.chandler@bopdhb.govt.nz, Rachel.Whaanga@bopdhb.govt.nz, meredith.mckenzie@bopdhb.govt.nz

From Janine Arabella

3 attachments

[REDACTED]



autopsy report.jpg
105K

[REDACTED]

official medsafe document.pdf
2554K

To BOPDHB staff dated 20 December 2021.pdf
166K



I, Noelyn Ann HUNG state:

I am a qualified practicing Pathologist in New Zealand. At the request of the National Initial Investigation Office Duty Coroner, I made post mortem examination of the body identified to me as:

Identification Name: **Rory James NAIRN**
CSU Number: **CSU-2021-DUN-000335**
Identification Method: **Ankle Band**
Mortuary Reference: **Dunedin 21C179**

SUMMARY:

From the following detailed examination, it is my opinion that the cause of death is acute myocarditis, and in view of the history of symptoms since COVID-19 vaccination, and no other cause for myocarditis, is consistent with vaccine –related myocarditis. Vaccination with the first Pfizer dose had occurred 12 days earlier and myocarditis-related symptomatology was reported thereafter.

PRINCIPAL PATHOLOGICAL FINDINGS:

1. Myocarditis and Pericarditis,
 - a. Lymphocytic, giant cell and eosinophil type
 - b. Causally-associated 12 days post COVID-19 vaccination
2. Atherosclerosis, aortic, mild
3. COVID-19 negative
4. Meckel's diverticulum, incidental

CAUSE OF DEATH:

Part I.

- a. Direct cause: Sudden Cardiac Death
- b. Antecedent cause: Myocarditis
- c. Underlying conditions: Symptoms since first COVID-19 vaccine administration

Part II. Other significant conditions contributing to the death, but not related to the disease or condition causing it: Nil identified

Reviewers:

Aspects of this case of been reviewed and their opinions incorporated into this report.

Professor Ian Morison, Dunedin SCL: Bone marrow

Dr Jane Velutic, Communio: Cardiac features

Dr James Ussher, Dunedin Hospital: Microbiology

Cardiac Inherited Disease Group: Review but do not consider that they can contribute.

Exhibit F p 2 of 2

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Exhibit G p 1 of 3 Ep 28 of 30

New Zealand Economic Papers

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rnzp20

Cumulative excess deaths in New Zealand in the COVID-19 era: biases from ignoring changes in population growth rates

John Gibson

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8 J. GIBSON

Exhibit G p 2 of 3 Ep 29 of 30

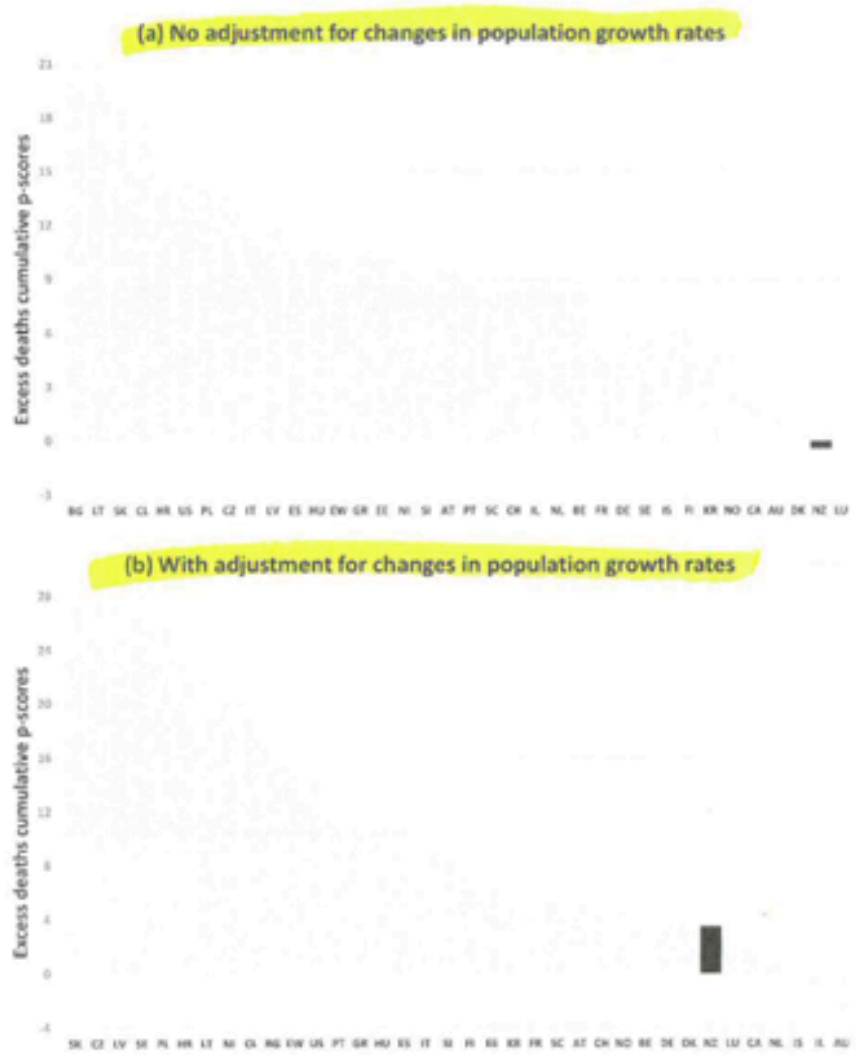


Figure 3. Cumulative p-scores, with and without, population adjustment.

data for 2015–22 in the HMD. Countries are designated by their two-letter ISO code (see here: https://en.wikipedia.org/wiki/List_of_ISO_3166_country_codes) except England and Wales (EW), Scotland (SC), and Northern Ireland (NI) who each have HMD data but do not have their own (sub-national) ISO codes. In panel (a) the excess mortality p-scores are based on Equation (1), from the K&K approach, with a time trend that ignores changes in population growth rates. In line with panel (a) of Figure 1, the p-score for New Zealand is negative, suggesting that there were fewer deaths than expected over the 2020–22 period. Likewise, in line with the claims by commentators, New Zealand seems to be one of just two countries to have this negative cumulative excess mortality (Luxembourg is the other).



Exhibit A p 3 of 3

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Yet once the lower population growth rate from March 2020 is allowed for in panel (b), using the Equation (2) regression that controls for population, the apparent negative cumulative excess mortality in New Zealand over the 2020–22 period disappears. Instead, we are amongst a group of four countries (the others being Denmark, Germany and Belgium) with cumulative p-scores just below four percent.⁹ There are a further six countries (Luxembourg, Canada, the Netherlands, Iceland, Israel and Australia) that have even lower (negative for some) cumulative p-scores.

There is a further reason for caution in making claims about New Zealand's uniquely negative cumulative excess deaths during the first three years of the COVID-19 era. There is statistical uncertainty in excess deaths estimates. To reduce clutter the bars in Figure 3 do not have confidence intervals shown, but New Zealand's cumulative p-score has a standard error of 0.9 and a 95% confidence interval from 1.7% to 5.3%. In fact, t-tests suggest that one has to go eight countries to the left of New Zealand, amongst the Figure 3(b) bars, to find the first country (France, FR) with a statistically significant ($p < 0.05$) higher cumulative p-score. In other words, the group of countries from Scotland through to Denmark in Figure 3(b) all have p-scores that are statistically indistinguishable from New Zealand's p-score, even though they have slightly higher point estimates. While one can claim that New Zealand is in the lower half of the countries in Figure 3(b) the data do not allow much beyond that.

5. Conclusions

Accurate health data are needed to evaluate responses to COVID-19. Local media, politicians and public health commentators have coalesced around a projection-based measure of excess deaths due to Karlinsky and Kobak (2021) that seemingly shows negative cumulative excess mortality for New Zealand in the first three years of COVID-19. This measure poorly suits the New Zealand context because it ignores the sharp fall in population growth rates after the border was closed in March 2020. Deaths (but not death rates) had risen sharply pre-COVID, alongside rapid population growth, and the projection-based method simply extrapolates that trend forward. Hence, a rising number of 'expected' deaths makes the actual rise in deaths in the post-2020 period seem less remarkable. To correct this flaw in the projections, population is included as a predictor and this shows that cumulative excess mortality for New Zealand was roughly four percent over the first three years of COVID-19, approximately 4000 excess deaths. This is similar to what is shown by measures of excess mortality based on death rates (such as in Figure 1(c)) that are readily available online and that show that cumulative excess deaths for New Zealand had already moved well into positive territory by mid-2022.

My final conclusion concerns disciplinary differences in research culture. It is offered to prompt thinking on the *why* question, of public health commentators coalescing around K&K projection-based excess mortality estimates rather than HMD ones that use death rates and that clearly showed positive cumulative excess mortality from mid-2022 onwards, as Figure 1(c) shows. Peer review in economics is adversarial, conditioning economists to build in responses to likely criticisms from the outset. Public health seems more collegial; reviews are faster and lighter and author teams larger (internalizing different views). For example, Baker *et al.* (2023) has 15 authors. If economists were more prominent in the public square in the COVID-era, it may more quickly have become apparent that claimed negative cumulative excess mortality was just an artefact of an inappropriate way to predict expected deaths in a country with a fluctuating population growth rate. With our obsession for robustness tests and sensitivity analyses, the odds of data from the same source (OWID) or an upstream source (HMD) that showed different patterns of excess mortality remaining undisclosed would have been lower and flaws in the K&K approach might have been brought to light more quickly.

These disciplinary differences usually don't matter. No one discipline has a monopoly on the best way to find truth. But it matters this time because New Zealand lacks checks and balances. A few cabinet ministers, perhaps just the Prime Minister, can change the course of the country, with no subnational variation or second chamber debates to see (at least *ex post*) if the changes helped. For example, in the United States, Florida's Surgeon-General advocates against mod-RNA vaccines due to