

Supporting Our Members' Pursuit For Excellence Ekea ngā matatihi teitei

19 August 2022

To: Martin Chadwick, Chief Allied Health Professions Officer, Ministry of Health

CC: Minister of Covid-19 Response, Hon Ayesha Verrall, <u>a.verrall@ministers.govt.nz</u>

Minister of Health, Hon Andrew Little, <u>a.little@ministers.govt.nz</u>

Health Orders Team, health.govt.nz

Executive Director AHANZ, Nikky Winchester, executivedirector@alliedhealth.org.nz

Kia ora Martin

The New Zealand Chiropractors' Association (NZCA) represents over two thirds of the chiropractors in New Zealand. Our NZCA Council has been reflecting upon the public health advice, guidance and limitations placed upon our practitioners and patients regarding the COVID-19 response over the last thirty months.

With data constantly emerging that is seemingly contradictory to current Ministry advice, we believe it is timely to convey our ongoing concerns to you, once again.

The NZCA Council and many of our membership have been internally discussing the profound health measures undertaken within New Zealand and globally since March 2020. We believe the current range of medical, medicolegal and medicopolitical issues brought about by the pandemic response requires a greater breadth of unfettered discussion – as opposed to political limitations on discourse – both in the public sphere and within and between our respective organisations and memberships.

We note that science is never 'settled' and that there is no 'one source of truth' as has been proclaimed. Open, honest discussions should always be promoted as a pillar of rigorous academic pursuit and a key element in healthcare. We also note that healthcare can be viewed through more than just a narrow allopathic lens.

One of our chief concerns as a professional association is the safety of both our members and our patients. When the data on the risks and adverse effects of the COVID-19 vaccines becomes overwhelming, the question must be asked – where, as health professionals, shall we draw our moral

line in the sand? While the pandemic measures initially enforced were unprecedented, they were imposed to protect New Zealanders during a time of uncertainty when it was feared that COVID-19 was highly transmissible with a very high infection fatality rate. However, as time and evidence has moved on, our national response has failed to follow suit. As such, I believe we can no longer continue to 'blindly' follow certain directions of the Ministry of Health in good faith.

As a result of these ongoing discussions and observations, the NZCA recently surveyed our membership. Of the respondents, the following results cause significant concern:

- 80.7% of the respondents surveyed had some-significantly negative impact on their mental health due to the COVID-19 pandemic;
- 32.7% of respondents had mild-moderate adverse symptoms following COVID-19 vaccination;
- 4.4% had severe or life-threatening symptoms such as pericarditis, myocarditis, neuropathy or chest pain following COVID-19 vaccination;
- 22.1% of the adverse events were specifically from the Pfizer vaccine;
- 4.5% of respondents have long-COVID symptoms following COVID-19 infection; meaning 95.5% have no long-term symptoms.

Based upon this sample, it seems we are less likely to suffer adverse effects following COVID-19 infection than we are following a COVID-19 vaccination. While further research obviously would be needed to draw firm conclusions, it highlights issues our members are experiencing and aligns with reports coming out of other countries and emerging data in various medical journals.

A concern the NZCA has expressed from the start has been around upholding true informed consent and patient choice. We have been especially concerned about the seeming failure to adhere to well-established bioethics when it comes to medical procedures and especially experimental technologies or medications.

I refer you to the Health and Disability Code of Rights https://www.hdc.org.nz/your-rights/the-code-and-your-rights/, in particular:

- Right 2: "the right to freedom from discrimination, coercion, harassment, and exploitation";
- Right 6: "the right to be fully informed", and;
- Right 7: "the right to make an informed choice and give informed consent".

I ask whether these patient rights have and are being violated by the continual push for vaccination of age groups and demographics at essentially zero risk for severe COVID-19 outcomes. Volumes of peer-reviewed research now demonstrates clear risk/benefit stratification for COVID-19 and COVID-19 vaccination across different demographics. The public is being kept largely in the dark about these valuable COVID-19 facts in a strategy which has led to unnecessary fear and anxiety. Regrettably, the severe mental health decline of New Zealanders that has been caused directly by both the government's public health measures and the mandates remains to be acknowledged.

A related and major concern to our membership is the governmental suppression of our right to provide independent professional advice to our patients and local communities. Contingent to a statement

received from the New Zealand Chiropractic Board, 677 New Zealand chiropractors were essentially forbidden from publicly or professionally discussing peer reviewed published science or even the publicly stated opinions of internationally recognised scientific and medical experts in fields related to COVID-19 and the then emerging COVID-19 vaccinations. Questioning the lack of nuance in government messaging around COVID-19 and the COVID-19 vaccinations, despite being mandated to be vaccinated ourselves because these products were deemed 'safe and effective' was similarly forbidden. The effect of this unilateral suppression of our professional voice was to undermine our professional independence, hinder the care we could provide to patients, and slow down scientific debate, discussion and feedback around crucial clinical observations from the field. In doing so, the many years of education, clinical experience, academic achievements, qualifications, awards and expertise of our members was arbitrarily disregarded. However well intentioned, this effective 'gagging' by bureaucratic decree inserted blunt Ministry of Health and NZCB policy between the practitioner and the individual needs of each patient, in addition to suppressing normal robust scientific interprofessional dialogue. This 'gagging' from our professional body on 07 September 2021 at the behest of the Ministry not only occurred to chiropractors, but also to every other health professional in New Zealand via their respective registration agencies, regardless of that professional's scope of practice, expertise and qualifications directly or indirectly relevant to COVID-19 and COVID-19 vaccination.

Both the peer reviewed data and the real life evidence in front of our eyes is now clear. COVID-19 vaccination, boosted or not, does not provide the originally claimed (relative risk) 95% effectiveness against COVID-19.¹ Nor can it prevent widespread infection and transmission in a residential, institutional or community setting e.g., fully vaccinated halls of residence in New Zealand suffering huge outbreaks of COVID-19². Further, new evidence from Iceland published in JAMA Network Open suggests that those who have received two or more doses of COVID-19 vaccine became, after several months, significantly more likely to be re-infected with the Omicron variant of COVID-19 compared to those who were unvaccinated or not fully vaccinated³.

Even as the need to continue to 'boost' every few months to provide some minimal level of transient protection is being promoted, the true incidence of vaccine adverse reactions, some of which are severe, still remains to be acknowledged fully by our Ministry of Health. Of note, the percentage of our membership who have experienced adverse vaccine events currently stands at 37.2% and the data to support the continued administration of these mRNA vaccines is limited at best, let alone to continue to mandate their use. I attach for your perusal 1000 peer-reviewed studies outlining recent data to support my statement:

https://www.covidmedicalnetwork.com/coronavirus-facts/vaccine/4_5902465845702954112.pdf?utm_source=hs_email&utm_medium=email&_hsenc=p2ANqtz-9B4-Bzq7YFMr6KKruh0TB01cc92ci0DH5a2s9U_o8L3LVFGR6ItjiiCerU3ZtszOShCV56f

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¹ Polack, F. P., Thomas, S. J., Kitchin, N., Absalon, J., Gurtman, A., Lockhart, S., ... & Gruber, W. C. (2020). Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. *New England Journal of Medicine*.

²"COVID-19 taking its toll on university students in halls of residence", RNZ 3/3/2022, https://www.rnz.co.nz/news/national/462623/covid-19-taking-its-toll-on-university-students-in-halls-of-residence

³ Eythorsson, Runolfsdottir, Ingvarsson, et al, "Rate of SARS-CoV-2 Reinfection During an Omicron Wave in Iceland", *JAMA Network Open*. 2022;5(8):e2225320. doi:10.1001/jamanetworkopen.2022.25320

Also of considerable concern was the lack of salutogenic measures in any messaging from the Ministry of Health, and this still remains to be addressed. Obesity ⁴⁴, Diabetes Mellitus³⁵, Cardiovascular disease³ and Vitamin D⁶ deficiency have been identified as key factors contributing to high patient morbidity and mortality rates, yet there has been little or no information distributed to the public or health professionals to mitigate these risks. Simple lifestyle factors such as gentle exercise for 30 minutes each day, drinking clean water, as well as sun exposure to boost the uptake and conversion of cholecalciferol are inexpensive and reasonable measures that are simple to implement. The lack of this type of advice from our public health experts is deafening and the downstream effect of this on secondary care and hospital overload is concerning.

Based upon current evidence, it would appear that the New Zealand Government is now merely virtue signalling by continuing to implement vaccination mandates and recommend vaccine boosters. There must come a time when the real-time data is reviewed, and up-to-date measures are implemented. In fact, it is past time. All future public health measures for pandemics MUST be based upon lessons learnt, irrespective of intent or urgency in emergency situations. The majority of the general public have lost confidence in the ongoing restrictions and the rationale behind them; health practitioners who have the expertise to interpret the emerging research are bewildered and becoming extremely disillusioned with the advice still being imposed by the Ministry of Health.

It is therefore increasingly difficult to believe in the face of this overwhelming evidence that the continued vaccination mandates and push for the public to be further vaccinated is still based upon the best available scientific data. It would now appear to be purely politically driven, rather than based upon best practice public health advice.

It is due to the rationale presented in this letter, the New Zealand Chiropractors' Association calls for an immediate and extensive review of the COVID-19 Vaccination Order, and the immediate cessation of the vaccination mandate for health workers. We also believe it is incumbent upon the Ministry of Health to provide up-to-date, peer-reviewed evidence for the continued use of the COVID-19 vaccinations in order to provide true risk:benefit ratio informed consent to the public and for those who choose to continue to be vaccinated, as is their right.

I look forward to your urgent response.

Ngā mihi nui

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⁴ Zhang, J. J., Dong, X., Liu, G. H., & Gao, Y. D. (2022). Risk and protective factors for COVID-19 morbidity, severity, and mortality. *Clinical Reviews in Allergy & Immunology*, 1-18.

⁵ Sepandi, M., Taghdir, M., Alimohamadi, Y., Afrashteh, S., & Hosamirudsari, H. (2020). Factors associated with mortality in COVID-19 patients: a systematic review and meta-analysis. *Iranian journal of public health*, 49(7), 1211.

⁶ Pereira, M., Dantas Damascena, A., Galvão Azevedo, L. M., de Almeida Oliveira, T., & da Mota Santana, J. (2022). Vitamin D deficiency aggravates COVID-19: systematic review and meta-analysis. *Critical reviews in food science and nutrition*, *62*(5), 1308-1316.



Cassandra Fairest
President
New Zealand Chiropractors' Association