

Dear Andrew thank you for your reply

It does however raise questions as to your comprehension of my correspondence and I would like to raise those questions now and give you an opportunity for a more factual reply to my original questions.

In paragraph 4 you state "The New Zealand government started with limited actions which reflected the level of threat posed by Covid-19. This included some restrictions at the border and personal hygiene measures such as handwashing and physical distancing."

Physical distancing is not personal hygiene and asking it of everybody is not limited

In paragraph 5 you state " I note your reference to two studies. Medical and scientific advice is typically developed from multiple studies"

I would like to draw your attention to the first line in my reference that read's "This is an overview of studies" and the first line of my

second reference that reads "In its latest report, the US health authority CDC"

So you see the first reference is an overview of studies just like you state advice is based on and the second reference is a report. Neither are a single study

You go on to state:

"You refer in your email, and I recall you did the same on Saturday, to WHO advice as at October 2019. The coronavirus Covid-19 had not been notified to the WHO as at October 2019 and so I am not sure what advice you are referring to. By February this year the WHO was advising countries to adopt measures such as physical distancing
"

The WHO report (not advice) that I refer to is called

Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza

https://www.who.int/influenza/publications/public_health_measures/publication/en/

The tables contained in this report have entries for quality of evidence that read for example.

--Moderate (lack of effectiveness in reducing influenza transmission)

--Low (lack of effectiveness in reducing influenza transmission)

--Very low (effective)

--None

And then just a few months later the same organisation decided to recommend these measures even though their own report states that there is very low quality to the evidence. It is with regard to this report that I ask you,

1) Effectiveness of measures:

In your answer on Saturday 11/07/20 you seem to state that you relied on advice from the World Health Organization and also "did" personally access information yourself demonstrating the "effectiveness" of lockdown measures.

As Justice minister what identifiable steps did you take to assess evidence before "lock down" that gave you the belief that the measures breaching the New Zealand Bill of Rights 1990 were effective enough to be demonstrably reasonable?

2) Proportionate to the risk:

In your answer on Saturday you stressed how deadly you believed the covid19 virus was. Considering the two points That I restate below do you now concede that further restrictions are no longer demonstrably proportionate to the risk? If not do you accept that below 0.3% is what the demonstrable case death rate is now? And If not why not?

--Stanford professor John Ioannidis published an overview of Covid-19 antibody studies. According to his analysis, the lethality of Covid19 (IFR) is below 0.16% in most countries and regions.

<https://swprs.org/studies-on-covid-19-lethality/>

--In its latest report, the CDC reduced the Covid19 lethality (IFR) to 0.26% (best estimate). Even this value may still be seen as an upper limit, since the CDC conservatively assumes 35% asymptomatic cases, while most studies indicate 50 to 80% asymptomatic cases.

conservativereview.com/news/horowitz-cdc-confirms-remarkably-low-coronavirus-death-rate-media/