Fw: Public Health Agency of Canada Access to Information Request A-2021-000381

[redacted] Fri, Oct 8, 2021 at 4:18 PM
To: "info@fluoridefreepeel.ca" <info@fluoridefreepeel.ca>

Hello, I used Christine Massey verbiage to ask if each of the strains had been isolated.
Per below they are saying the question is wrong, that is why records do not exist.
[redacted]
As far as my request goes we will get it on letterhead again that 'no records exist'.
Thanks for the work you do.

My FOI responses I am posting here as they come due - 3 more pending Facebook
Facebook

From: [redacted]
Sent: October 6, 2021 2:55 PM
To: Smith, Christinen (HC/SC) <christinen.smith@hc-sc.gc.ca>
Subject: Re: Public Health Agency of Canada Access to Information Request A-2021-000381

Hello Christinen,
I have never submitted a FOI request to the Public Health Agency of Canada before.

Item 1. text is taken from a prior FOI that has been shared online and publicly, not mine.
Items 1-5 if no records exist per the FOI request then please provide a formal response on letterhead.
Items 6-10 if no records exist per the FOI request then please provide a formal response on letterhead.
Item 11. amend to '**Records showing the science that risk decreases while dining maskless in flight with no distancing**'

Thank you for your assistance.

From: Smith, Christinen (HC/SC) <christinen.smith@hc-sc.gc.ca>
Sent: October 6, 2021 2:09 PM
To: [redacted]
Subject: Public Health Agency of Canada Access to Information Request A-2021-000381

Good Afternoon [redacted]

We have received your Public Health Agency of Canada request for the following: **1. All records describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (ie. monkey kidney cells aka vero cells; liver cancer cells). Please note that I am using "isolation" in every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to: · the culturing of something, or · the performance of an amplification test (ie. a PCR test), or · the sequencing of something. To clarify, I am requesting all such records that are in the possession, custody, control of Health Canada// 2. Confirmation the 'Delta variant' has been isolated per item 1// 3. Confirmation the 'Lambda variant' has been isolated per item 1// 4. Confirmation the 'Mu variant' has been isolated per item 1// 5. Confirmation of any other variant that has been isolated per item 1// 6. Confirm the accuracy rate of a PCR test vs detecting false positives//**

7. Confirm a PCR test can detect the 'Delta variant' and accuracy rate// 8. Confirm a PCR test can detect the 'Lambda variant' and accuracy rate// 9. Confirm a PCR test can detect the 'Mu variant' and accuracy rate// 10. Confirm any other variants the PCR test detects and accuracy rate// 11. The science for maskless dining on airplanes with no distancing, that risk decreases while dining maskless in flight//.

We have already processed part one of your request in the past. The request resulted in a "No Records Exist", because of the way the request was formulated. The isolation of the virus is not completed without the use of another medium, therefore we have no records that would show this process taking place. It is important to understand the following: The gold standard assay used to determine the presence of intact virus in patient samples is viral isolation in cell culture. With this assay, if virus is present in the patient sample, it will multiply and produce visible cytopathic effects, which means that infected cells demonstrate visible changes. Additionally, the detection of an increase in the genetic viral material by PCR further confirms that intact virus is present in the patient sample, since increasing viral genetic material necessitates replication of the viral within the cell culture. This technique was successfully used to confirm that intact SARS-COV-2 was present in Canadian patient samples as evidenced in the material provided. In the case of SARS-COV-2 isolation, Vero cells combined with minimal essential medium (MEM) were used because they are essential to support viral replication and cell growth. This combination supports the growth of other coronavirus types and was successful in the case of SARS-CoV-2 as well.

This means parts 1-5 of your request will not have records. Additionally for questions 6-10, I have spoken to the subject matter expert and they have advised that although they may not have records, they can give you a fulsome explanation if you submit your questions at the following link: https://health.canada.ca/en/public-health/corporate/contact-us.html . You have to select a category of question before the text box will actually appear.

Due to the above information, I would like to suggest we change your request to: **Records showing the science that risk decreases while dining maskless in flight with no distancing.** I do require your approval before proceeding. Please provide your concurrence via email and if you have any questions or concerns about any of the above, feel free to contact me.

Thank you and have a nice day.

Christine Smith
(she | elle)

Team Leader, Access to Information and Privacy
Health Canada and the Public Health Agency of Canada / Government of Canada
christinen.smith@hc-sc.gc.ca / Tel: 613-862-6063

Chef d'équipe, Accès à l'information et protection des renseignements personnels
Santé Canada et Agence de la santé publique du Canada / Gouvernement du Canada
christinen.smith@hc-sc.gc.ca / Tél: 613-862-6063

Fw: Public Health Agency of Canada Access to Information Request A-2021-000381

Christine Massey <cmssyc@gmail.com> Wed, Oct 20, 2021 at 5:11 PM
To: [redacted]

Thank you [redacted]this is great,

She told you "*The isolation of the virus is not completed without the use of another medium, therefore we have no records*" but your request only ruled out the addition of **genetic** material, not **any** medium. So as usual, they make no sense.

Did they get back to you with a formal letter yet? If not, shall I go ahead and release this?

Thanks again,
Cheers
Christine
[Quoted text hidden]

Fw: Public Health Agency of Canada Access to Information Request A-2021-000381

[redacted] Wed, Oct 20, 2021 at 5:44 PM

To: Christine Massey <cmssyc@gmail.com>

HI Christine,
I am waiting for their formal response on letterhead and can forward.
If you are sharing I would like my name and email address removed and not made public.
I will forward response once I receive.
I have other FOI in the link I provided where City of Toronto can not backup any of their claims (98.7% patients unvax).
Thanks

Fw: Public Health Agency of Canada Access to Information Request A-2021-000381

[redacted] Thu, Oct 21, 2021 at 4:43 PM
To: Christine Massey <cmssyc@gmail.com>

Response came back.
Lots of mumbo jumbo that your initial question wording is wrong.
However I have the email trail no records were yielded to isolation of any strain, nor can PCR detect any strain.
I blanked personal details if you want to use and it is posted in my FB album now
Thanks.

From: Christine Massey <cmssyc@gmail.com>
Sent: October 20, 2021 6:40 PM
[Quoted text hidden]

[Quoted text hidden]

FOI HC Isolation and PCR.jpg
641K

Public Health Agency of Canada / Agence de la santé publique du Canada
Access to Information and Privacy Division
7th Floor, Suite 700, Holland Cross - Tower B
1600 Scott Street, (Mail Stop: 3107A)
Ottawa, Ontario K1A 0K9

Our file: PHAC-A-2021-000381 / CS

3
Toronto, Ontario
M

Dear

This is in response to your request made under the *Access to Information Act* (the Act) for the following information:

1. All records describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (ie. monkey kidney cells aka vero cells; liver cancer cells). Please note that I am using "isolation" in every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to: · the culturing of something, or · the performance of an amplification test (ie. a PCR test), or · the sequencing of something. To clarify, I am requesting all such records that are in the possession, custody, control of Health Canada// 2. Confirmation the 'Delta variant' has been isolated per item 1// 3. Confirmation the 'Lambda variant' has been isolated per item 1// 4. Confirmation the 'Mu variant' has been isolated per item 1// 5. Confirmation of any other variant that has been isolated per item 1// 6. Confirm the accuracy rate of a PCR test vs detecting false positives// 7. Confirm a PCR test can detect the 'Delta variant' and accuracy rate// 8. Confirm a PCR test can detect the 'Lambda variant' and accuracy rate// 9. Confirm a PCR test can detect the 'Mu variant' and accuracy rate// 10. Confirm any other variants the PCR test detects and accuracy rate// 11. Records showing the science that risk decreases while dining maskless in flight with no distancing'

Having completed a thorough search, we regret to inform you that we were unable to locate any records responsive to your request. Additional information for parts one to five is as follows: The isolation of the virus is not completed without the use of another medium, therefore we have no records that would show this process taking place. It is important to understand the following: The gold standard assay used to determine the presence of intact virus in patient samples is viral isolation in cell culture. With this assay, if virus is present in the patient sample, it will multiply and produce visible cytopathic effects, which means that infected cells demonstrate visible changes. Additionally, the detection of an increase in the genetic viral material by PCR further

Canada

.../2

Access to Information Request PHAC-A-2021-000381

SC Smith, Christinen (HC/SC) <christinen.smith@hc-sc.gc.ca>
Thu 2021-10-21 1:25 PM
To: You

Good Afternoon:

We are not obligated to provide a separate response for each item on your list. You submitted your list as a single ATIA request, and we have searched for each item in that list. If your intention was to treat them all as separate requests, you would have been required to submit a separate request for each item, and pay a $5 application fee for each request. As part of our duty to assist, and in order to save you from submitting and paying for all separate requests, we allowed for the submission of your list to be treated as a single request. Our response to your request is clear in that it captures every item you have listed, with our response as to whether or not any records were located on anything within the full scope of your request. I can confirm that a fulsome search would have been completed for every item in the list, regardless if they differ in subject.

Christine Smith
(she | elle)

Team Leader, Access to Information and Privacy
Health Canada and the Public Health Agency of Canada / Government of Canada
christinen.smith@hc-sc.gc.ca / Tel: 613-862-6063

Access to Information Request PHAC-A-2021-000381

SC Smith, Christinen (HC/SC) <christinen.smith@hc-sc.gc.ca>
Thu 2021-10-21 10:30 AM
To: You

Good Morning:

The letter does cite that it is a nil response to all points in your request. I added additional detail as to why 1-5 were nil so you would have the scientific reason as to why. Numbers 6-11 also did not yield any documentation so it is also a nil.

The letter is correct as is.

Christine

Fw: Public Health Agency of Canada Access to Information Request A-2021-000381

This means parts 1-5 of your request will not have records. Additionally for questions 6-10, I have spoken to the subject matter expert and they have advised that although they may not have records they can give you a fulsome explanation if you submit your questions at the following link: https://health.canada.ca/en/public-health/corporate/contact-us.html . You have to select a category of question before the text box will actually appear.

Due to the above information, I would like to suggest we change your request to: **Records showing the science that risk decreases while dining maskless in flight with no distancing.** I do require your approval before proceeding. Please provide your concurrence via email and if you have any questions or concerns about any of the above, feel free to contact me.

Thank you and have a nice day.

Christine Smith
(she | elle)

Team Leader, Access to Information and Privacy
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Chef d'équipe, Accès à l'information et protection des renseignements personnels
Santé Canada et Agence de la santé publique du Canada / Gouvernement du Canada
christinen.smith@hc-sc.gc.ca / Tél: 613-862-6063

AL MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

DÑA. MARÍA CONCEPCIÓN CUEVAS MONTOTO, mayor de edad, con DNI 10872968-V, en nombre y representación de la asociación **LIBERUM**, con NIF G-04958344, con domicilio en la calle José Ramón Zaragoza, 12, 1º A, 33550, de Cangas de Onís, Asturias; Tfno: 639 284 548, en su calidad de presidenta, conforme al acta fundacional y NIF que se aportan, comparezco ante esta Administración y **DIGO:**

Que, por medio del presente escrito, en base a los **Arts.12 y siguientes de la Ley 19/2013, de 9 de diciembre, de transparencia, acceso a la información pública y buen gobierno**, nos dirigimos a este Ministerio y al resto de órganos que del mismo dependan, así como a las personas o entidades que trabajen para el mismo, y con el motivo de conocer el estado actual de la gestión de la pandemia originada por el COVID-19, interesamos lo siguiente

PRIMERO.- Que, por parte de esta Administración o de sus órganos dependientes, o bien, de la personas o entidades que trabajen para ésta, se proceda a contestarnos a las preguntas siguientes:

AISLAMIENTO DEL VIRUS SARS-COV-2

1.- ¿Tienen ustedes pruebas o alguna publicación científica que demuestre que el virus SARS CoV 2 ha sido correctamente aislado de una muestra tomada de un paciente enfermo por Covid-19, la cual no haya sido mezclada con otra fuente de material genético como pueden ser las células Vero?

Por favor, téngase en cuenta que cuando hablamos de "aislar", nos referimos al sentido estricto de la palabra (separar algo del resto). No preguntamos por registros en los que por "aislar" se refieran a:
El cultivo de algo.
El resultado de la amplificación mediante PCR.
La secuenciación de algo.

2.- ¿En que tipo de células se ha cultivado este virus SARS CoV 2?

3.- Se ha conseguido cultivar el virus SARS CoV 2 en células normales no tumorales del aparato respiratorio humano?

4.- ¿Existe una micrografía electrónica del virus SARS CoV 2 puro y completamente caracterizado o secuenciado?

5.- Si hay pruebas de la existencia del SARS CoV 2, ¿Está en su posesión el test de anticuerpos que cumple los postulados de Koch? Y, a su vez, ¿tiene un falso positivo por debajo del 30% que puede confirmar el haber sido infectado por el SARS Cov 2?

6.- ¿Se han cumplido los postulados de Koch para ofrecer la completa seguridad que efectivamente se trata del patógeno que causa la enfermedad?

7.- ¿Cuál es el título del trabajo, o el artículo, o paper científico del principal experto, revisado por pares, en el que se ilustra el mencionado virus, siendo su información genética descrita en su totalidad?

SARS-COV-2 Y COVID-19

¿Cuál es el título del trabajo, o del artículo, o paper científico del principal experto, revisado por pares, que ofrece una prueba inequívoca de que el virus SARS CoV 2 es la única causa de la enfermedad conocida como COVID-19?

TEST RT-PCR

Desde el mismo momento en que fue declarada la pandemia, ha sido utilizada la prueba PCR como el método diagnóstico por excelencia, contabilizándose como casos Covid todos aquellos que dieron positivo a dicha prueba, independientemente de la clínica, cuando los mismos fabricantes advierten de las limitaciones de las mismas. La propia OMS se ha visto obligada a alertar, en un comunicado del 13 de enero de 2021, a los usuarios para que consulten el manual de uso para interpretar los resultados de las PCR. Según el citado texto, los usuarios de productos para el diagnóstico in vitro deben leer atentamente el manual de uso a fin de determinar si es necesario ajustar manualmente el umbral de positividad de la PCR, siendo preciso actuar con precaución a la hora de interpretar un resultado positivo débil, dado que el ciclo umbral establecido para detectar el virus es inversamente proporcional a la carga vírica del paciente. También advierte que la prevalencia de la enfermedad modifica el valor predictivo de los resultados de las pruebas (cuanto más baja es la prevalencia, mayor es el riesgo de obtener un falso resultado positivo o negativo) por lo que la probabilidad de que una persona con un resultado positivo esté realmente infectada por ese virus se reduce a medida que baja la prevalencia,

independientemente de la supuesta especificidad de la prueba. Añade además que son instrumentos que simplemente ayudan a establecer el diagnóstico; por consiguiente, se deben interpretar sus resultados teniendo en cuenta el momento de muestreo, el tipo de muestra obtenida, las características del ensayo, las observaciones clínicas, los antecedentes del paciente, la infección confirmada en cualquiera de sus contactos y la información epidemiológica. Además, advierte de la necesidad de consignar el valor de Ct en el informe que remita al profesional de salud solicitante.
Teniendo en cuenta todo esto,

1. ¿Se ha procedido en todo momento conforme a estas indicaciones de la OMS?

2. ¿Pueden certificar que los cebadores que se están utilizando son exclusivos para el virus Sars-CoV-2 y que no pueden estar detectando cualquier otro coronavirus, virus influenza, sincitial ... o incluso material genético del propio paciente?

3. ¿Se están realizando de manera habitual cultivos virales de las personas con RT PCR positivos en España?

4. ¿Se dispone de cultivos virales con partículas viables de alguno de los pacientes RT PCR positivos en España?

AEROSOLES

¿Pueden facilitarnos algún paper científico en el cual se demuestre que haya sido aislado un virus Sars-Cov-2 viable en los aerosoles de un paciente enfermo y que se demuestre que ese virus que se ha aislado sea infectivo?

Por favor, téngase en cuenta que cuando hablamos de "aislar", nos referimos al sentido estricto de la palabra (separar algo del resto). No preguntamos por registros en los que por "aislar" se refieran a:
El cultivo de algo.
El resultado de la amplificación mediante PCR.
La secuenciación de algo.

MASCARILLAS

¿Podrían dar a la luz pública los estudios que se han realizado sobre el uso de las mascarillas, tanto respecto de su protección ante el virus, como de posibles problemas a corto, medio y largo plazo que se pudieran derivar de su uso?

VACUNA

La propia OMS ha reconocido que no tiene ninguna muestra del virus aislado y diversos gobiernos incluyendo Irlanda y Australia entre otros, han reconocido que el virus nunca ha sido secuenciado de una forma correcta. La revisión de todos los artículos publicados demuestra que se utilizaron extractos no purificados de secreciones "supuestamente provenientes de enfermos de Covid" y mediante el uso de cebadores inespecíficos fabricaron una estructura viral hipotética cuyos espacios intermedios fueron rellenados por un algoritmo informático con datos de genes procedentes de una base de datos internacional que en absoluto demuestra la existencia de ningún nuevo virus. Finalmente, al estudiar las pruebas de confirmación se comprueba que no se realizaron correctamente los protocolos de Koch y las imágenes supuestamente interpretadas como virus fuera de las células no son más que exosomas secundarios al daño tisular causado por los propios experimentos.

1.- ¿Como pueden hacer una vacuna específica del Covid si no se ha aislado correctamente y no se conoce la secuencia genética del mismo?

2- ¿Han comprobado mediante cribados por franjas de edad la tasa de anticuerpos específicos desarrollados tras la vacunación completa y un mes después, para ver si los inoculados desarrollan respuesta inmune?

3- ¿Existe algún estudio o fundamento científico que haya provocado la decisión de no optar por alcanzar la inmunidad de rebaño de manera natural en lugar de asumir el riesgo de alcanzar esa misma inmunidad por la vía artificial mediante la inoculación de un tratamiento experimental (vacuna)?

4- ¿Existe algún estudio científico independiente de lo declarado por las compañías productoras de las vacunas y revisado por pares, que indique que el riesgo de contraer la enfermedad Covid19 y de morir por causa de ella, es superior al riesgo de padecer efectos adversos moderados o graves por causa de la inoculación de los productos experimentales que están siendo inoculados a la población?

5- ¿Está siendo llevada a cabo la fase experimental a medio y largo plazo en la población general, sin el debido consentimiento informado? ¿Es cierto que se ha cambiado la legislación para permitir la experimentación sin el preceptivo consentimiento informado? (Ley 41/202, de 14 de noviembre, básica reguladora de la autonomía de paciente y de derechos y obligaciones en materia de información y documentación clínica. Artículo 3).

DATOS EPIDEMIOLÓGICOS

1. ¿Por qué no se hacen estudios de SEROPREVALENCIA (cribados de test de anticuerpos) que es el único dato con valor epidemiológico en caso de epidemia?

2. ¿Por qué se utiliza la incidencia acumulada absoluta para valorar la evolución de la pandemia, cuando es un dato carente de rigor y sin valor epidemiológico?

3. ¿Cuál es la razón para,

a) seguir calculando el índice acumulado después de 14 días, en vez de utilizar los 10 días de acuerdo con las nuevas directrices de la OMS sobre el contagio de 7 a 10 días?
b) no uniformizar los datos con respecto a un valor referenciado en los positivos por PCR con el fin de hacer un seguimiento más razonable de la evolución de los infectados?
c) no aplicar un factor corrector respecto a los asintomáticos que no desarrollan la enfermedad.

SEGUNDO.- Que, por parte de esta Administración o de sus órganos dependientes, o bien, de la personas o entidades que trabajen para ésta, se proceda a facilitarnos la documentación siguiente:

1. Todos los registros en posesión, custodia o control del Ministerio de Sanidad, Administración dependientes o entidades colaboradoras, concernientes a cada una de las preguntas formuladas con anterioridad.

2. Información suficiente sobre cada registro de forma que pueda identificar y acceder a cada registro con precisión (por ejemplo, título, autores, …) fecha de publicación, así como, la forma en la que el público pueda acceder a los mismos.

Por lo expuesto,

SOLICITO que, se tenga por presentado este escrito, se admita, se tengan por formuladas las preguntas y peticiones de documentación indicadas anteriormente a este Ministerio y al resto de órganos que del mismo dependan, así como a las personas o entidades que trabajen para el mismo, se nos conceda el acceso a la información solicitada, procediéndose a dar respuesta a las referidas preguntas indicadas en el cuerpo de este escrito, así como aportándonos la información solicitada.

En Madrid, a 26 de abril de 2021.

Fdo. María Concepción Cuevas Montoto

Presidenta de LIBERUM

TO THE MINISTRY OF HEALTH, CONSUMPTION AND

SOCIAL WELFARE

MRS. MARÍA CONCEPCIÓN CUEVAS MONTOTO, of legal age, with DNI 10872968-V, on behalf of the **LIBERUM** association, with NIF G-04958344, with address at calle José Ramón Zaragoza, 12, 1º A, 33550, Cangas de Onís , Asturias; Phone: 639 284 548, in her capacity as president, in accordance with the founding act and NIF that are provided, I appear before this Administration and **I SAY**:

That, by means of this document, based on Articles 12 and following of the Law 19/2013, of December 9, on transparency, access to public information and good governance, we address this Ministry and the rest of the bodies that depend on it, as well as the people or entities that work for it, and in order to know the current status of the management of the pandemic caused by COVID-19, we are interested in the following

FIRST: Legal provisions to demand public information from the Ministry of Health and depending bodies on the following subjects:

ISOLATION OF THE SARS-COV-2 VIRUS

1.- Do you have evidence or any scientific publication that demonstrates that SARS CoV 2 virus has been correctly isolated from a sample taken from a Covid-19 patient, which has not been mixed with another source of genetic material such as Vero cells?
Please note that when we talk about "isolate", we are referring to the strict sense of the word (to separate something from the rest). We do not ask for records where by "isolate" it is meant:
The cultivation of something.
The result of PCR amplification.
The sequencing of something.

2.- In what type of cells has this SARS CoV 2 virus been cultured?

3.- Has SARS CoV 2 been successfully cultured in normal non-tumor cells of the human respiratory system?

4.- Is there an electron micrograph of the pure and fully characterized or sequenced SARS CoV 2 virus?

5.- If there is evidence of SARS CoV 2, is in your possession the antibody test that meet the Koch's postulates? Does it have a false positive rate positive below 30% that can confirm having been infected by SARS Cov 2?

6.- Have Koch's postulates been fulfilled to offer complete certainty that the pathogen is indeed the one that causes the disease?

7.- What is the title of the work, or the article or peer-reviewed scientific paper in which the mentioned virus is illustrated, being its genetic information fully described?

SARS-COV-2 AND COVID-19

What is the title of the peer-reviewed work, or scientific article or paper that provides unequivocal proof that SARS CoV 2 is the sole cause of the disease known as COVID-19?

RT-PCR TEST

From the very moment the pandemic was declared, the PCR test has been used as the diagnostic method par excellence. Covid cases have been counted as all those that tested positive to this test, independently of the clinical manifestations, although the manufacturers themselves warn of the limitations of such tests. The WHO itself has been obliged to warn, in a communiqué dated January 13, 2021, to users to consult the user's manual to interpret the results of the tests. According to the text, users of in vitro diagnostic products should carefully read the user's manual to determine whether it is necessary to manually adjust the PCR positivity threshold, and caution should be exercised when interpreting a weak positive result, since the threshold cycle set to detect the virus is inversely proportional to the viral load of the patient. It also warns that the prevalence of the disease modifies the predictive value of test results. (the lower the prevalence, the higher the risk of obtaining a false positive or negative result), so that the probability that a person with a positive test result is actually infected with the virus decreases as prevalence decreases, regardless of the supposed specificity of the test. It further adds that the PCR tests are instruments that simply help to establish the diagnosis; therefore, their results must be interpreted taking into account the time of sampling, the type of sampling, the type of sample obtained, the characteristics of the test, the clinical observations, the patient's clinical observations, patient history, confirmed infection in any contacts, and epidemiological information. In addition, it warns the need to include the Ct value in the report sent to the requesting health professional.

Keeping this in mind:

1. Have these WHO guidelines been followed at all times?

2. Can you certify that the primers being used are unique to the Sars-CoV-2 virus and cannot be detecting any any other coronavirus, influenza, syncytial coronavirus or even genetic material from the patient's own genetic material?

3. Are viral cultures of people with positive RT-PCR in Spain being routinely performed?

4. Are viral cultures with viable particles available from any of the RT PCR-positive patients in Spain?

AEROSOLS

Can you provide us with any scientific paper in which it has been demonstrated that a viable Sars-Cov-2 virus has been isolated in the aerosol of a sick patient and that that the virus that has been isolated is infective?

Please note that when we speak of "isolate", we are referring to the (to separate something from the rest). We do not ask for records where by "isolate" we mean:
The cultivation of something.
The result of PCR amplification.
The sequencing of something.

MASKS

Could you please make public the studies that have been carried out on the use of masks, both with respect to their protection against the virus and to possible problems in the short, medium and long term that may arise from their use?

VACCINE

The WHO itself has acknowledged that it does not have any sample of the isolated virus, and several governments including Ireland and Australia among others, have acknowledged that the virus has never been properly sequenced. A review of all published articles shows that unpurified extracts of secretions "supposedly from Covid patients" were used and by using non-specific primers, they fabricated a hypothetical viral structure. The gaps in between were filled in by a computer algorithm with gene data from an international database that in no way proves the existence of any new virus. Finally, after a study of the confirmatory tests, it was found that the Koch's protocols were not performed correctly and the images supposedly interpreted as viruses outside the cells are but exosomes secondary to tissue damage caused by the experiments themselves.

1.- How can they make a specific Covid vaccine if it has not been isolated correctly and its genetic sequence is not known?
2- Have you checked by screening by age groups the rate of specific antibodies developed after the complete vaccination and one month later, to see if those inoculated develop an immune response?
3- Is there any study or scientific basis for the decision not to opt for achieving herd immunity in a natural way instead of taking the risk of achieving the same immunity artificially by inoculation of an experimental treatment (vaccine)?
4- Is there any scientific study independent of what has been declared by the companies producing the vaccines and peer-reviewed, which indicates that the risk of contracting the Covid19 disease and dying from it is higher than the risk of suffering adverse the risk of suffering moderate or severe adverse effects from inoculation with the experimental products?

5- Is the experimental phase being carried out in the medium and long term in the general population without the proper informed consent, and is it true that the legislation has been changed to allow experimentation without the mandatory informed consent? (Law 41/202, of November 14, 2002, regulating patient autonomy and of rights and obligations regarding clinical information and documentation. Article 3)?

EPIDEMIOLOGICAL DATA

1. Why are SEROPREVALENCE studies (antibody test screening) not performed? They are the only data with epidemiological value in the event of an epidemic.

2. Why is the absolute cumulative incidence used to evaluate the evolution of the pandemic, when this datum lacks rigor and has no epidemiological value?

3. What is the reason for:

a) continuing calculating the cumulative index after 14 days, instead of using the 10 days in accordance with the new WHO guidelines on 7 to 10 days of infection?
b) not standardizing the data with respect to a value referenced in the PCR positives in order to make a more reasonable follow-up of the evolution of those infected?
c) not applying a correction factor for asymptomatic patients who do not develop the disease?

SECOND.- That, on the part of this Administration or of its dependent bodies, or of the persons or entities working for it, to provide us with the following documentation:

1. All the records in possession, custody or control of the Ministry Health, dependent Administration or collaborating entities, concerning each of the questions formulated above.

2. Sufficient information on each record so that you can accurately identify and access each record with precision (e.g., title, authors, date of publication), as well as, the way in which the public can access them.

For the exposed,

I REQUEST that, if this writing is considered to be presented, it is admitted, that the questions and requests for documentation indicated above be considered to this Ministry and to the rest of the bodies that depend on it, as well as to the people or entities that work for it. , we are granted access to the requested information, proceeding to respond to the aforementioned questions indicated in the body of this letter, as well as providing us with the requested information.

In Madrid, April 26, 2021

Signed. Maria Concepcion Cuevas Montoto

President of LIBERUM

MINISTERIO
DE SANIDAD

SECRETARIA DE
ESTADO DE SANIDAD

DIRECCIÓN GENERAL
DE SALUD PúBLICA

Nº EXPEDIENTE: 001-059144
FECHA DE LA SOLICITUD: 22 de julio de 2021
FECHA DEL DOCUMENTO: 8 de septiembre de 2021

NOMBRE: [redacted]
NIF:
CORREO ELECTRÓNICO:

[redacted]
ESPAÑA

Con fecha 22 de julio de 2021, tuvo entrada en la Unidad de Información de Transparencia del Ministerio de Sanidad, su solicitud de acceso a la información pública al amparo de la Ley 19/2013, de 9 de diciembre, de Transparencia, Acceso a la información pública y Buen gobierno, solicitud que quedó registrada con el número 001-059144.

Con fecha 10 de agosto de 2021, esta solicitud se recibió en la Dirección General de Salud Pública, fecha a partir de la cual comienza a contar el plazo de un mes previsto en el artículo 20.1 de la Ley 19/2013 de 9 de diciembre, para su resolución. Con fecha 12 de agosto de 2021 se le notificó, escrito de ampliación de plazo por los motivos expuesto en el mismo precepto legal.

Una vez analizada su solicitud, esta Dirección General resuelve, conceder su derecho de acceso a la información. Le indicamos que los datos de los que dispone el Ministerio de Sanidad en relación a la pandemia por SARS-CoV-2 la puede encontrar en los siguientes enlaces:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/home.htm

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos.htm

En ellos puede acceder a distintos documentos de información científico técnica, procedimientos y medidas para la prevención y el control de la infección, preparación y respuesta a la pandemia, recomendaciones para el manejo clínico de casos, actuaciones en el contexto de la respuesta a la COVID-19 por ámbitos, colectivos y grupos, y aspectos de comunicación.

Específicamente, en relación a los ciclos de una PCR y los test de antígenos, puede consultar la información en el siguiente documento:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf

Las vacunas frente a COVID-19 se administran en España en estos momentos según la Estrategia de vacunación frente a COVID-19 en España [aprobada por el Consejo Interterritorial del Sistema Nacional de Salud], y son gratuitas para la ciudadanía. En este sentido no requieren receta médica. Puede consultar la Estrategia y sus actualizaciones, así como un resumen de las características de las vacunas y de su ficha técnica en el siguiente enlace:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/vacunaCovid19.htm

La eficacia de las vacunas se mide en términos ideales de laboratorio, y posteriormente se mide en la población real, una vez que las vacunas se han administrado. Puede encontrar información en el siguiente enlace:

CORREO ELECTRÓNICO

D I R E C C I Ó N
PASEO DEL PRADO 18-20 28014 MADRID
TELÉFONO:
FAX:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/20210820_INMUNIDAD_y_VACUNAS.pdf

También puede consultar estudios sobre este aspecto en la bibliografía de las Actualizaciones de la Estrategia, en especial de la 8.

https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion8_EstrategiaVacunacion.pdf

Las reacciones a las vacunas se estudian a través de la farmacovigilancia. Puede consultar el tema en el siguiente enlace:

https://www.aemps.gob.es/la-aemps/ultima-informacion-de-la-aemps-acerca-del-covid%e2%80%9119/vacunas-contra-la-covid%e2%80%9119/farmacovigilancia-de-vacunas/informes-periodicos-de-farmacovigilancia-de-vacunas-covid-19/

Sobre secuenciación genómica del virus puede consultar el siguiente enlace:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Integracion_de_la_secuenciacion_genomica-en_la_vigilancia_del_SARS-CoV-2.pdf

El Ministerio de Sanidad no dispone de cultivo de SARS-CoV-2 para ensayos, y no tiene un registro de los laboratorios con capacidad de cultivo y aislamiento para ensayos.

En relación a las pruebas diagnósticas de SARS-COV-2, y en general, con los temas relacionados con la pandemia por SARS-Cov-2, el Ministerio de Sanidad trabaja con los documentos antes mencionados, que se van actualizando según la necesidad epidemiológica, para posibilitar la toma de decisiones en relación a la gestión de la pandemia, y la difusión de información a terceros que puedan utilizarla en sus entornos específicos. En este sentido, los temas más conceptuales y de definiciones quedan más en los entornos académicos y docentes, jugando el Ministerio de Sanidad un papel más secundario y no obrando dichos temas en su poder.

Finalmente, la evaluación de los pacientes en relación a su estado de salud, sea COVID-19 u otra enfermedad o patología, es competencia de los profesionales sanitarios de referencia. Los test, por si solos no suelen ser suficientes para determinar enfermedad, requiriéndose una evaluación experta de la persona a la que se le ha realizado el test. De cualquier manera, la definición de caso la puede encontrar en el siguiente enlace:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf

Contra la presente resolución, que pone fin a la vía administrativa, podrá interponerse recurso contencioso-administrativo ante el órgano judicial competente [Ley 39/2015, de 1 de octubre, del procedimiento administrativo común de las administraciones públicas, y Ley 29/1998, de 13 de julio, reguladora de la jurisdicción contencioso-administrativa], en el plazo de dos meses o, previa y potestativamente, reclamación ante el Consejo de Transparencia y Buen Gobierno en el plazo de un mes; en ambos casos, el plazo se contará desde el día siguiente al de la notificación de la presente resolución.

LA DIRECTORA GENERAL DE SALUD PÚBLICA

Pilar Aparicio Azcárraga.

Con fecha 22 de julio de 2021, tuvo entrada en la Unidad de Información de Transparencia del Ministerio de Sanidad, su solicitud de acceso a la información pública al amparo de la Ley 19/2013, de 9 de diciembre, de Transparencia, Acceso a la información pública y Buen gobierno, solicitud que quedó registrada con el número 001-059144.

Con fecha 10 de agosto de 2021, esta solicitud se recibió en la Dirección General de Salud Pública, fecha a partir de la cual comienza a contar el plazo de un mes previsto en el artículo 20.1 de la Ley 19/2013 de 9 de diciembre, para su resolución. Con fecha 12 de agosto de 2021 se le notificó, escrito de ampliación de plazo por los motivos expuesto en el mismo precepto legal.

Una vez analizada su solicitud, esta Dirección General resuelve, conceder su derecho de acceso a la información. Le indicamos que los datos de los que dispone el Ministerio de Sanidad en relación a la pandemia por SARS-CoV-2 la puede encontrar en los siguientes enlaces:

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https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos.htm

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CORREO ELECTRÓNICO

D I R E C C I Ó N
PASEO DEL PRADO 18-20 28014 MADRID
TELÉFONO:
FAX:

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https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion8_EstrategiaVacunacion.pdf

Las reacciones a las vacunas se estudian a través de la farmacovigilancia. Puede consultar el tema en el siguiente enlace:

https://www.aemps.gob.es/la-aemps/ultima-informacion-de-la-aemps-acerca-del-covid%e2%80%9119/vacunas-contra-la-covid%e2%80%9119/farmacovigilancia-de-vacunas/informes-periodicos-de-farmacovigilancia-de-vacunas-covid-19/

Sobre secuenciación genómica del virus puede consultar el siguiente enlace:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Integracion_de_la_secuenciacion_genomica-en_la_vigilancia_del_SARS-CoV-2.pdf

El Ministerio de Sanidad no dispone de cultivo de SARS-CoV-2 para ensayos, y no tiene un registro de los laboratorios con capacidad de cultivo y aislamiento para ensayos.

En relación a las pruebas diagnósticas de SARS-COV-2, y en general, con los temas relacionados con la pandemia por SARS-Cov-2, el Ministerio de Sanidad trabaja con los documentos antes mencionados, que se van actualizando según la necesidad epidemiológica, para posibilitar la toma de decisiones en relación a la gestión de la pandemia, y la difusión de información a terceros que puedan utilizarla en sus entornos específicos. En este sentido, los temas más conceptuales y de definiciones quedan más en los entornos académicos y docentes, jugando el Ministerio de Sanidad un papel más secundario y no obrando dichos temas en su poder.

Finalmente, la evaluación de los pacientes en relación a su estado de salud, sea COVID-19 u otra enfermedad o patología, es competencia de los profesionales sanitarios de referencia. Los test, por si solos no suelen ser suficientes para determinar enfermedad, requiriéndose una evaluación experta de la persona a la que se le ha realizado el test. De cualquier manera, la definición de caso la puede encontrar en el siguiente enlace:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf

Contra la presente resolución, que pone fin a la vía administrativa, podrá interponerse recurso contencioso-administrativo ante el órgano judicial competente [Ley 39/2015, de 1 de octubre, del procedimiento administrativo común de las administraciones públicas, y Ley 29/1998, de 13 de julio, reguladora de la jurisdicción contencioso-administrativa], en el plazo de dos meses o, previa y potestativamente, reclamación ante el Consejo de Transparencia y Buen Gobierno en el plazo de un mes; en ambos casos, el plazo se contará desde el día siguiente al de la notificación de la presente resolución.

LA DIRECTORA GENERAL DE SALUD PÚBLICA

Pilar Aparicio Azcárraga.

AUTO-TRANSLATION

MINISTERY
OF HEALTH

SECRETARY OF STATE
OF HEALTH

GENERAL DIRECTORATE
OF PUBLIC HEALTH

PROCEEDINGS: 001-059144
DATE OF APPLICATION: July 22, 2021
DATE OF DOCUMENT: September 8, 2021

NUMBER….
NIF: ….
EMAIL: ….

On July 22, 2021, the Transparency Information Unit of the Ministry of Health received a request for access to public information under Law 19/2013, of December 9, on Transparency, Access to public information and Good governance, a request that was registered under number 001-059144.

On August 10, 2021, this request was received at the General Directorate of Public Health, date from which the one-month period provided for in article 20.1 of Law 19/2013 of December 9 begins to run, for resolution. On August 12, 2021, you were notified of a written extension of the term for the reasons set forth in the same legal provision.

Once your request has been analyzed, this General Directorate resolves to grant your right of access to information. We indicate that the data available to the Ministry of Health in relation to the SARS-CoV-2 pandemic can be found at the following links:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/home.htm

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos.htm

In them you can access different documents of technical scientific information, procedures and measures for the prevention and control of infection, preparation and response to the pandemic, recommendations for clinical case management, actions in the context of the response to COVID -19 by areas, collectives and groups, and communication aspects.

Specifically, in relation to the cycles of a PCR and antigen tests, you can consult the information in the following document:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf

Vaccines against COVID-19 are administered in Spain at the moment according to the Vaccination Strategy against COVID-19 in Spain [approved by the Interterritorial Council of the National Health System], and are free for citizens. In this sense, they do not require a prescription. You can consult the Strategy and its updates, as well as a summary of the characteristics of the vaccines and their technical data sheet at the following link:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/vacunaCovid19.htm

The efficacy of vaccines is measured in ideal laboratory terms, and is subsequently measured in the actual population, once the vaccines have been administered. You can find information at the following link:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/20210820_INMUNIDAD_y_VACUNAS.pdf

You can also consult studies on this aspect in the bibliography of the Strategy Updates, especially 8.

https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion8_EstrategiaVacunacion.pdf

Reactions to vaccines are studied through pharmacovigilance. You can check the topic at the following link:

https://www.aemps.gob.es/la-aemps/ultima-informacion-de-la-aemps-acerca-del-covid%e2%80%9119/vacunas-contra-la-covid%e2%80%9119/farmacovigilancia-de-vacunas/informes-periodicos-de-farmacovigilancia-de-vacunas-covid-19/

On genomic sequencing of the virus you can consult the following link:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Integracion_de_la_secuenciacion_genomica-en_la_vigilancia_del_SARS-CoV-2.pdf

The Ministry of Health does not have a SARS-CoV-2 culture for testing, and it does not have a registry of laboratories with culture and isolation capacity for testing.

In relation to the SARS-COV-2 diagnostic tests, and in general, with issues related to the SARS-Cov-2 pandemic, the Ministry of Health works with the aforementioned documents, which are updated according to epidemiological need, to enable decision-making in relation to the management of the pandemic, and the dissemination of information to third parties that can use it in their specific environments. In this sense, the most conceptual and definitional issues remain more in academic and teaching environments, with the Ministry of Health playing a more secondary role and not acting on these issues in its power.

Finally, the evaluation of patients in relation to their state of health, be it COVID-19 or another disease or pathology, is the responsibility of the reference health professionals. The tests, by themselves, are not usually sufficient to determine disease, requiring an expert evaluation of the person who has been tested. Either way, the case definition can be found at the following link:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf

Against this resolution, which puts an end to administrative proceedings, a contentious-administrative appeal may be filed before the competent judicial body [Law 39/2015, of October 1, on the common administrative procedure of public administrations, and Law 29/1998, of July 13, regulating the contentious-administrative jurisdiction], within a period of two months or, previously and optionally, a claim before the Council of Transparency and Good Governance within a period of one month; in both cases, the term will be counted from the day following the notification of this resolution.

THE GENERAL DIRECTOR OF PUBLIC HEALTH

Pilar Aparicio Azcárraga.

Gmail **Christine Massey <cmssyc@gmail.com>**

FOI request to Chief Ramer / Toronto Police re: "SARS-COV-2 purification

Christine Massey <cmssyc@gmail.com> Fri, Aug 27, 2021 at 8:54 PM
To: officeofthechief@torontopolice.on.ca

August 27, 2021

To:
Chief James Ramer,
Toronto Police Service
Access & Privacy Section, RMS
40 College Street
Toronto ON M5G 2J3

Dear Chief Ramer,

This is a formal request for access to general records, made under the *Municipal Freedom of Information and Protection of Privacy Act* due to enforcement by members of Toronto Police Service of unlawful "COVID-19" restrictions.

Please note: this request is very similar to another request that I submitted on April 16, 2021 where I had **specified** purification *via maceration, filtration and use of an ultracentrifuge*. The difference with this new request is that it does **not** specify maceration, filtration and use of an ultracentrifuge; instead it mentions filtration, ultracentrifugation and chromatography by way of an example.

Description of Requested Records:

All studies and/or reports in the possession, custody or control of Chief Ramer or Toronto Police Services describing the **purification** of any **"COVID-19 virus" (aka "SARS-COV-2", including any alleged "variants" i.e. "B.1.1.7", "B.1.351", "P.1")** (for example: via filtration, ultracentrifugation and chromatography), directly from a sample taken from a diseased human where the patient sample was not first combined with any other source of **genetic** material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum).

Please note that I am not requesting studies/reports where researchers failed to **purify** the suspected "virus" and instead:

- cultured an unpurified sample or other unpurified substance, and/or
- performed an amplification test (i.e. a PCR test) on all the RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or
- fabricated a "genome" by editing/assembling/aligning sequences detected in the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or
- produced electron microscopy images of unpurified things.

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and I am **not** requesting records describing the **replication** of a "virus" without host cells.

Further, I am **not** requesting records that describe a suspected "virus" floating in a vacuum; I am simply requesting records that describe its **purification** (**separation** from everything else in the patient sample, as per standard laboratory practices for the purification of other very small things).

Please also note that my request is **not** specifically for records that were authored by Chief Ramer or Toronto Police Services or that pertain to work done at/by Chief Ramer or Toronto Police Services. Rather, my request includes any record matching the above description, for example (but not limited to): any published peer-reviewed study authored by anyone, anywhere that has been downloaded or printed by Chief Ramer or Toronto Police Services and relied on as **evidence** of a disease-causing "virus".

If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.

Contact Information:
Last name: Massey
First name: Christine
Address: [redacted]
Phone: [redacted]
Email: cmssyc@gmail.com

Thank you in advance and best wishes,
Christine Massey, M.Sc.

Gmail **Christine Massey <cmssyc@gmail.com>**

Cheque #37

Access Privacy <Access.Privacy@torontopolice.on.ca> Thu, Sep 9, 2021 at 11:37 AM
To: "cmssyc@gmail.com" <cmssyc@gmail.com>

Good Morning,

We received a payment of $5.00 in our office today as we have no letter of direction as you have submitted only the fee, we are unable to

process. Processing of the request will commence upon receipt of the request. Please submit an Access/Correction Request form found @ www.torontopolice.on.ca/aps). I

have attached the form for your convenience, also we need a photocopy of two pieces of valid government-issued identification, at least one with a photograph and signature

is required; for example a driver's licence or a passport.

Regards,

Access & Privacy Unit | Toronto Police Service

T: 416.808.7850

Gmail **Christine Massey <cmssyc@gmail.com>**

Cheque #37

Christine Massey <cmssyc@gmail.com> Thu, Sep 9, 2021 at 2:09 PM
To: Access Privacy <Access.Privacy@torontopolice.on.ca>

Hello,

With whom am I communicating? Please provide your name.

My request was submitted on August 27th, see attached. It was made under the *Municipal Freedom of Information and Protection of Privacy Act.*

Please cite the provision in the legislation that requires me to provide you with a photocopy of two pieces of "valid government-issued identification, at least one with a photograph and signature". I am aware of no such requirement.

Best wishes,
Christine Massey, M.Sc.
[Quoted text hidden]

Aug 27 2021 request to Chief Ramer _ Toronto Police re 'SARS-COV-2 purification.pdf
106K

Gmail **Christine Massey <cmssyc@gmail.com>**

Cheque #37

Access Privacy <Access.Privacy@torontopolice.on.ca> Tue, Sep 14, 2021 at 1:31 PM
To: Christine Massey <cmssyc@gmail.com>

Good Afternoon,

Apologies for the delay in responding we had reached out to the Chief's Office to see if they had received the original request.

We have processed your request and it has been assigned to Ms. Madaleno File # 21-2451 she may be reached via email for any questions or concerns @ jacklyn.madaleno@torontopolice.on.ca.

[Quoted text hidden]
[Quoted text hidden]

Gmail **Christine Massey <cmssyc@gmail.com>**

APS File No.: 21-2451

Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca> Fri, Sep 17, 2021 at 12:58 PM
To: Christine Massey <cmssyc@gmail.com>

Good Afternoon:

Please be advised this office received the access request which you submitted under the *Municipal Freedom of Information and Protection of Privacy Act* on September 13th, 2021.

Your request has been assigned to me, (Jacklyn Madaleno) under our File No. 21-2451. I can be reached directly at (416) 808-7846 or by email at jacklyn.madaleno@torontopolice.on.ca. (Email is the preferred method of communication).

Unless you have urgent concerns, **it is not necessary for you to contact me.**

I will contact you only if clarification of your access to information request is required.

Yours truly,

Jacklyn Madaleno 82265
Disclosure Analyst
Access and Privacy Section
Ph: (416) 808-7846
Fax: (416) 808-7857
jacklyn.madaleno@torontopolice.on.ca

Gmail **Christine Massey <cmssyc@gmail.com>**

FW: APS File No.: 21-2451

Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca> Thu, Oct 7, 2021 at 5:32 AM
To: Christine Massey <cmssyc@gmail.com>

Good Morning,

I am responding to your access to information request under the Municipal Freedom of Information and Protection of Privacy Act, our file 21-2451.

I am seeking consent to forward correspondence concerning your request electronically (to the email address) rather than regular mail. Can you please advise.

Regards,

Jacklyn Madaleno 82265
Disclosure Analyst
Access and Privacy Section
Ph: (416) 808-7846
Fax: (416) 808-7857
jacklyn.madaleno@torontopolice.on.ca

From: Jacklyn Madaleno-Nicolaou
Sent: Friday September 17, 2021 12:58
To: 'Christine Massey' <cmssyc@gmail.com>
Subject: APS File No.: 21-2451

Good Afternoon:

Please be advised this office received the access request which you submitted under the *Municipal Freedom of Information and Protection of Privacy Act* on September 13th, 2021.

Your request has been assigned to me, (Jacklyn Madaleno) under our File No. 21-2451. I can be reached directly at (416) 808-7846 or by email at jacklyn.madaleno@torontopolice.on.ca. (Email is the preferred method of communication).

Gmail **Christine Massey <cmssyc@gmail.com>**

FW: APS File No.: 21-2451

Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca> Fri, Oct 8, 2021 at 6:25 AM
To: cmssyc@gmail.com

Good Morning Christine,

Pursuant to your consent below, please find in the link our extension letter.

Should you have any questions or concerns please don't hesitate to contact me, email is preferred.

Regards,

From: Christine Massey <cmssyc@gmail.com>
Sent: Thursday October 7, 2021 13:47
To: Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca>
Subject: Re: FW: APS File No.: 21-2451

Yes, please do, thank you.

Christine

On Thu, Oct 7, 2021 at 5:32 AM Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca> wrote:

Good Morning,

I am responding to your access to information request under the Municipal Freedom of Information and Protection of Privacy Act, our file 21-2451.

I am seeking consent to forward correspondence concerning your request electronically (to the email address) rather than regular mail. Can you please advise.

Toronto Police Service

40 College Street, Toronto, Ontario, Canada. M5G 2J3
TEL 416-808-2222 FAX 416-808-8202
Website: www.TorontoPolice.on.ca

Office of the Chief of Police

File Number _____

October 8, 2021

Christine Massey
[redacted]
Peterborough, ON [redacted]

Dear Christine Massey:

RE: "All studies and/or records in the possession, custody or control of Chief Ramer or Toronto Police Services describing the purification of any COVID-19 virus...."

I am responding to your access request, our file no.: 21-2451 received by our office on September 13th, 2021. Please be advised that under the provisions of *Municipal Freedom of Information and Protection of Privacy Act* (the *Act*), the time limit for a response is 30 days (which would be October 13th, 2021). We wish to advise you that the time has been extended in accordance with Section 20 of the *Act* for an **additional 60 days**. The new due date for a response will be **December 12th, 2021.**

The reason for the extension is that the request necessitates a search through a large number of records, and meeting the time limit would unreasonably interfere with the operations of the institution.

The Coordinator is responsible for this decision.

If you have any questions regarding your request, please contact Analyst J. Madaleno at (416) 808-7846.

You may request a review of this decision by the Information and Privacy Commissioner, 2 Bloor Street East, Suite 1400, Toronto, Ontario, M4W 1A8. You have 30 days to make this appeal.

If you would like to appeal this decision, please provide the Commissioner's office with the following:

1) The file number listed at the beginning of this letter.
2) A copy of this decision letter.
3) A copy of the original request for information which you sent to this institution.

In addition, you must send an appeal fee to the Commissioner's office. If your request was for personal information, the appeal fee is $10.00. The appeal fee for all other requests for information is $25.00. Please include the fee in your letter of appeal in the form of either a cheque or a money order, made payable to the Minister of Finance.

Yours truly,

P. McGee

Mr. P. McGee
Coordinator
Access and Privacy Section
Toronto Police Service

PM:jm

Gmail **Christine Massey <cmssyc@gmail.com>**

FW: APS File No.: 21-2451

Christine Massey <cmssyc@gmail.com> Fri, Oct 8, 2021 at 1:06 PM
To: Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca>

Dear Jacklyn,

Thank you for the response.

I am confused by it though, because last year I received a response from Toronto Police within less than 6 weeks.

And since 116 institutions globally (34 of them Canadian) have already failed to locate even 1 responsive record, it seems highly unlikely that Chief Ramer or TPS will locate any such records in their possession.

And if the Chief or TPS do have responsive records that no one else on the planet appears able to find, I would think that such highly prized and sought-after possessions would be at their fingertips. There is a 1.5 million Euro reward for them, after all: https://www.samueleckert.net/isolate-truth-fund/

Are TPS's records so wildly unorganized that another 60 days is really necessary?

Thank you and best wishes,
Christine
[Quoted text hidden]

Gmail **Christine Massey <cmssyc@gmail.com>**

RE: FW: APS File No.: 21-2451

Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca> Tue, Oct 19, 2021 at 9:27 AM
To: cmssyc@gmail.com

Good Morning Christine,

I have processed your access to information request under the Municipal Freedom of Information and Protection of Privacy Act, our file 21-2451.

As you previously provided consent, please find in the link below our decision letter in response to your request.

Should you have any questions or concerns please don't hesitate to contact me, email is preferred.

Regards,

From: Christine Massey <cmssyc@gmail.com>
Sent: Friday October 8, 2021 13:07
To: Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca>
Subject: Re: FW: APS File No.: 21-2451

Dear Jacklyn,

Thank you for the response.

I am confused by it though, because last year I received a response from Toronto Police within less than 6 weeks.

And since 116 institutions globally (34 of them Canadian) have already failed to locate even 1 responsive record, it seems highly unlikely that Chief Ramer or TPS will locate any such records in their possession.

And if the Chief or TPS do have responsive records that no one else on the planet appears able to find, I would think that such highly prized and sought-after possessions would be at their fingertips. There is a 1.5 million Euro reward for them,

Toronto Police Service

40 College Street, Toronto, Ontario, Canada. M5G 2J3
TEL 416-808-2222 FAX 416-808-8202
Website: www.TorontoPolice.on.ca

Office of the Chief of Police

File Number _____

October 19, 2021

Christine Massey
[redacted]
Peterborough, ON [redacted]

Dear Christine Massey:

RE: "All studies and/or reports in the possession, custody or control of Chief Ramer or Toronto Police Services describing the purification of any 'COVID-19 virus' (aka 'SARS-COV-2', including any alleged 'variants' i.e. ' B.1.1.7', 'B.1.351', 'P.1') (for example: via filtration, ultracentrifugation and chromatography), directly from a sample taken from a diseased human where the patient sample was <u>not</u> first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum)..."

I am responding to your request for access to information under the *Municipal Freedom of Information and Protection of Privacy Act* (the *Act*) our file number 21-2451.

Please be advised that based on the parameters of your request, correspondence was received from the relevant stakeholders indicating that the information you are seeking access is not in the possession, custody or control of the Toronto Police Service . Access cannot be provided as we are unable to locate any records responsive to your request.

You may wish to contact Toronto Public Health, for any information in their care and control related to COVID-19.

If you have any questions regarding your file, please contact Analyst J. Madaleno at (416) 808-7846 or jacklyn.madaleno@torontopolice.on.ca.

You may request a review of this decision* by writing to: The Information and Privacy Commissioner/Ontario. 2 Bloor Street East, Suite 1400, Ontario, M4W 1A8, telephone (416) 326-3333 or toll free 1-800-387-0073. You have 30 days to make this appeal.

...2

Gmail **Christine Massey <cmssyc@gmail.com>**

RE: FW: APS File No.: 21-2451

Christine Massey <cmssyc@gmail.com> Tue, Oct 19, 2021 at 11:24 AM
To: Jacklyn Madaleno-Nicolaou <Jacklyn.Madaleno-Nicolaou@torontopolice.on.ca>

It is there now.

Regarding the suggestion to contact Toronto Public Health, I have done so already. No one in Canada or the planet has the required information to prove the existence of the theoretical virus.

Thus far (October 18, 2021) 35 Canadian institutions have provided their responses: **Public Health Agency of Canada** (and another from **Public Health Agency of Canada**, this one re the alleged "UK variant" aka "B.1.1.7" aka "Alpha"), **Health Canada** (and another from **Health Canada**), the **National Research Council of Canada**, **Vaccine and Infectious Disease Organization-International Vaccine Centre** (VIDO-InterVac), **Canadian Institutes of Health Research**, **Natural Sciences and Engineering Research Council of Canada**, **Public Health Ontario**, **Ontario Ministry of Health**, **Alberta Premier Jason Kenney, his Office and Executive Council**, **Institut National de Sante Publique du Quebec** (another from **Public Health Quebec**), **British Columbia's Ministry of Health** (re "the UK variant"), **British Columbia's Centre for Disease Control**, **British Columbia's Provincial Health Services Authority** (2 responses, 1 re "SARS-COV-2", 1 re the alleged "B.1.1.7" aka "Alpha variant" aka "UK variant"), **Vancouver Coastal Health Authority** (re "B.1.1.7" aka "Alpha variant" aka "UK variant"), **Newfoundland Labrador Department of Health & Community Services**, **New Brunswick's Department/Ministry of Health**, **McGill University**, **University of Ottawa**, the **City of Toronto**, **Toronto Police**, **Halton Region**, the **Region of Peel** (Ontario), **Region of Durham** (Ontario); **KFL&A Public Health** (Kingston, Frontenac, Lennox and Addington, Ontario, re "any variant"), **Grey Bruce Health Services**, **Grey Bruce Health Unit**, **Niagara Regional Police Service**, **Peterborough Public Health (Ontario)**, **Peterborough Police Service** (Ontario) (another from **Peterborough Police**), **Aylmer Police Service** (Ontario) (and another from **Aylmer Police**), **Hastings Prince Edward Public Health** (Ontario), the **University of Toronto**, **Sunnybrook Health Sciences Centre**, **McMaster University** and **Mount Sinai Hospital** (Toronto) (note that researchers from the last 4 institutions had publicly claimed to have "isolated the virus", as had VIDO-Intervac).

FOIs reveal that health/science institutions around the world (117 and counting!) have no record of SARS-COV-2 isolation/purification, anywhere, ever – Fluoride Free Peel

[Quoted text hidden]

Department of Health & Social Care

Freedom of Information Team
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

www.gov.uk/dhsc

[redacted]

11 October 2021

[redacted]

Freedom of Information Request Reference FOI-1360708

Thank you for your request dated 11 September 2021 in which you asked the Department of Health and Social Care (DHSC):

"All studies and/or reports in the possession, custody or control of The Department of Health and Social Care describing the purification of any "COVID-19 virus" (aka "SARS-COV-2", including any alleged "variants" i.e. "B.1.1.7", "B.1.351", "P.1") (for example: via filtration, ultracentrifugation and chromatography), directly from a sample taken from a diseased human where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum).

Please note that I am not requesting studies/reports where researchers failed to purify the suspected "virus" and instead:

** cultured an unpurified sample or other unpurified substance, and/or*

** performed an amplification test (i.e. a PCR test) on all the RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or*

** fabricated a "genome" by editing/assembling/aligning sequences detected in the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or*

** produced electron microscopy images of unpurified things.*

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and I am not requesting records describing the replication of a "virus" without host cells.

Further, I am not requesting records that describe a suspected "virus" floating in a vacuum; I am simply requesting records that describe its purification (separation from everything else in the patient sample, as per standard laboratory practices for the purification of other very small things).

Please also note that my request is not limited to records that were authored by The Department of Health and Social Care or that pertain to work done at/by The Department of Health and Social Care. Rather, my request includes any record matching the above description, for example (but not limited to): any published peer-reviewed study authored by anyone, anywhere, ever that has been downloaded or printed by The Department of Health and Social Care and relied on as evidence of a disease-causing 'virus'."

Your request has been handled under the Freedom of Information Act 2000 (FOIA).

DHSC does not hold the information you have requested. This is because we are not the appropriate authority to contact regarding this matter. However, you may wish to contact the UK Health Security Agency (UKHSA), which may hold information relevant to your request. UKHSA can be contacted via InformationRights@UKHSA.gov.uk.

However, outside of the scope of the FOIA, you may be interested in the following information.

The World Health Organisation has compiled a comprehensive database of research information in relation to Coronavirus, which is available at the following link: (Global research on coronavirus disease (COVID-19)):

Global research on coronavirus disease (COVID-19) (who.int)

You may also be aware that Go-Science regularly publishes the scientific evidence supporting the UK Government response to Covid-19 on the GOV.UK website at this link:

https://www.gov.uk/government/organisations/government-office-for-science

If you are not satisfied with the handling of your request, you have the right to appeal by asking for an internal review. This should be sent to FreedomOfInformation@dhsc.gov.uk or to the address at the top of this letter and be submitted within two months of the date of this letter.

Please remember to quote the reference number above in any future communication.

If you are not content with the outcome of your internal review, you may complain directly to the Information Commissioner's Office (ICO). Generally, the ICO cannot make a decision unless you have already appealed our original response and received our internal review decision. You should raise your concerns with the ICO within three months of your last meaningful contact with us.

The ICO can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow SK9 5AF

https://ico.org.uk/concerns/

Yours sincerely,

Dorothy Crowe

Freedom of Information Officer
freedomofinformation@dhsc.gov.uk

Gmail Christine Massey <cmssyc@gmail.com>

FOI request to University of New South Wales re: "SARS-COV-2" purification

Christine Massey <cmssyc@gmail.com> Sat, Jul 31, 2021 at 3:11 PM
To: gipaa@unsw.edu.au
Bcc: tengelbrecht@gmx.net

July 31, 2021

To:
Mr. Paul Serov
Right to Information Officer
The University of New South Wales
Legal Office
Room 213 Chancellery Building
UNSW SYDNEY NSW 2052
Phone: +61 2 9065 5491
Submitted via email to: **gipaa@unsw.edu.au**

Dear Mr. Serov, Right to Information Officer,

This is a formal request for access to general records, made under the *Government Information (Public Access) Act 2009.*

Please advise ASAP how best to submit the application fee during the "pandemic", otherwise I will mail a cheque payable to "UNSW" to the address listed above.

Also, I respectfully request the 50% reduction of charges based on the fact that the information requested is of special benefit to the public generally.

Description of Requested Records:

All studies and/or reports in the possession, custody or control of Professor John Shine (Molecular Biology and Medicine) and/or the University of New South Wales's President, Faculties, Vice-Chancellor, Senate, Officers, Executive Board, Secretary, or any health or science department head at the University of New South Wales describing the **purification** (i.e. via filtration and use of an ultracentrifuge) of any **"SARS-COV-2" aka "COVID-19 virus"** (including any "variants") , directly from a sample taken from a diseased human, where the patient sample was **not** first combined with any other source of **genetic** material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum).

Please note that I am **not** requesting any private health information, or studies/reports where researchers failed to **purify** the suspected "virus" and instead:

- cultured an patient sample or other unpurified substance, and/or
- performed an amplification test (i.e. a PCR test) on all the RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or
- sequenced the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or
- produced electron microscopy images of unpurified things.

Clarifications re my request

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and I am **not** requesting records describing the **replication** of a "virus" without host cells.

Further, I am **not** requesting records that describe a suspected "virus" floating in a vacuum; I am simply requesting records that describe **purification** of "the virus" (**separation** from everything else in the patient sample, as per standard laboratory practices for the purification of other very small things).

Please also note that my request is **not limited** to records that were authored by someone at University of New South Wales or that pertain to work done at/by University of New South Wales. Rather, my request includes any record

matching the above description, for example (but **not** limited to): any published peer-reviewed study authored by anyone, anywhere that has been downloaded or printed by Professor Shine and relied on as evidence of a disease-causing "virus".

If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.

Format:
Electronic (i.e. pdf) documents sent to me via email; I do not wish for anything to be shipped to me.

Name of applicant and address for correspondence
Last name: Massey
First name: Christine
Email: cmssyc@gmail.com

Thank you in advance and best wishes,
Christine Massey, M.Sc.

Gmail **Christine Massey <cmssyc@gmail.com>**

UNSW - Right to Information Application - Notice of Decision

GIPAA <gipaa@unsw.edu.au> Mon, Oct 4, 2021 at 9:56 PM
To: Christine Massey <cmssyc@gmail.com>

Dear Ms Massey,

Please find attached the notice of decision in regard to your right to information application.

Sincerely,

Paul Serov

Compliance Manager, Privacy Officer, Right to Information Officer

Compliance Unit, Legal Office

THE UNIVERSITY OF NEW SOUTH WALES

UNSW SYDNEY NSW 2052 AUSTRALIA

T: +61 (2) 9065 5491 | E: p.serov@unsw.edu.au | W: legal.unsw.edu.au

CRICOS Provider No. 00098G

UNSW_GIPA_ND7149_Decision_211005-3467-7519-7718-v1.pdf
333K

UNSW Ref: ND7149

5 October 2021

Ms Christine Massey

By email: cmssyc@gmail.com

Dear Ms Massey

Notice of decision in relation to access applications under the *Government Information (Public Access) Act 2009* (NSW) (GIPA Act)

I refer to your information access application under the GIPA Act dated 1 August 2021 and received as a valid application by the University on 12August 2021. The scope of your applications was as follows:

> *All studies and/or reports … describing the purification (i.e. via filtration and use of an ultracentrifuge) of any "SARS-COV-2" aka "COVID-19 virus" (including any "variants"), directly from a sample taken from a diseased human, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum).*
>
> *Please note that I am not requesting any private health information, or studies/reports where researchers failed to purify the suspected "virus" and instead:*
> - *cultured an patient sample or other unpurified substance, and/or*
> - *performed an amplification test (i.e. a PCR test) on all the RNA from*
> - *a patient sample or from a cell culture, or on genetic material from*
> - *any unpurified substance, and/or sequenced the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or produced electron microscopy images of unpurified things.*
>
> *For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and I am not requesting records describing the replication of a "virus" without host cells. Further, I am not requesting records that describe a suspected "virus" floating in a vacuum; I am simply requesting records that describe purification of "the virus" (separation from everything else in the patient sample, as per standard laboratory practices for the purification of other very small things).*
>
> *Please also note that my request is not limited to records that were authored by someone at University of New South Wales or that pertain to work done at/by University of New South Wales. Rather, my request includes any record matching the above description, for example (but not limited to): any published peer-reviewed study authored by anyone, anywhere that has been downloaded or printed … and relied on as evidence of a disease-causing "virus". If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.*

Identification of information requested

I have liaised with the University's Faculty of Medicine and Research Office to attempt to identify information that is held by the University and within the scope of

your request. Based on the specific requirements of your request I have not been able to identify any information that is within the scope of your request.

Authorisation

I am authorised by the Vice-Chancellor (acting as principal officer for the purposes of s 9(3) of the GIPA Act) to make the decision of your access application.

Decision

I have decided, in accordance with s 58(1)(b) of the GIPA Act, that the information requested is not held by the University.

Your rights of review

If you are aggrieved by my decision, you may seek review under Part 5 of the GIPA Act. Your rights for review are outlined in the attached fact sheet from the Information Commissioner – *Your review rights under the GIPA Act*.

If you have any queries about this notice or require further information on your rights of review, please contact me.

Yours sincerely

Paul Serov
Right to Information Officer, UNSW

Encl.

Fact Sheet November 2019

Your review rights under the GIPA Act

You can apply for access to information and NSW government agencies will make a decision under the *Government Information (Public Access) Act 2009* (GIPA). If you are dissatisfied with the decision you can request a review.

What decisions can be reviewed?

You have the right to request a review of certain decisions[1] made by government agencies about the release of information under the GIPA Act:

a) a decision that an application is not a valid access application

b) a decision to transfer an access application to another agency, as an agency-initiated transfer

c) a decision to refuse to deal with an access application (including such a decision that is deemed to have been made)

d) a decision to provide access or to refuse to provide access to information in response to an access application

e) a decision that government information is not held by the agency

f) a decision that information applied for is already available to the applicant

g) a decision to refuse to confirm or deny that information is held by the agency

h) a decision to defer the provision of access to information in response to an access application

i) a decision to provide access to information in a particular way in response to an access application (or a decision not to provide access in the way requested by the applicant)

j) a decision to impose a processing charge or to require an advance deposit,

k) a decision to refuse a reduction in a processing charge

l) a decision to refuse to deal further with an access application because an applicant has failed to pay an advance deposit within the time required for payment

m) a decision to include information in a disclosure log despite an objection by the authorised objector (or a decision that the authorised objector was not entitled to object).

You generally have three review options.

1. Internal review

You have **20 working days**[2] after the notice of a decision has been given to you, to ask for an internal review by the agency that made the decision. An agency may accept an application for internal review out of time, but is not obliged to do so.[3]

If a Minister or their personal staff, or the principal officer of an agency made the decision, you cannot ask for an internal review[4], but you can ask for an external review (see below).

Similarly, if the access applicant or one of any number of third parties has sought an internal review of the decision that you are not satisfied with, you are not entitled to seek an internal review of the decision.[5] You are however able to seek an external review.

The review must be carried out by an officer who is no less senior than the person who made the original decision.[6] The review decision must be made as if it was a fresh application.[7]

There is a $40 fee for an internal review application.[8] An agency may choose to waive the internal review fee.[9] No fee applies for an internal review if the decision is a 'deemed refusal' because the agency did not process your application in time[10] or the internal review is conducted because the Information Commissioner has recommended the agency reconsider its decision under

[1] Section 80 GIPA Act

[2] Section 83(1) GIPA Act
[3] Section 83(2) GIPA Act
[4] Section 82(2) GIPA Act
[5] Section 88 GIPA Act
[6] Section 84(2) GIPA Act
[7] Section 84(1) GIPA Act
[8] Section 85(1) GIPA Act
[9] Section 127 GIPA Act
[10] Section 85(2) GIPA Act

section 93 of the GIPA Act.[11] In this case, you cannot be charged a review fee.

The agency must acknowledge your internal review application within **five** working days of receiving it.[12] The agency must decide the internal review within **15** working days[13] (this can be extended by **10** working days if the agency has to consult with a third party not previously consulted[14], or by agreement with you[15]).

Note: You cannot ask for internal review of a decision that is being or has already been reviewed by the Information Commissioner[16] or the NSW Civil and Administrative Tribunal (NCAT)[17]. This does not apply if the internal review was recommended by the Information Commissioner under section 93.

What is a working day?

A working day is defined as any day that is not a Saturday, Sunday, public holiday or any day during the period declared by the Premier as the Christmas closedown period.[18]

What does notice 'given to' mean?

In the decision of *Choi v University of Technology Sydney* [2017] NSWCATAD 198, the NCAT considered when notice of a decision could be considered to have been 'given to' an access applicant, for the purposes of calculating the time period to seek a review.

NCAT gave the following guidance, in the circumstances where the applicant was emailed a notice of decision as an attachment:

- the words 'given to' have their ordinary meaning of 'delivered' or 'handed over' (at [23], citing *Melville v Townsville City Council* [2004] 1 Qd R 530 at [27])
- in the case of notification by email, notice was given when the decision was emailed to an applicant (at [23])

In the case of notification by post, notice is given at the time when the notice is posted by the Agency. [19]Once the posting of the notice to the postal address is completed, notice is considered to have been given by the agency. Calculating time then commences on the first working day after the notice is posted. [20]

- it was not necessary for the applicant to have read or been aware of the contents of a decision for it to have been 'given to' them (at [23]).

2. External review by the Information Commissioner

If you disagree with any of the decisions listed above, you can ask for an external review by the Information Commissioner.

If you are the person applying for access to information, you do **not** have to have an internal review of the decision before asking the Information Commissioner to review it.[21]

However, if you are not the access applicant, you **must** seek an internal review before applying for review by the Information Commissioner, unless an internal review is not available to you[22] (see Option 1 above; internal review is not available if a Minister or their personal staff, or the principal officer of an agency made the decision, if the decision has already been internally reviewed by the agency or if the decision is being or has been reviewed by NCAT).

You have **40 working days**[23] from being given the decision to ask for a review by the Information Commissioner.

There is no provision in the GIPA Act that permits the Information Commissioner to accept applications out of time.

On reviewing the decision, the Information Commissioner can make recommendations about the decision to the agency. This may include a recommendation that the agency reconsider and make a new decision on the access application.[24] This enables the agency to make a new decision, whether or not the decision has already been the subject of internal review by the agency.[25]

The Information Commissioner has 40 working days from the day on which all necessary information relating to a review application has been received to complete the review of a decision and make any recommendations.[26]

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[11] Section 93(6) GIPA Act
[12] Section 83(3) GIPA Act
[13] Section 86(1) GIPA Act
[14] Section 86(2) GIPA Act; IPC Fact Sheet Why consult third parties; Guideline 5 Consultation on the public interest considerations
[15] Section 86(4) GIPA Act
[16] Section 82(4) GIPA Act
[17] Section 82(5) GIPA Act
[18] Clause 1, Schedule 4 to the GIPA Act
19 Section 126 (2) GIPA Act
[20] *ANQ v Depaftment of Attorney General and Justice, Corective Services {[2012] NSWADT 271 at [8]- [11]*
[21] Section 89(2)(a) GIPA Act
[22] Section 89(2)(b) GIPA Act
[23] Section 90 GIPA Act
[24] Section 93(1) GIPA Act
[25] Section 93(2) GIPA Act
[26] Section 92A(1) GIPA Act

The Information Commissioner and applicant can agree to an extension of the timeframe. The Information Commissioner will notify the agency of any extension.[27]

If the Information Commissioner does not complete the review within the 40 working day period, the Information Commissioner is deemed to have made no recommendations to the agency.[28] The effect of this is that the original decision stands and the only option available to the applicant is to seek a review by NCAT. The applicant must be notified when the review is completed and advised of any recommendations made by the Information Commissioner.[29]

Note: You cannot ask the Information Commissioner to review a decision that is being or has already been reviewed by NCAT[30].

3. External review by the NSW Civil and Administrative Tribunal (NCAT)

If you disagree with any of the decisions listed above, you can ask for a review by NCAT.

If you are the person applying for access to information, you do **not** have to have an internal review of the decision before asking the NCAT to review it. However, if you are not the original access applicant (i.e. you are a third party), you must seek an internal review before applying for review by NCAT, unless an internal review is not available to you[31] (see Option 1 above; internal review is not available if a Minister or their personal staff, or the principal officer of an agency made the decision, if the decision has already been internally reviewed by the agency or if the decision is being or has been reviewed by the Information Commissioner).

You do not have to have the decision reviewed by the Information Commissioner before applying for review by NCAT.[32]

You have **40 working days**[33] from being given the decision to apply to NCAT for review. However, if you have applied for review by the Information Commissioner, you have **20 working days**[34] from being notified of the Information Commission's review outcome to apply to NCAT.

For more information

Contact the Information and Privacy Commission NSW (IPC):

Freecall: 1800 472 679
Email: ipcinfo@ipc.nsw.gov.au
Website: www.ipc.nsw.gov.au

[27] Section 92A(2) GIPA Act
[28] Section 92A(3) GIPA Act
[29] Section 92A(4) GIPA Act
[30] Section 98 GIPA Act
[31] Section 100(2) GIPA Act
[32] Section 100 GIPA Act
[33] Section 101(1) GIPA Act
[34] Section 101(2) GIPA Act

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THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

13 October 2021

[redacted]

[redacted]

Official Information request – SARS-COV-2 and Variants purification by any method

I refer to your information request of 22 September 2021. The University of Waikato (**University**) has given due consideration to your request as follows:

> **"All studies and/or reports in the possession, custody or control of The University of Waikato describing the purification of any "COVID-19 virus" (aka "SARS-COV-2", including any alleged "variants" i.e. "B.1.1.7", "B.1.351", "P.1") (for example: via filtration, ultracentrifugation and chromatography), directly from a sample taken from a diseased human where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; foetal bovine serum)".**

The University advises that there is no research being conducted on the COVID-19 virus by any staff member or student of the University, therefore under section 18 (e) of the Official Information Act 1982 the University refuses the request on the basis that the information requested is not held.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Yours sincerely

Jim Mercer
Chief Operating Officer