



Application to access information

Use this form if you want to apply to access information held by a Northern Territory public sector organisation. Lodge the completed form with the organisation that holds the information you want.

Title: Ms Mrs Miss Mr Dr Other:

First name: Gavin

Family name: Edwards

Phone: [REDACTED]

Email: gavinbah@yahoo.com.au

Postal address: [REDACTED]

Fax:

Name the Organisation that holds the information you want: Northern Territory Department of Health

Describe the information you want: Please provide as much detail about the information you want, eg, dates created, location, subject matter, who was involved. (Attach another sheet of paper with more details, if necessary.)

BACKGROUND.....

On 18 March 2020 the Northern Territory (NT) Minister for Health declared a public health emergency (Government Gazette S10 of 2020) for the whole of the Territory arising out of the 'serious public health risk from Novel coronavirus (COVID-19)'. The declaration was initially for a period of 5 days, and its operation was thereafter extended for defined periods.

Once the public health emergency was declared and in operation the NT Chief Health Officer (CHO) was able to take actions (including the giving of oral or written directions) the CHO considered necessary, appropriate or desirable to alleviate the public health emergency stated in the declaration.

On 13 October 2021, in his Directions titled "COVID-19 Directions (No. 55) 2021: Directions for mandatory vaccination of workers to attend the workplace" (the Directions), the CHO effectively set a mandate for the Northern Territory workforce to be given an 'experimental' vaccination for an alleged virus for which evidence of its existence had not yet (and still has not) been provided to the NT public.

The Directions refer to COVID-19, as did the Minister's declaration. For the purpose of the following discussion reference will be made to 'SARS-CoV-2' as the alleged virus and COVID-19 as the alleged disease caused by the alleged SARS-CoV-2 virus.

In order for the Minister to make such a significant public health emergency declaration, and for the CHO to make such serious Directions (that required most workers to submit to an experimental medical treatment in order to retain their employment and continue to attend

their workplace) both parties must have had access to (among other things) evidence/proof that:

- (1) the SARS-CoV-2 virus exists in nature; and,
- (2) the SARS-CoV-2 virus is the cause of the alleged disease COVID-19.

Such evidence could only have been gained through use of structured enquiry using the scientific method.

In order to make the Directions the CHO must have had considerable supporting records (again, all derived through use of the scientific method as appropriate) that were used to:

- (1) determine the scope of the definition of a "vulnerable person"; and,
- (2) determine the modes of transmission of the alleged virus by "vaccinated" and "unvaccinated" individuals (for all vaccine types); and,
- (3) determine the relative levels of transmission, for all vaccine types, of the alleged virus from vaccinated and unvaccinated individuals to vulnerable persons; and,
- (4) quantify the perceived increase in risk an unvaccinated person presents to a vulnerable person over that presented by a vaccinated person.

REQUEST.....

To be specific, I am requesting the following records:

1. As at 13 October 2021, all studies and/or reports in the possession, custody or control of the Northern Territory Department of Health that describe the isolation of any 'COVID-19 virus' (aka 'SARS-CoV-2' virus, including any alleged '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 (eg. monkey kidney cells aka Vero cells; fetal bovine serum).

***Please note that I am using the term "isolation" in the everyday sense of the word; that is, "the act of separating a thing(s) from everything else". I am not requesting studies/reports where researchers failed to purify the suspected "virus" and instead:

- cultured something, and/or
- performed an amplification test (i.e. a PCR test), and/or
- fabricated a "genome" by editing/assembling/aligning sequences allegedly detected in an impure substance, and/or
- produced electron microscopy images of unpurified things.***

2. As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing tests that had been undertaken using isolated (as described in item 1 above) SARS-CoV-2 virus particles whereby the particles were demonstrated to cause an identical disease in test subjects after they were introduced to the subjects alone (ie. without anything else) through a natural exposure route. Particles must have then been isolated from the diseased test subjects and shown to be genetically identical to the particles isolated in item 1 above.

3. As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing studies that justified the classification of those persons in Direction 3 of the Directions as being 'vulnerable to infection with COVID-19'.

4. As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing studies/testing that had been conducted to determine the respective modes and levels of transmission of SARS-CoV-2 from 'vaccinated' and 'unvaccinated' test subjects to persons considered to be 'vulnerable to infection with COVID-19'. Also include details of the levels of infection identified for all tests.

Please note, the above requests are not limited to records that were authored by the Department of Health or that pertain to work done by the Department of Health. The requests

include any kind of record, for example (but not limited to), any published peer reviewed study that the Department of Health has accessed.

If any records match the above descriptions 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 (ie. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.

Preferred form of access: Copies Inspection Other (specify, eg, electronic copy):
electronic copy

Application fee \$30: (please tick relevant box)

If your Application is only for records that contain personal information about you, there is no Application fee. But if your Application is for information that is not about you, or for a mix of non-personal and personal information, you must pay an Application fee. In some cases, the fee may be waived or reduced.

I limit my Application to records that contain personal information about me (No Application fee).

I attach a \$30 cheque / money order / receipt* for the Application fee.

I attach a completed Application to Waive/Reduce Fees form in relation to the Application fee.

*You may pay the fee to any Receiver of Territory Monies and attach the receipt to your Application.

Processing fee: (please tick if relevant)

A processing fee may be charged to cover costs of processing the Application. If your Application is only for records that contain personal information about you, the processing fee is more limited. In some cases, the fee may be waived or reduced.

I understand that I may have to pay a processing fee in relation to the Application.

I attach a completed Application to Waive/Reduce Fees form in relation to the processing fee.

Identification: (please tick if relevant)

The organisation needs proof of your identity. You may attach a copy of an identification document (eg. driver's licence, passport, etc) if you are posting or faxing this form. If you are applying in person to the organisation, you may produce your identification document to an official, or they may be able to confirm your identity in some other way. If the organisation needs more, it will contact you.

I attach a copy of an identification document

Sign: 

Date: 3 August 2023



Privacy

The Information Act requires you to supply your name and an address for correspondence, as well as sufficient details to identify the information you want. Additional contact details will assist the organisation to process your Application. Some personal information may have to be disclosed to other people in order to satisfy consultation requirements under the Act and make an informed decision on your Application. If you want to discuss privacy issues, you may contact the Information Officer within the organisation.

More information

For more information about access to NT government information under the Information Act you can visit www.infocomm.nt.gov.au, or contact the Office of the Information Commissioner - phone 1800 005 610 or 8999 1500, fax 8981 3812, email infocomm@nt.gov.au, or post PO Box 3750, Darwin NT 0801.

For help filling out this form, contact the Information Officer for the organisation that holds the information you want (for details, contact the Government Switchboard on 8999 5511).

RECEIPT/TAX INVOICE

Original

Department of Health

ABN: 84 085 734 992

Customer Id.
ABN:
Contact No. 0491013703

Receipt No. 6812445811
Date: 2/08/2023 8:41:52 AM
Served By: NPY

GAVIN EDWOODS
GAVINBAH@YAHOO.COM.AU

Payment Method	Reference No.	Amount
EFTPOS	329885	30.00

Description*	Amount (GST Exclusive)	GST	Amount (GST Inclusive)
FOI - GAVIN EDWOODS	30.00	0.00	30.00
Total	30.00	0.00	30.00

*These items may attract GST.

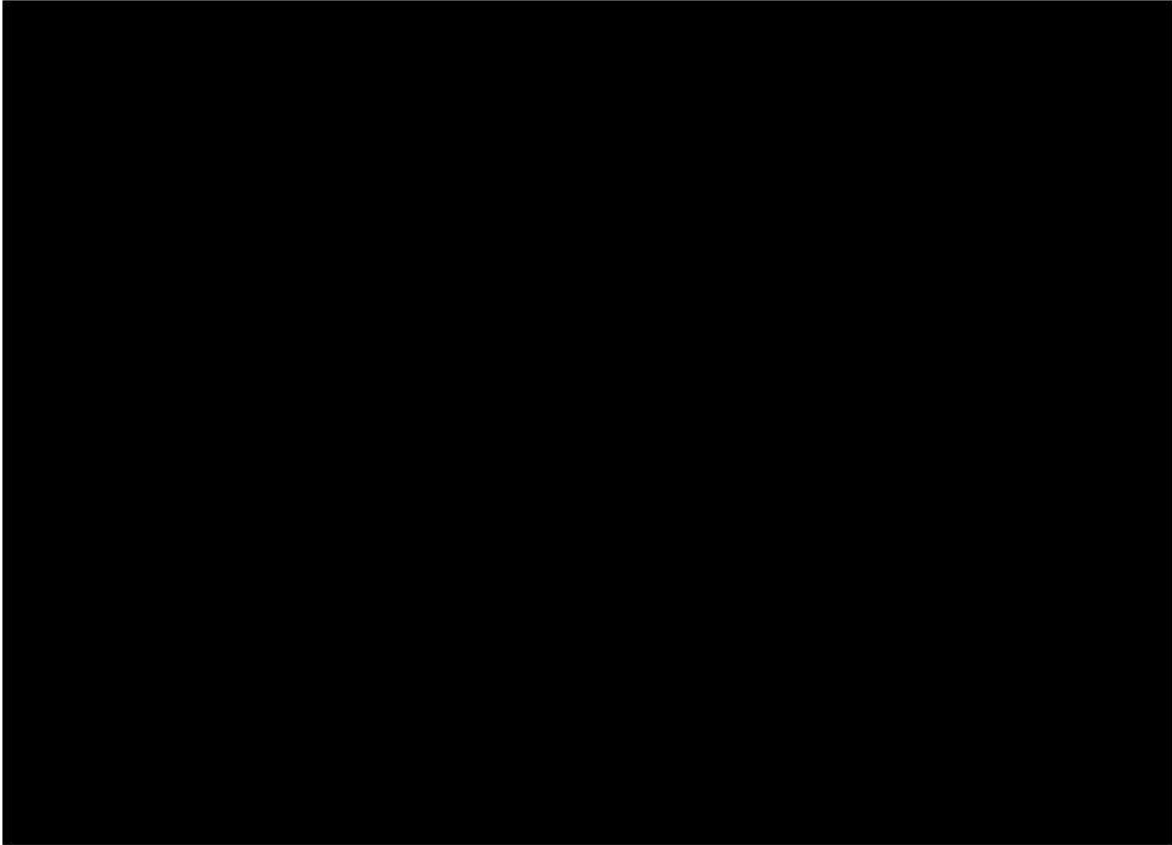
TOTAL	30.00
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Receiver of Territory Monies



NORTHERN TERRITORY OF AUSTRALIA



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On Thursday, 17 August 2023, 11:35:17 am ACST, InfoPrivacyHealth THS <infoprivacyhealth.ths@nt.gov.au> wrote:

Dear Mr Edwards,

**RE: APPLICATION TO ACCESS GOVERNMENT INFORMATION PURSUANT TO THE INFORMATION ACT 2002**

I am contacting you with regard to your Application to Access Information dated 3 August 2023 (attached) submitted to the Department of Corporate and Digital Development (DCDD). On 4 August 2023, your application was transferred by DCDD to NT Health, in accordance with section 29 of the *Information Act 2002* (the Act).

Your application has been submitted pursuant to the provisions of the Act and must be managed in accordance with legislative requirements. Section 18 of the Act sets out how an application must be made, and section 18(2)(c) of the Act requires that an application is to:

***Include sufficient details to identify the information***

In considering the terms of your request, I have determined that further information is required for the purpose of meeting the requirement section 18(2)(c) of the Act. There are multiple aspects to your provided terms and I will address these separately below:

*1. As at 13 October 2021, all studies and/or reports in the possession, custody or control of the Northern Territory Department of Health that describe the isolation of any 'COVID-19 virus' (aka 'SARS-CoV-2' virus, including any alleged '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 (eg. monkey kidney cells aka Vero cells; fetal bovine serum).*

While your application provides a background to the request, this information does not sufficiently identify any specific report and/or study to which this aspect of your request relates. Effectively, this aspect of your scope requires the identification of any report or study that references the 'COVID-19 virus'. Preliminary consultations confirm that NT Health would have access to a broad range of records that may reasonably be considered to meet the definition set by this aspect of your request. Records are not limited to the Office of the Chief Health Officer (OCHO) and may be held with multiple health regions and program areas within NT Health. There is no reasonable manner by which this unit would be able to undertake search processes in a manner sufficient to identify *...all studies and/or reports...* held within NT Health, and it is for this reason that I am satisfied that this aspect of your request does not meet the acceptance requirement set by section 18(2)(c) of the Act. Should you wish to progress this aspect of your request, you are required to identify the name of the study or report that you seek to access, including the author of the document or organisation to which the document is expected to have originated.

*2. As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing tests that had been undertaken using isolated (as described in item 1 above) SARS-CoV-2 virus particles whereby the particles were demonstrated to cause an identical disease in test subjects after they were introduced to the subjects alone (ie. without anything else) through a natural exposure route. Particles must have then been isolated from the diseased test subjects and shown to be genetically identical to the particles isolated in item 1 above.*

In considering this aspect of your request I firstly note that the terms *...all records...* is extremely broad and nebulous and does not provides sufficient detail to permit this unit to commence search processes. To clarify, while you have provided a subject matter to this scope, this unit is unable to determine the nature of the record you seek to access. All records may reasonably include, but is not limited to, internal communications, records of consultations with external organisations, formal communications, meeting records and/or research documents. This aspect of your request cannot be considered further without additional detail to permit for the identification of the record/s you seek to access. I note that similar to aspect one, where you seek a specific report or assessment, or where you have an understanding of where a document has originated or is authored by, you must provide these details to enable further consideration against section 18(2)(c) of the Act.

*3. As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing studies that justified the classification of those persons in Direction 3 of the Directions as being 'vulnerable to infection with COVID-19'.*

Our unit cannot identify the Direction referenced as *...Direction 3 of the Directions*. Further, and as set out earlier in this correspondence, the term *...all records...* is too broad to be determined to meet the acceptance requirement set by section 18(2)(c) of the Act. Please confirm the Direction to which you reference by this aspect of your request and provide further detail to enable this unit to identify the record/s you seek to access.

*4. As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing studies/testing that had been conducted to determine the respective modes and*

*levels of transmission of SARS-CoV-2 from 'vaccinated' and 'unvaccinated' test subjects to persons considered to be 'vulnerable to infection with COVID-19'. Also include details of the levels of infection identified for all tests.*

Please see comments against the second aspect of your scope, and requirement with regard to further detail required to identify the record/s you seek to access.

Your application further notes: *Please note, the above requests are not limited to records that were authored by the Department of Health or that pertain to work done by the Department of health. The requests include any kind of record, for example (but not limited to), any published peer reviewed study that the Department of Health has accessed. If any records match the above descriptions 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 (ie. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.*

As set out above, there is no reasonable manner by which this unit is able to identify records that you seek to access. However, for your information I note that it would be expected that a large amount of information considered by NT Health during this period of time would be expected to have originated from external organisations and where a record is not considered to be *a record required to be held by NT Health*, our unit will refer your application to that organisation to address. Further, our unit is not required to undertake searches to identify publicly available information and where this information is not readily available to this unit, there will be no consideration to your request that you be provided with this information.

As I have set out above, a significant degree of further detail is required to enable NT Health to consider your application valid in accordance with legislative requirements. In considering your response to this communication and in providing your revised scope, I must draw your attention to section 25 of the Act which provides:

**25 Refusing access because providing access unreasonably interferes with operations**

(1) *A public sector organisation may decide to refuse access to the information because providing access would unreasonably interfere with the operations of the organisation.*

(2) *A public sector organisation may only decide to refuse access under subsection (1) if the organisation and the applicant are unable to agree on a variation of the information identified in the application.*

Your application must be considered in its entirety and where addressing your application is reasonably likely to interfere with the operations of the organisation, NT Health will be required to consider a refusal of information in accordance with section 25 of the Act. It is for this reason that an application must contain sufficient detail to identify a record rather than an indefinite reference to a type of document relevant to a particular subject matter.

I advise that your application has not been accepted at this time. Our unit will hold this matter open for a period of 30 days from today pending the provision of further information as set out above. Should our unit not receive further contact within this timeframe, your application will be considered withdrawn and will be finalised.

If you have any further queries please do not hesitate to contact the Information and Privacy Unit.



Kind regards

**Sarah Kennedy**  
Information and Privacy Officer  
Legal Services  
NT Health

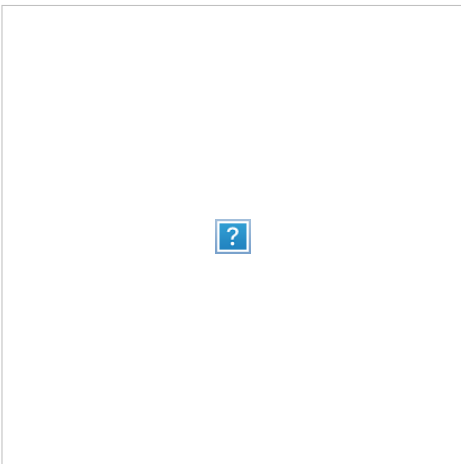
Floor 8, Manunda Place, 38 Cavenagh Street, Darwin NT  
GPO Box 40596 Casuarina, NT 0811

t. 08 8999 2880

f. 08 8973 9063

e. [infoprivacyhealth.ths@nt.gov.au](mailto:infoprivacyhealth.ths@nt.gov.au)

[www.health.nt.gov.au/freedom-of-information](http://www.health.nt.gov.au/freedom-of-information)



***I acknowledge Aboriginal people as the Traditional Owners of the country I work on, and their connection to land and community. I pay my respect to all Traditional Owners, and to the Elders both past and present.***

Use or transmittal of the information in this email other than for authorised NT Government business purposes may constitute misconduct under the NT Public Sector Code of Conduct and could potentially be an offence under the NT Criminal Code. If you are not the intended recipient, any use, disclosure or copying of this message or any attachments is unauthorised. If you have received this document in error, please advise the sender. No representation is given that attached files are free from viruses or other defects. Scanning for viruses is recommended.

Re: NT Health - Notification of Non-Acceptance - Mr Gavin Edwards (Our ref: Foi2023/254)

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From: Gavin Edwards (gavinbah@yahoo.com.au)

To: infoprivacyhealth.ths@nt.gov.au

Bcc: gavinbah@yahoo.com.au

Date: Sunday, 20 August 2023, 12:20 pm ACST

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Dear Ms Kennedy

Thank you for your email of 17 August 2023 in which you requested additional information regarding my application to access government information (your ref: Foi20233/254). Before responding to each of your comments/questions I would like to offer the following background to my application:

The NT Government's response to the alleged 'COVID-19 virus' affected most of the Northern Territory population in one way or another, with some people being significantly affected/disadvantaged by the response. In order to make Directions such as "*COVID-19 Directions (No. 55) 2021: Directions for mandatory vaccination of workers to attend the workplace*" (the Directions), knowing they would be life-changing for many people, the NT CHO would need to have been certain that the Directions were necessary/justified and designed using sound reasoning. That is, they would need to be based on solid scientific evidence.

Without this evidence it could be assumed that all actions taken by the NT CHO were more-or-less based on 'hearsay', 'rumours' or 'hunches', which would be totally unacceptable for such decision-making. I am sure that is not the case, but have yet to see the NT CHO/NT Health make this evidence available to the public where it can be reviewed by interested people. I have undertaken a significant number of searches for any studies/records/reports in the public domain that would 'scientifically' support the Directions that have been made, but unfortunately, while there is much 'COVID-19' related information available publicly, nothing I have been able to review provides the scientific evidence that would be needed to justify the NT CHO's actions. Accordingly, it was necessary for me to make the application to access Government information (Foi20233/254) in order to obtain the information.

Please note, at the basic level my application is seeking details of **any** information the NT CHO used in order to:

- assure himself that the alleged 'COVID-19 virus' exists in nature (ie. that it is real)
- assure himself that the COVID-19 virus causes the alleged 'COVID-19 disease'
- determine there was a scientific justification for classifying people as being 'vulnerable to infection with COVID-19'
- assure himself there was scientific justification for considering that 'vaccinated'

and 'unvaccinated' people have a different ability to transmit COVID-19 to those vulnerable to infection with COVID-19.

The provisos were put in the application for the purpose of focussing the request in order to limit the returned information to that which is scientifically valid.

Please find responses to each of your comments below:

**1.** *As at 13 October 2021, all studies and/or reports in the possession, custody or control of the Northern Territory Department of Health that describe the isolation of any 'COVID-19 virus' (aka 'SARS-CoV-2' virus, including any alleged '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 (eg. monkey kidney cells aka Vero cells; fetal bovine serum).*

While your application provides a background to the request, this information does not sufficiently identify any specific report and/or study to which this aspect of your request relates. Effectively, this aspect of your scope requires the identification of any report or study that references the 'COVID-19 virus'. Preliminary consultations confirm that NT Health would have access to a broad range of records that may reasonably be considered to meet the definition set by this aspect of your request. Records are not limited to the Office of the Chief Health Officer (OCHO) and may be held with multiple health regions and program areas within NT Health. There is no reasonable manner by which this unit would be able to undertake search processes in a manner sufficient to identify *...all studies and/or reports...* held within NT Health, and it is for this reason that I am satisfied that this aspect of your request does not meet the acceptance requirement set by section 18(2)(c) of the Act. Should you wish to progress this aspect of your request, you are required to identify the name of the study or report that you seek to access, including the author of the document or organisation to which the document is expected to have originated.

## **RESPONSE:**

The NT CHO, as far as I'm aware, has not made available to the public any details of the studies and/or reports that he used to satisfy himself that the alleged COVID-19 virus occurs in nature (ie. that it exists). I am unable to provide details of these studies and/or reports as this information is what my application in seeking to identify.

Please note that the scope of this part of my application does not require "the identification of any report or study that references the 'COVID-19 virus'". The scope is much more focussed, asking for any studies/reports that describe isolation of the COVID-19 virus. The scope is careful to provide a brief outline of important criteria needed to be observed when carrying out a 'scientifically' acceptable method of demonstrating isolation of a virus (eg. sample taken directly from a diseased human and not combined with other genetic material), to further focus efforts. This was necessary in order to exclude from the search the multitude of papers that claim isolation of the virus using pseudoscientific methods. Given that I have been unable to identify any such information in the public domain I do not expect the specific number of reports or studies held by the NT CHO to be overwhelming in any way.

In summary, I am requesting that you reconsider your finding on the basis of the clarifications provided above. I do not know which study/ies and/or record/s the NT CHO used to satisfy himself that the COVID-19 virus exists in nature

—this is the information that I am seeking to establish by this part of my application.

**2.** *As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing tests that had been undertaken using isolated (as described in item 1 above) SARS-CoV-2 virus particles whereby the particles were demonstrated to cause an identical disease in test subjects after they were introduced to the subjects alone (ie. without anything else) through a natural exposure route. Particles must have then been isolated from the diseased test subjects and shown to be genetically identical to the particles isolated in item 1 above.*

In considering this aspect of your request I firstly note that the terms *...all records...* is extremely broad and nebulous and does not provides sufficient detail to permit this unit to commence search processes. To clarify, while you have provided a subject matter to this scope, this unit is unable to determine the nature of the record you seek to access. All records may reasonably include, but is not limited to, internal communications, records of consultations with external organisations, formal communications, meeting records and/or research documents. This aspect of your request cannot be considered further without additional detail to permit for the identification of the record/s you seek to access. I note that similar to aspect one, where you seek a specific report or assessment, or where you have an understanding of where a document has originated or is authored by, you must provide these details to enable further consideration against section 18(2)(c) of the Act.

## RESPONSE:

In this part of the request I am trying to determine what reports and/or studies were used by the NT CHO in their decision-making process in order to be satisfied that the alleged 'COVID-19 virus' causes the alleged 'COVID-19 disease'. I am not aware that the NT CHO or NT Health has made this information publicly available; if they had, and as with the response to '1' above, I would then be able to provide further information to help with your search.

Given that I have been unable to identify any such information in the public domain I do not expect the specific information held by the NT CHO to be overwhelming in volume. However, it would be quite acceptable to substitute the word "**any**" for "**all**" if that makes it easier to carry out the search? The relevant part of the sentence in question would then become:

*"...**any** records in the possession, custody or control of the Department of Health..."*

This may give the searcher more flexibility as to how to go about the search.

In summary, I am requesting that you reconsider your finding on the basis of the clarifications provided above. I do not know which study/ies and/or record/s the NT CHO used to satisfy himself that the alleged 'COVID-19 virus' causes a disease called 'COVID-19', and it is this information my application seeks to identify. Please substitute the word '**any**' for '**all**' if it is useful, as discussed above.

**3.** *As at 13 October 2021, all records in the possession, custody or control of the Department of Health*

*describing studies that justified the classification of those persons in Direction 3 of the Directions as being 'vulnerable to infection with COVID-19'.*

Our unit cannot identify the Direction referenced as ...Direction 3 of the Directions. Further, and as set out earlier in this correspondence, the term ...*all records*... is too broad to be determined to meet the acceptance requirement set by section 18(2)(c) of the Act. Please confirm the Direction to which you reference by this aspect of your request and provide further detail to enable this unit to identify the record/s you seek to access.

## **RESPONSE:**

By 'Direction 3 of the Directions' I meant the following part of the overall Direction:

Inline image



Again, it would be acceptable to substitute the word "**any**" for "**all**" if that makes it easier to carry out the search? The relevant part of the sentence in question would then become:

"...**any** records..."

This may give the searcher more flexibility as to how to go about the search.

I do not know what information the NT CHO used to satisfy himself that the 'vulnerable persons' described in Direction 3 of the Directions were indeed vulnerable to the COVID-19 virus, but assume it would be more substantial (scientifically-based) than that included in the "Note for Direction 3". The information used by the NT CHO is what I am trying to determine in my application for information.

**4.** *As at 13 October 2021, all records in the possession, custody or control of the Department of Health describing studies/testing that had been conducted to determine the respective modes and levels of transmission of SARS-CoV-2 from 'vaccinated' and 'unvaccinated' test subjects to persons considered to be 'vulnerable to infection with COVID-19'. Also include details of the levels of infection identified for all tests.*

Please see comments against the second aspect of your scope, and requirement with regard to further detail required to identify the record/s you seek to access.

This part of the request seeks to determine how the NT CHO was able to satisfy himself that there was a measurable difference in COVID-19 transmission rates from vaccinated and unvaccinated persons to persons considered to be 'vulnerable to infection with COVID-19'. It also seeks to determine what those differences in transmission rates are, and how they could be used to justify prejudice against unvaccinated staff. Obviously, relevant information must have been available to the NT CHO in order to make this Direction, however, the details of any such information used as the basis for this Direction have not been made available to the public (as far as I'm aware). I am therefore unable to provide additional information as to the identity of the information I seek in this part of the application.

As mentioned in the responses above, please feel free to substitute the word '**any**' for '**all**' as needed to make the search easier.

**Further comments:** *Your application further notes: Please note, the above requests are not limited to records that were authored by the Department of Health or that pertain to work done by the Department of health. The requests include any kind of record, for example (but not limited to), any published peer reviewed study that the Department of Health has accessed. If any records match the above descriptions 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 (ie. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.*

*As set out above, there is no reasonable manner by which this unit is able to identify records that you seek to access. However, for your information I note that it would be expected that a large amount of information considered by NT Health during this period of time would be expected to have originated from external organisations and where a record is not considered to be a record required to be held by NT Health, our unit will refer your application to that organisation to address. Further, our unit is not required to undertake searches to identify publicly available information and where this information is not readily available to this unit, there will be no consideration to your request that you be provided with this information.*

Given that the Directions in question have affected much of the Northern Territory population in one way or another—with some people being seriously disadvantaged by them—I would expect that a copy of all supporting information used in the decision-making process would have been kept together in a file (hard or soft) on that particular subject. I really cannot imagine a situation where supporting information for a subject as sensitive as the Directions in question would not be kept together within the Department, and made readily accessible to staff (who need to access it).

As mentioned in the responses above, I am unaware of what information the NT CHO used in any of his decision-making processes when developing the Directions in question. This information has not been made available to the public as far as I am aware. It is this information (eg. studies, records etc) that I am seeking by making the application for information.

**Further comments**: As I have set out above, a significant degree of further detail is required to enable NT Health to consider your application valid in accordance with legislative requirements. In considering your response to this communication and in providing your revised scope, I must draw your attention to section 25 of the Act which provides:

**25 Refusing access because providing access unreasonably interferes with operations**

*(1) A public sector organisation may decide to refuse access to the information because providing access would unreasonably interfere with the operations of the organisation.*

*(2) A public sector organisation may only decide to refuse access under subsection (1) if the organisation and the applicant are unable to agree on a variation of the information identified in the application.*

Your application must be considered in its entirety and where addressing your application is reasonably likely to interfere with the operations of the organisation, NT Health will be required to consider a refusal of information in accordance with section 25 of the Act. It is for this reason that an application must contain sufficient detail to identify a record rather than an indefinite reference to a type of document relevant to a particular subject matter.

I am quite surprised by your warning that you may not consider my application valid because 'a significant degree of further detail is required to enable NT Health to consider [my] application valid.' For the reasons provided above, I am unable to provide further detail for my application as details of the specific information used in making the Directions are held by the NT CHO/NT Health, and have not been made available to the public. If this information had already been made available to the public there would have been no need for me to make the application for information.

I am equally surprised by your threat of you potentially 'Refusing access because providing access unreasonably interferes with operations'. It is very

disheartening that NT Health's system for managing records and staffing levels are potentially so limited that to retrieve information relating to a very 'high profile' topic could be expected to unreasonably interfere with operations. This is particularly so when this information could have been made available to the public to begin with. It is quite reasonable to expect that a public servant (ie. the NT CHO), in making decisions that directly and significantly impact the public, should at least provide the public with details of their decision-making process.

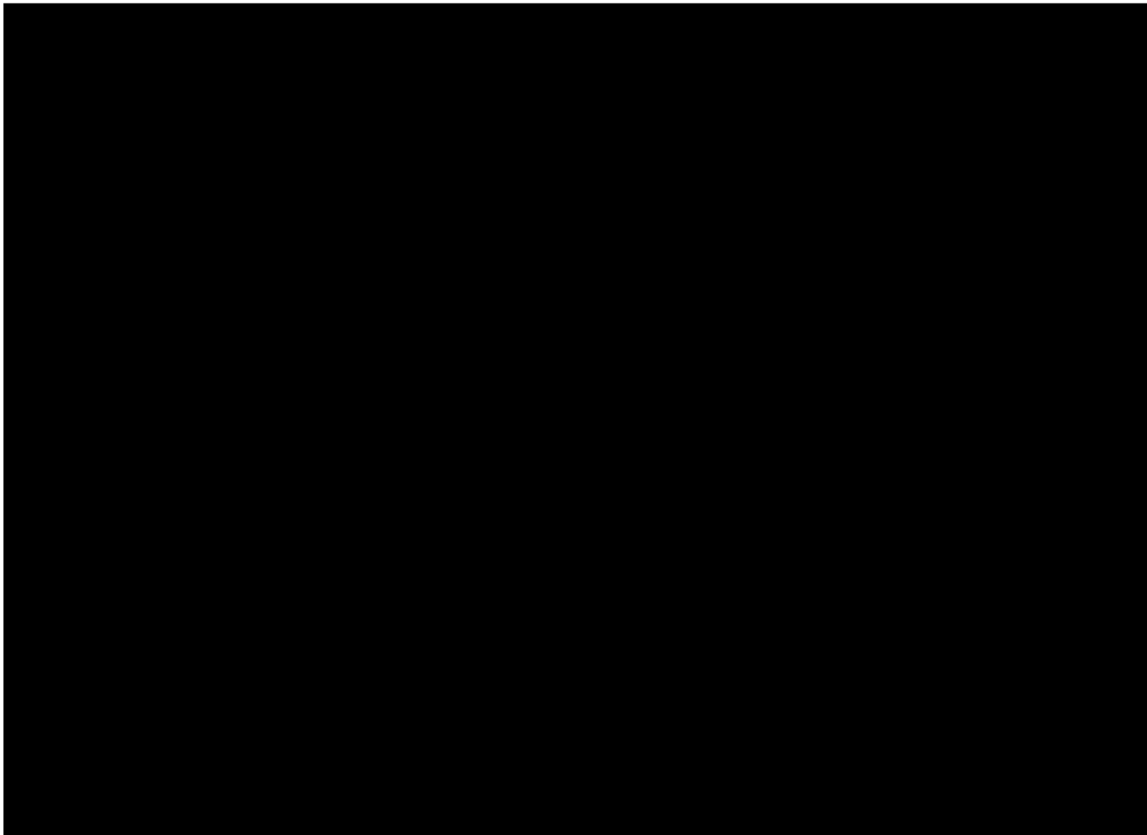
One would assume that after the NT CHO had reviewed information and decided specific studies/records etc provided suitable evidence to justify making a specific decision that the studies/records would be retained together with other related information in a suitable (hard or soft) repository that could be readily accessed as needed. I would not envisage that it would require a significant effort to search for and find this stored information.

Having said that, I admit that while I have worked for the NT Government and other Governments in Australia and overseas I have never worked for NT Health. I just can't imagine that NT Health's information management system and staffing levels are so limited.

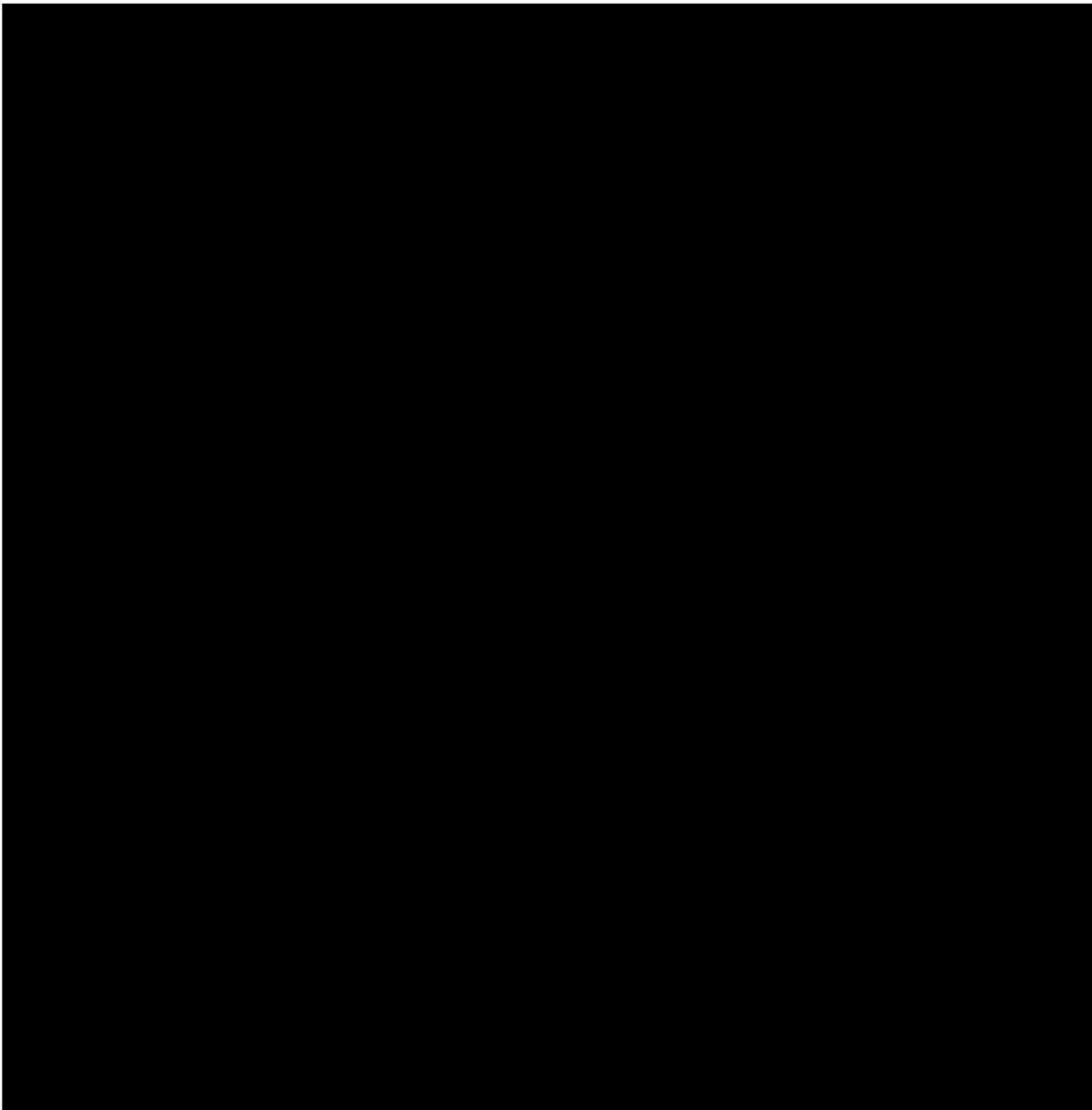
I appreciate your assistance with this matter.

Thank you

Gavin Edwards







On Thursday, 21 September 2023, 10:54:57 am ACST, Tracy Richardson <tracy.richardson@nt.gov.au> wrote:

Dear Mr Edwards,

I am contacting you with regard to your Application to Access Information, submitted to NT Health on 3 August 2023 pursuant to the provisions of the *Information Act 2002* (the Act).

I refer to email correspondence from this office on 17 August 2023, advising you that your application did not meet the acceptance requirements of the Act and requiring you to provide further information for the purpose of enabling this unit to undertake sufficient search processes. I further refer to your email correspondence of

20 August 2023, in response to the earlier communication from this office.

As set out in the communication of 17 August 2023, an application submitted under the Act must meet the legislative requirements set out by the Act. While the Act provides a right of access to government information, this right is not absolute and there is an onus on an applicant to ensure an application contains an acceptable degree of detail to permit for the identification of the information sought. While you have provided further information with regard to your request in your communication of 20 August 2023, you have not sufficiently identified the record/s or information that you seek, to a degree that would allow for acceptance of the request.

In your correspondence of 20 August 2023, you state:

**Please note, at the basic level my application is seeking details of any information the NT CHO used in order to:**

- **assure himself that the alleged 'COVID-19 virus' exists in nature (ie. that it is real)**
- **assure himself that the COVID-19 virus causes the alleged 'COVID-19 disease'**
- **determine there was a scientific justification for classifying people as being 'vulnerable to infection with COVID-19'**
- **assure himself there was scientific justification for considering that 'vaccinated' and 'unvaccinated' people have a different ability to transmit COVID-19 to those vulnerable to infection with COVID-19.**

**The provisos were put in the application for the purpose of focussing the request in order to limit the returned information to that which is scientifically valid.**

While you make further response against the comments raised by this office, effectively the above must be considered to be the terms of your request.

I will not reiterate the legislative requirements of the Act and the responsibilities of an applicant in making an application to a Northern Territory public sector organisation, as these have been addressed in earlier correspondence as they are relevant to your request. However, in considering the obligations on an organisation with regard to response to an applicant, and in acknowledging your email communications of 22 August 2023, 24 August 2023 and 14 September 2023, I note that the Act does not place legislative timeframes on an organisation until an application is considered to meet the acceptance requirements of the Act. Further, the Act does not require an organisation to continue to undertake preliminary searches, where a scope cannot be considered reasonable, for the purpose of assisting in progressing an application.

However, in line with the Objects of the act, our unit has considered your revised terms and information provided in your original application and undertaken further enquiries with the relevant program areas. While your revised terms do not satisfy the requirements of the Act or appropriately address the comments raised by this office in the correspondence of 17 August 2023, I provide you with the following comment with regard to your application

- In your correspondence of 20 August 2023, you acknowledge that you are unable to provide further details with regard to specific documents as the CHO *...has not made available to the public any details of the studies and/or reports that he used to satisfy himself that the alleged COVID-19 virus occurs in nature (ie. that it exists)*. There is no reasonable manner by which this office can commence identifying the information considered by the CHO as it relates to COVID-19 however

records, reports and documents that speak to the validity of the virus would not fall under the remit of NT Health. Information of this nature would be required to be sought from agencies and organisations such as the World Health Organisation.

- You were advised that the terms *...all records...* is extremely broad and nebulous and does not meet the acceptance requirements of the Act. In response you state *...Given that I have been unable to identify any such information in the public domain I do not expect the specific information held by the NT CHO to be overwhelming in volume. However, it would be quite acceptable to substitute the word "any" for "all" if that makes it easier to carry out the search.* I confirm that the change of this determiner from any to all is insufficient to amend the manner by which your application must be considered and does not offer any further flexibilities. Further and as previously advised, the information considered by the CHO is extremely voluminous and cannot be in any way defined by an availability of published information.

- You have stated *... I am unaware of what information the NT CHO used in any of his decision-making processes when developing the Directions in question. This information has not been made available to the public as far as I am aware. It is this information (eg. studies, records etc) that I am seeking by making the application for information.* Reports and studies made available to NT Health would not be publicised by this organisation. These reports would have originated from national and global organisations and, where they are not publicly available, NT Health has no legal responsibility or right to provide this information on those organisations' behalf.

- You raise concerns with regard to the mention of section 25 of the Act in the correspondence of 17 August 2023. Section 25 of the Act is a legislative provision of the Act and is not provided to you as a threat as your correspondence claims. In considering the broad nature of your scope, our unit is aware that section 25 will be a legal consideration as your application progresses and raises this with you at the earliest possible opportunity to negate the likely possibility of further delay. This legislative provision is clearly set out in earlier correspondence from this office.

After undertaking all possible enquiries on your behalf and with regard to your scope, our unit is unable to determine an appropriate manner by which your application can be accepted and addressed, in accordance with the provisions of the Act. While I can appreciate your frustration in a lack of information published by NT Health, I again reiterate that NT Health does not have a right or obligation with regard to publication of material that may fall under confidentiality provisions or has originated from an external agency.

I advise that I am satisfied that this unit has undertaken all reasonable steps to assist you in your application. Your revised scope remains extremely broad and seeks a general nature of information rather than an identifiable document or record. I am absolutely satisfied that there is no reasonable manner by which this unit can identify the information meeting the scope of your request based on your provided communications and our internal enquiries. I am therefore satisfied that your application does not meet the acceptance requirements of the Act in its provided terms. Your application will remain open for a period of 14 days from today however, unless sufficient detail is provided that allows for further search processes, this unit cannot undertake any further internal enquiries with regard to this matter.

Kind regards,

**Tracy Richardson**  
Manager, Information and Privacy  
Legal Services  
NT Health

Floor 8, Manunda Place, 38 Cavenagh Street, Darwin NT  
GPO Box 40596 Casuarina, NT 0811

t. 08 8999 2879  
f. 08 8973 9063

Re: NT Health - Notification of Non-Acceptance - Mr Gavin Edwards (Our ref: FoI2023/254)

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From: Gavin Edwards (gavinbah@yahoo.com.au)

To: tracy.richardson@nt.gov.au

Date: Monday, 25 September 2023, 02:35 pm ACST

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Dear Ms Richardson

Thank you for your email in which you provided a description of the process that is being followed. I have provided some further comments below for your information. My comments are in no way meant to be a personal attack on you or your colleagues, so please do not take them that way.

As you alluded to in your recent correspondence, it has been somewhat frustrating to experience just how difficult it is to get access to key information concerning such a high-profile issue. There is light at the end of the tunnel, however - I have had solid advice that NT Health's inability to share requested information (whether it be because the information does not exist or because the information holder/user is unwilling to share it) is extremely significant in itself.

The following comments relate to the four 'terms of [my] request', which were:

**Term 1. assure himself that the alleged 'COVID-19 virus' exists in nature (ie. that it is real)**

**Term 2. assure himself that the COVID-19 virus causes the alleged 'COVID-19 disease'**

**Term 3. determine there was a scientific justification for classifying people as being 'vulnerable to infection with COVID-19'**

**Term 4. assure himself there was scientific justification for considering that 'vaccinated' and 'unvaccinated' people have a different ability to transmit COVID-19 to those vulnerable to infection with COVID-19.**

**Comment 1.** Terms 1 and 2 seek to identify the information that was used to demonstrate that the alleged virus exists in nature, and that it is replication competent when introduced into human hosts (through natural transmission mechanisms/routes). This would basically show that the alleged virus causes the alleged COVID-19 disease. Although there would have been a need for additional information, the information requested in Terms 1 and 2 would have been absolutely critical to provide the justification needed for every action undertaken in the NT during the COVID-19 public health emergency.

For example, the Minister could not have maintained the 'public health emergency' in the NT without this information, and the CHO could not have issued any of the Directions that were made during the public health emergency without first having established that the virus exists in nature and causes the alleged disease.

While the 'precautionary principle' may have been used in the initial declaration of the public health emergency, it could not reasonably have been used to justify most of the actions undertaken by the CHO. For example, conclusive

evidence that the alleged SARS-CoV-2 virus exists in nature and causes the alleged COVID-19 disease would have been needed in order to issue COVID-19 Directions (No. 55) 2021. The potential ramifications for issuing 'unjustified' Directions that gave people the choice of either submitting to unproven medical treatments or losing their ability to work and provide for their family, are unimaginable.

It is possible that details (eg. citations) of the evidence could have been recorded in the Chief Health Officer's 'Record of action taken during public health emergency' and 'Report on public health emergency'. However, given the apparent lack of information that was recorded by the CHO/NT Health this may not have been the case.

**It is extremely difficult to imagine that the CHO and/or NT Health would not have kept this evidence after viewing it, given that it underpins every action taken during the public health emergency.**

**Comment 2.** Term 3 concerns the categorisation of some groups of people (hereafter referred to as vulnerable people) as being 'vulnerable to infection with COVID-19' and seems to be focussed on the Australian situation. Information is not known to have been made available to the public to provide details of any investigations that were undertaken to justify this categorisation. This information, in conjunction with the evidence sought by Terms 1 and 2, would have been absolutely critical in the design of COVID-19 Directions (No. 55) 2021.

**It is extremely difficult to imagine that the CHO and/or NT Health would not have retained this information after using it, given that it underpins the Directions given in COVID-19 Directions (No. 55) 2021.**

**Comment 3.** Term 4 concerns perceived differences in the ability of the alleged virus to be transmitted to vulnerable people by vaccinated people as opposed to unvaccinated people. While there was initially much public rhetoric around this, details of any validated investigations to demonstrate and quantify differences in transmissibility of the alleged virus have not been made available to the public. The initial rhetoric eventually turned to denial by politicians and pharmaceutical companies during the 'pandemic' when it was observed that 'vaccinated' people were routinely spreading the virus to each other.

This information, in conjunction with the evidence sought by Terms 1 and 2, would have been absolutely critical in the design of COVID-19 Directions (No. 55) 2021. The supporting information would need to be able to demonstrate that the difference in transmissibility was significant and true for all available vaccine types.

**It is extremely difficult to imagine that the CHO and/or NT Health would not have retained this information after using it, given that it underpins the Directions given in COVID-19 Directions (No. 55) 2021.**

**Comment 4.** It is very unlikely there would be privacy concerns with sharing evidence that the alleged SARS-CoV-2 virus exists in nature and causes the

alleged COVID-19 disease. Similarly, it would be very unlikely that there would be privacy concerns around sharing the information used to provide the justification needed to develop the Directions linked to Terms 3 and 4.

Governments and international organisations, through the mainstream media, whipped populations around the world into a frenzy about the 'pandemic', and information about the 'virus' and 'disease' was shared widely and openly, without restriction. It is unfortunate, however, that no information available publicly, provides any evidence to validate the actions taken during the public health emergency in the NT.

## **CONCLUSION**

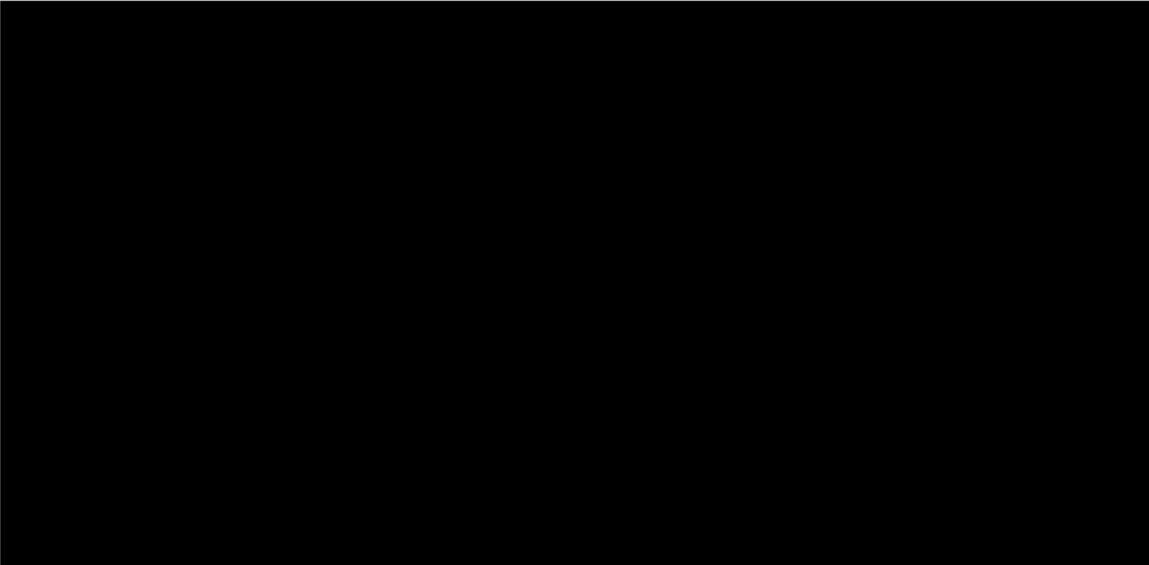
Through conducting this information access request, and as a result of reviewing publicly-available information and making enquiries with other sources, I have confirmed that:

- there was a complete lack of scientifically-valid information shared publicly by the CHO and NT Health during the declared COVID-19 public health emergency;
- NT Health has been unable to, and/or is unwilling to, identify and share any information that would justify the actions taken during the COVID-19 public health emergency in the NT; and,
- there is a complete absence of scientifically-valid information in the public arena that justifies the actions taken in the NT during the COVID-19 public health emergency.

**In light of this, it is reasonable to conclude that the CHO and NT Health have never been in possession of information that would scientifically justify the declaration of the COVID-19 public health emergency in the NT, nor justify any of the Directions given by the CHO during that time.**

Thank you for your time, and kind regards.

Gavin Edwards





Northern Territory of Australia

*Public and Environmental Health Act 2011*

## **COVID-19 Directions (No. 55) 2021: Directions for mandatory vaccination of workers to attend the workplace**

I, Hugh Crosbie Heggie, Chief Health Officer, under section 52 of the *Public and Environmental Health Act 2011* (the **Act**), consider it necessary, appropriate or desirable to take action to alleviate the public health emergency in the Territory, declared by instrument entitled "Declaration of Public Health Emergency", dated 18 March 2020, (the **public health emergency declaration**), by making the following directions:

### **Part 1 Preliminary matters**

- 1 These Directions take effect at 12:00 (noon) on 13 October 2021 and remain in force while the public health emergency declaration is in force.

*Note for direction 1*

*These Directions will remain in force during any subsequent extensions of the duration of that declaration, which may be made under section 50(2) of the Act.*

- 2 In these Directions:

**approved** means approved by me.

**person conducting a business or undertaking**, see section 5 of the *Work Health and Safety (National Uniform Legislation) Act 2011*.

**vulnerable person**, means a person who is considered, under direction 3, to be vulnerable to infection with COVID-19.

**worker**, see section 7 of the *Work Health and Safety (National Uniform Legislation) Act 2011*.

- 3 A person is considered to be vulnerable to infection with COVID-19 if:
- (a) the person is under 12 years of age; or
  - (b) the person cannot be vaccinated with an approved COVID-19 vaccine due to a contraindication to all approved COVID-19 vaccines; or
  - (c) the person is an Aboriginal person; or
  - (d) the person is at risk of severe illness from COVID-19 for medical reasons, such as being on immune suppressive therapy after an organ transplant or having chronic kidney, heart, liver or lung disease.

*Note for direction 3*

*For more information on vulnerable persons see:*

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19>

- 4 These Directions apply to the following workers:
- (a) a worker who, during the course of work, is likely to come into contact with a vulnerable person;
  - (b) a worker who is at risk of infection with COVID-19 because the worker, during the course of work, is likely to come into contact with a person or thing that poses a risk of infection;
  - (c) a worker whose workplace poses a high risk of infection with COVID-19;
  - (d) a worker who performs work that is necessary for the operation or maintenance of essential infrastructure or essential logistics in the Territory.

*Note for direction 4(a)*

*To determine whether a person is a vulnerable person, a worker can ask the person directly or assume they are vulnerable if the worker is unsure. If a person does not disclose their vaccination status to a worker, the worker should assume the person is vulnerable.*

- 5 The provisions of the Schedule are to be used in determining whether these Directions apply to a worker under direction 4.



## Part 2 Vaccination for attendance at workplace

6 For the period starting on 13 November 2021 and ending on 24 December 2021, a worker who has not received the first dose of an approved COVID-19 vaccine must not attend the worker's workplace.

7 On and from 25 December 2021, a worker who has not received 2 doses of an approved COVID-19 vaccine must not attend the worker's workplace.

*Note for direction 7*

*It is expected that a third dose will be required for these workers in 2022. These Directions will be amended to add that requirement when the medical advice is more definite.*

8 Despite directions 6 to 7, a worker may attend the worker's workplace without being vaccinated with an approved COVID-19 vaccine if the worker has evidence of a contraindication to all approved COVID-19 vaccines.

9 The evidence required for direction 8 is one of the following certificates:

- (a) a medical certificate issued by a medical practitioner that certifies that the worker has a contraindication to all approved COVID-19 vaccines determined in accordance with the *Clinical guidance on use of COVID-19 vaccine in Australia in 2021*, or any successor guidelines, issued by the Australian Technical Advisory Group on Immunisation (ATAGI);
- (b) a certificate issued by the Commonwealth that certifies that the worker has a contraindication to all approved COVID-19 vaccines.

*Note for direction 9(a)*

*For the ATAGI guidelines current at the time of making these Directions see: <https://www.health.gov.au/sites/default/files/documents/2021/10/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021.pdf>*

10 A person conducting a business or undertaking must ensure that any worker who performs work for the person does not attend the worker's workplace contrary to directions 6 and 7.

- 11 Nothing in these Directions prevents a worker who is not vaccinated as specified in directions 6 and 7 or exempt from vaccination under direction 8 from working at a place where the worker, during the course of work:
- (a) is not likely to come into contact with a vulnerable person; and
  - (b) is not likely to come into contact with a person or thing that poses a risk of infection with COVID-19; and
  - (c) is not likely to be exposed to a high risk of infection with COVID-19.
- 12 Nothing in these Directions prevents a person conducting a business or undertaking from making reasonable adjustments to accommodate a worker who is not vaccinated as specified in directions 6 and 7.

*Example for direction 12*

*Directing the worker to attend another workplace where the worker is not likely to come into contact with a vulnerable person or be exposed to a high risk of infection.*

### **Part 3 Verification measures**

- 13 A person conducting a business or undertaking must take reasonable steps to determine the extent to which any worker who performs work for the person is vaccinated with an approved COVID-19 vaccine.

*Note for direction 13*

*This involves determining whether the worker is fully vaccinated, has received a first dose or is unvaccinated. Viewing a completed appointment slip or a medical certificate for the first dose or a digital certificate for full vaccination on a mobile phone would be sufficient. See also: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/certificates>*

- 14 A worker must, on request by the person conducting a business or undertaking for whom they work, provide evidence the person needs to determine the extent to which the worker is vaccinated with an approved COVID-19 vaccine.
- 15 A person conducting a business or undertaking must keep a register of the following information:
- (a) the extent to which each worker who performs work for the

person is vaccinated with an approved COVID-19 vaccine;

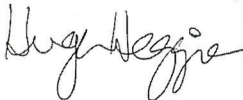
(b) the steps taken to comply with direction 13.

16 A person conducting a business or undertaking must provide access to the register to me or an authorised officer on request.

17 For these Directions, a person conducting a business or undertaking and an authorised officer may request, collect, use and disclose immunisation information that is protected information under section 22(2) of the *Australian Immunisation Register Act 2015* (Cth).

*Notes for COVID-19 Directions*

- 1 *Section 56 of the Act provides for an offence for failing to comply with a direction given by me under section 52 of the Act.*
- 2 *The maximum penalty for this offence is 400 penalty units.*
- 3 *A person is not guilty of this offence if the person has a reasonable excuse.*
- 4 *An infringement notice may be given for failing to comply these Directions with a fine equal to 32 penalty units for an individual and 160 penalty units for a body corporate.*



Digitally signed by Dr Hugh Heggie  
DN: cn=Dr Hugh Heggie, o=NTG  
Health, ou=Public Health & Clinical  
Excellence,  
email=Hugh.Heggie@nt.gov.au, c=AU  
Date: 2021.10.13 10:44:35 +09'30'

.....  
Chief Health Officer

Dated

**Schedule            Provisions to interpret whether these  
Directions apply to worker**

direction 5

- 1        For direction 4(a), workers who, during the course of work, are likely to come into contact with a vulnerable person include the following:
- (a)    workers who work with children, such as teachers, child care workers, tutors, gym coaches and swimming instructors;
  - (b)    workers who work with disabled persons, elderly persons or other persons vulnerable to infection with COVID-19, such as legal service providers, disability care workers and personal carers;
  - (c)    workers who directly face customers or patients in health care and ancillary health care services;
  - (d)    workers who work in a community consisting of mostly Aboriginal people;
  - (e)    workers who provide community services;
  - (f)    workers who directly face customers in retail services, financial or hospitality industries and other service industries.

*Note for item 1(d)*

*This includes family outstations and town camps.*

- 2        For direction 4(b), workers who are at risk of infection with COVID-19 because they, during the course of work, are likely to come into contact with a person or thing that poses a risk of infection include the following:
- (a)    health care workers in hospitals and emergency departments;
  - (b)    police and emergency service workers;
  - (c)    workers in quarantine facilities or other quarantine places;
  - (d)    border control workers;
  - (e)    workers at other places to which symptomatic people may go,

such as medical clinics, respiratory clinics and pharmacies.

- 3 For direction 4(c), workplaces that pose a high risk of infection with COVID-19 include the following:
  - (a) correction and detention facilities;
  - (b) shelters for persons experiencing homelessness or other forms of adversity;
  - (c) mining sites;
  - (d) food processing and distribution facilities;
  - (e) cold storage facilities and abattoirs;
  - (f) cruise vessels as defined in direction 5 of my COVID-19 Directions (No. 5) 2021.
  
- 4 For direction 4(d), essential infrastructure or essential logistics in the Territory include:
  - (a) electricity generation facilities, electricity networks and electrical installations;
  - (b) liquid natural gas and other gas facilities;
  - (c) water supply and distribution infrastructure;
  - (d) sewerage treatment facilities;
  - (e) telecommunications systems;
  - (f) roads;
  - (g) COVID-19 emergency operations centre.