

The image is the virus budding from an infected cell.
It is not purified virus

Malik Peiris

From: Torsten <tengelbrecht@gmx.net>

Sent: Tuesday, May 12, 2020 3:26 PM

To: malik <malik@hku.hk>

Subject: Questions re your Nature Medicine article "Emergence of a novel human coronavirus,threatening human health"

Dear Malik Peiris!

My name is Torsten Engelbrecht and I am journalist in Hamburg, Germany. I am researching the COVID-19 issue. Therefore, with much Interest I have read your *Nature Medicine* article "[Emergence of a novel human coronavirus threatening human health](#)". In this context please allow me the following 3 question:

1. In your article you write "SARS-CoV-2 can be readily cultured from clinical specimens, and viral isolates are now available in mainland China and elsewhere, including in our own laboratory". Was RNA obtained from the density at which CoV particles band (in your lab and according to your level of knowledge also elsewhere)?
2. What is that density and did you obtain (or do you know of) an EM showing the degree of purification?
3. Do your (or any other) EM shots show ultracentrifuged, sedimented virus particles? And do images show the purified virus?

Many thanks and best wishes,

Torsten Engelbrecht

Torsten Engelbrecht

Gertigstr. 20

Betreff **RE: Question re Coronavirus RNA**

06.05.2020, 06:07

An Torsten ★

Dear Torsten Engelbrecht,

Thank you for your interest in the paper.
I hope my answer is helpful to your questions.

- Q1. RNA was extracted from the supernatant of cell culture inoculated with specimen.
Q2. We could not estimate the degree of purification because we do not purify and concentrate the virus cultured in cells.
Q3. We took EM pictures from infected cells. not from ultracentrifuged, segmented or concentrated viruses.

Sincerely your,

Myung-Guk

----- 원본 메일 -----

보낸사람 : Torsten <tengelbrecht@gmx.net>

받는사람 : <mghan@korea.kr>

받은날짜 : 2020년 5월 6일(수) 02:38:14

제목 : Question re Coronavirus RNA

Dear Myung-Guk Han!

My name is Torsten Engelbrecht and I am journalist in Hamburg, Germany. I am researching the COVID-19 issue. Therefore, with much interest I have read your paper "[Identification of Coronavirus Isolated from a Patient in Korea with COVID-19](#)". In this context please allow me the following question:

Please allow me the following 3 questions:

1. In your paper you write "After inoculating cells with the nasopharyngeal and oropharyngeal samples, RNA was extracted from the virus-replicated cell culture medium". Was RNA obtained from the density at which CoV particles band?
2. What is that density and did you obtain an EM showing the degree of purification?
3. Do the EM shots show ultracentrifuged, sedimented virus particles? And do images show the purified virus?

Many thanks and best wishes, Torsten Engelbrecht

Torsten Engelbrecht

Gertigstr. 20

D-22303 Hamburg

T +49 (0)40 316509

M +49 (0)177 4884187

E tengelbrecht@gmx.net

Von 谭文杰 <tanwj@ivdc.chinacdc.cn> ☆

Betreff **Re:3 Questions re your Study "A Novel Coronavirus from Patients with Pneumonia in China, 2019", II** 18.03.2020, 07:36

An Torsten ★

Kopie (CC) gaof@im.ac.cn ☆

Dear Dr. Torsten,

Thank you for your mail. here are the answers to your questions :

1. In your paper it says that "Supernatant from human airway epithelial cell cultures... was... ultracentrifuged to sediment virus particles". Does this refer to ultracentrifugation in a sucrose density gradient? And if so, was RNA obtained from the density at which CoV particles band?

Answer: In order to enrich the virus particles but not to purify them, the ultracentrifugation was performed. The details were: the culture supernatant was ultra-centrifuged directly without cushions and the pellets were re-suspended to carry out negative staining for EM detection.

2. What is that density and did you obtain an EM showing the degree of purification?

Answer: As mentioned above, the samples were enriched rather than purification. So we didn't get the density.

3. Is figure 3A an EM of the ultracentrifuged, sedimented virus particles? And is Figure 3A an EM of the purified virus?

Answer: The figure 3A is an image of sedimented virus particles, not purified ones.

4. You write "Bronchoalveolar-lavage fluid samples were collected in sterile cups to which virus transport medium was added". In this context the WHO recommends a "virus transport medium". Did you use the same or a very similar one?

Answer: we use the same one as the WHO recommends.

Best,

Wenjie

Von 谭文杰 <tanwj@ivdc.chinacdc.cn> ☆

Betreff **Re:3 Questions re your Study "A Novel Coronavirus from Patients with Pneumonia in China, 2019", II** 18.03.2020, 07:36

An Torsten ★

Kopie (CC) gaof@im.ac.cn ☆

From: Torsten <tengelbrecht@gmx.net>

Date: 2020-03-18 02:42:23

To: tanwj@ivdc.chinacdc.cn, gaof@im.ac.cn

Subject: 3 Questions re your Study "A Novel Coronavirus from Patients with Pneumonia in China, 2019", II

Dear Guizhen Wu, dear George F. Gao, dear Wenjie Tan!

Please allow me an additional question to the questions I have sent you some hours ago (see below):

You write "Bronchoalveolar-lavage fluid samples were collected in sterile cups to which virus transport medium was added". In this context the WHO recommends a "virus transport medium". Did you use the same or a very similar one? If no, what kind of "virus transport medium" did you use?

Best wishes, Torsten Engelbrecht

Torsten Engelbrecht

Am 17.03.2020 um 09:03 schrieb Torsten:

Dear Guizhen Wu, dear George F. Gao, dear Wenjie Tan!

My name ist Torsten Engelbrecht and I am journalist in Hamburg, Germany. I am currently researching an article about SARS-CoV-2. In this context I have read your paper "A Novel Coronavirus from Patients with Pneumonia in China, 2019". Please allow me the following 3 questions:

1. In your paper it says that "Supernatant from human airway epithelial cell cultures... was... ultracentrifuged to sediment virus particles". Does this refer to ultracentrifugation in a sucrose density gradient? And if so, was RNA obtained from the density at which CoV particles band?
2. What is that density and did you obtain an EM showing the degree of purification?
3. Is figure 3A an EM of the ultracentrifuged, sedimented virus particles? And is Figure 3A an EM of the purified

virus?

Many thanks and best wishes from Hamburg! Torsten Engelbrecht

--

Torsten Engelbrecht

Gertigstr. 20

D-22303 Hamburg

T +49 (0)40 316509

M +49 (0)177 4884187

E tengelbrecht@gmx.net

Von Roberts, Jason <Jason.Roberts@vidrl.org.au> ☆

Betreff **RE: [EXT] Question re your paper "Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia"** 05.10.2020, 04:00

An Druce, Julian <Julian.Druce@mh.org.au> ☆

1 weitere

Kopie (CC) Torsten ★

Hi Torsten,

The EM images were obtained directly from cell culture material.

Kind regards,

Dr Jason A. Roberts

Senior Medical Scientist

Head, Electron Microscopy and Structural Virology

Victorian Infectious Diseases Reference Laboratory

T: +61 3 93429610 | F: +61 3 93429696 | E: jason.roberts@mh.org.au

Adjunct Principal Research Fellow - RMIT University

Honorary Senior Fellow - University of Melbourne

VIDRL at The Peter Doherty Institute for Infection and Immunity

792 Elizabeth Street | Melbourne | Victoria | Australia | 3000

From: Druce, Julian

Sent: Monday, 5 October 2020 10:19 AM

To: Sharon Lewin <sharon.lewin@unimelb.edu.au>; Roberts, Jason <Jason.Roberts@vidrl.org.au>

Cc: tengelbrecht@gmx.net

Subject: RE: [EXT] Question re your paper "Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia"

Hi Torsten

The nucleic acid extraction was performed on isolate material recovered from infected cells. This material was not centrifuged, so was not purified through sucrose gradient to have a density band as such.

I will let Jason respond to the EM questions.

Regards

Julian

From: Torsten <tengelbrecht@gmx.net>

Sent: Thursday, 1 October 2020 4:16 AM

To: Sharon Lewin <sharon.lewin@unimelb.edu.au>

Subject: [EXT] Question re your paper "Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia"

UoM notice: External email. Be cautious of links, attachments, or impersonation attempts

Dear Sharon Lewin!

My name is Torsten Engelbrecht and I am Journalist in Hamburg. I am researching the SARS-CoV-2 issue. Please allow me the following questions re your article "[Isolation and rapid sharing of the 2019 novel coronavirus \(SARS-CoV-2\) from the first patient diagnosed with COVID-19 in Australia](#)":

1. In your paper it says you "extracted RNA for whole genome sequencing of the viral isolate". Was RNA obtained from the density at which CoV particles band?
2. What is that density and did you obtain an EM showing the degree of purification?
3. Do the EM shots show ultracentrifuged, sedimented virus particles? And do images show the purified virus?

Thank you and best wishes, Torsten

--

Torsten Engelbrecht

T +49 (0)40 316509

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E tengelbrecht@gmx.net

www.torstenengelbrecht.com

Von "박완범" <wbpark1@snu.ac.kr> ☆

Betreff **RE: FW: Re: Question re Coronavirus RNA, II**

An Torsten ★

Kopie (CC) "오명돈" <mdohmd@snu.ac.kr> ☆

Dear Torsten Engelbrecht

I'm Wan Beom Park, first author of this article. I'm writing instead of Dr Oh, because he has been so busy due to COVID-19.

1. Can you please send me the list of ingredients of this "virus transport medium"?

Ans: UTM tube has universal transport medium. It is commercial kit and ingredients are not informed by the company.

2. In your paper you write "culture supernatant of Vero cells infected was used for RNA extraction". Was RNA obtained from the density at which CoV particles band?

Ans: We used blindly culture supernatant in order to extract RNA.

3. What is that density and did you obtain an EM showing the degree of purification?

Ans: No, we did not obtain an EM showing the degree of purification.

4. Do the EM shots show ultracentrifuged, sedimented virus particles? And do images C and D show the purified virus?

Ans: Yes, the EM shots show ultracentrifuged, sedimented virus particles rather than the purified virus.

Thank you for your interest in our article.

Best,

Wan Beom Park

Gesendet: Freitag, 04. September 2020 um 19:14 Uhr

Von: "Laue, Michael" <LaueM@rki.de>

An: "Ha San" <Ha-San@gmx.ch>

Cc: "RKI-Pressestelle" <Presse@rki.de>

Betreff: AW: AW: Re: Your shot on [rki.de/DE/Content/Infekt/NRZ/EM/Aufnahmen/EM_Tab_covid.html](https://www.rki.de/DE/Content/Infekt/NRZ/EM/Aufnahmen/EM_Tab_covid.html)

Dear Mr. Seidmann,

Answer to question 1:

At the time of publication of our images of SARS-CoV-2 on our homepage the virus was already identified a few months before by chinese researchers (Zhu et al. 2020 (<https://www.nejm.org/doi/full/10.1056/NEJMoa2001017>)). Other publications quickly supported this result. At the time we checked the isolates, which were available to us, the information was already impossible to be published because there was no reasonable scientific doubt about SARS-CoV-2 as the causative of the diseases. As already mentioned before, one of our scientific outputs was submitted for publication and is already available as a preprint (<https://www.biorxiv.org/content/10.1101/2020.08.20.259531v2>)

Answer to question 2:

Isolation of the virus from patient material by using cell cultures is the standard technique, followed by identification of the virus using genome sequencing or PCR. Electron microscopy may serve as a control. Purification of the virus is not necessary for identification. I am not aware of a paper which purified isolated SARS-CoV-2. I am sure that cell culture propagated virus will be purified for particular tests. Simple purification steps, such as purification via sucrose cushion, have been already performed (e.g. Turonova et al. <https://science.sciencemag.org/content/early/2020/08/17/science.abd5223.abstract>)

Kind regards,

Michael Laue



Christine Massey <cmssyc@gmail.com>

FOIA request to CDC re: "COVID-19 virus" purification

Christine Massey <cmssyc@gmail.com>
To: FOIARequests@cdc.gov

Fri, Apr 16, 2021 at 10:52 AM

April 16, 2021

To:
Roger Andoh
Freedom of Information Officer
1600 Clifton Rd NE MS T-01
Atlanta, Georgia 30333
Email: FOIARequests@cdc.gov
Phone: 770-488-6277
Fax: 770-488-6200

Dear Freedom of Information Officer,

This is a formal request for access to general records, made under the *Freedom of Information Act*.

Description of Requested Records:

All studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) describing the **purification** of any **"COVID-19 virus"** (including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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
- 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 its **purification (separation)** from everything else in the patient sample, as per standard laboratory practices for the purification of other small things).

Please also note that my request is **not limited** to records that were authored by the CDC or ATSDR or that pertain to work done at/by the CDC or ATSDR. 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 CDC or ATSDR 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:

Pdf documents sent to me via email; I do not wish for anything to be shipped to me.

Contact Information:

Last name: Massey

First name: Christine

Address:

Phone:

Email: cmssyc@gmail.com

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



Christine Massey <cmssyc@gmail.com>

Your CDC FOIA Request #21-01076-FOIA

MNHarper@cdc.gov <MNHarper@cdc.gov>
To: cmssyc@gmail.com

Mon, Jun 7, 2021 at 11:44 AM

June 7, 2021

Request Number: 21-01076-FOIA

Dear Ms. Massey:

This is regarding your Freedom of Information Act (FOIA) request of April 16, 2021, for request for all studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) describing the purification of any "COVID-19 virus" (including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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 • 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..

Please see the attached letter.

Sincerely,
CDC/ATSDR FOIA Office
770-488-6399

 **21-01076 Final Response No Records (1).pdf**
141K



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333
June 7, 2021

Ms. Christine Massey
21 Keystone Avenue,
Toronto, M4C 1G9
Via email: cmssyc@gmail.com

Dear Ms. Massey:

This letter is in response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of April 16, 2021, for:

[A]ll studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) describing the purification of any "COVID-19 virus" (including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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 • 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.

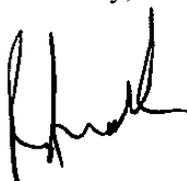
A search of our records failed to reveal any documents pertaining to your request. Specifically, the National Center for Immunization and Respiratory Diseases apprises that CDC does not purify or isolate any COVID-19 virus in the manner the requester describes.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to FOIARequest@psc.hhs.gov. Please mark both your appeal letter and envelope "FOIA Appeal."

Your appeal must be postmarked or electronically transmitted by September 5, 2021.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roger Andoh', with a stylized flourish at the end.

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399
Fax: (404) 235-1852

#21-01076-FOIA

Request Status

Request Details

Click on Request # to view request details.

Case #	Description
56595	All studies and/or reports in the possession, cust...

Showing 1 to 1 of 1 entries

All studies and/or reports in the possession, custody or control of the National Institutes of Health (NIH) describing the purification of any "COVID-19 virus" (aka "SARS-COV-2" and including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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 - 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 private patient data. Nor am I 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 very small things). Please also note that my request is not limited to records that were authored by the NIH or that pertain to work done at/by the NIH. 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 and relied on as evidence of a disease-causing "virus" by the NIH. In the interests of transparency, 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: Pdf documents sent to me via email; I do not wish for anything to be shipped to me. (Date Range for Record Search: From 12/01/2019 To 06/24/2021)



Christine Massey <cmssyc@gmail.com>

FW: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595

Schofield, Robin (NIH/NIAID) [E] <robin.schofield@nih.gov>
To: "cmssyc@gmail.com" <cmssyc@gmail.com>
Cc: "Moore, Marg (NIH/NIAID) [E]" <mmoore@niaid.nih.gov>

Thu, Jun 24, 2021 at 10:56 AM

Good morning Ms. Massey,

Your request below is properly directed to the Centers for Disease Control and Prevention (CDC) as they are the ones who did the isolation: <https://www.cdc.gov/coronavirus/2019-ncov/lab/grows-virus-cell-culture.html>

See publication: https://wwwnc.cdc.gov/eid/article/26/6/20-0516_article

You can submit a request to the CDC at the following link: <https://www.cdc.gov/od/foia/index.htm>

Regards,

Robin L. Schofield, MPS
FOIA Coordinator
National Institute of Allergy and Infectious Diseases

From: FOIA_noreply@nih.gov <FOIA_noreply@nih.gov>
Sent: Thursday, June 24, 2021 10:39 AM
To: FOIA-7 <FOIA71@mail.nih.gov>
Subject: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595

Hi FOIA Team!

Request # 56595 was submitted through the NIH FOIA Public Portal and assigned to you for review and further processing.

Please review the request and if all required details have not been provided by the requester, be sure to use

the "Stop Clock" option to ensure processing time for the request is accurately monitored while waiting for clarification/information from the requester.

Request Description:

All studies and/or reports in the possession, custody or control of the National Institutes of Health (NIH) describing the purification of any "COVID-19 virus" (aka "SARS-COV-2" and including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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

- 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 private patient data. Nor am I 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 very small things).

Please also note that my request is not limited to records that were authored by the NIH or that pertain to work done at/by the NIH. 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 and relied on as evidence of a disease-causing "virus" by the NIH.

In the interests of transparency, 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:

Pdf documents sent to me via email; I do not wish for anything to be shipped to me. (Date Range for Record Search: From 12/01/2019 To 06/24/2021)



Christine Massey <cmssyc@gmail.com>

FW: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595

Christine Massey <cmssyc@gmail.com>

Thu, Jun 24, 2021 at 12:37 PM

To: "Schofield, Robin (NIH/NIAID) [E]" <robin.schofield@nih.gov>

Dear Robin,

Thank you but this request has already been submitted to the CDC multiple times, both last year and again this year. Their most recent response dated June 7, 2021, attached, was that **"A search of our records failed to reveal any documents pertaining to your request."**

I am already aware of the CDC study by Harcourt et al., thank you. They did not purify any suspected "virus" from a patient sample, thus their study does not match the description of my request. Instead they unscientifically interpreted cytopathic effects on monkey kidney cells (to which patient sample + fetal bovine serum + toxic drugs had been added) as proof of "the virus", without any control group. They also fabricated (as opposed to discovered) a genome.

72 additional institutions globally have all failed to provide any record of "virus" purification from a patient sample: <https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Thus, I do require a formal response from NIH and/or NIAID.

Please note that I resubmitted the request a few minutes ago, to specify that I seek records held by NIAID as opposed to NIH in general (although I would be interested in a response re NIH in general, as well).

Thank you and best wishes,
Christine

[Quoted text hidden]



June 7 2021 CDC SARS-COV-2 21-01076 Final Response No Records EXHIBIT.pdf

141K



Christine Massey <cmssyc@gmail.com>

FW: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595

Schofield, Robin (NIH/NIAID) [E] <robin.schofield@nih.gov>
To: Christine Massey <cmssyc@gmail.com>
Cc: "Moore, Marg (NIH/NIAID) [E]" <mmoore@niaid.nih.gov>

Thu, Jun 24, 2021 at 1:11 PM

Please see the attached.

Regards,

Robin L. Schofield, MPS
FOIA Coordinator
National Institute of Allergy and Infectious Diseases

[Quoted text hidden]

 **Final #56595.pdf**
245K



DEPARTMENT OF HEALTH & HUMAN SERVICES

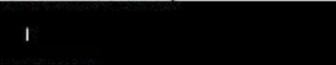
Public Health Service

Freedom of Information Office
5601 Fishers Lane, Room 6G50
Bethesda, Maryland 20892
Tel (301) 451-5109
Fax (301) 480-0904

National Institutes of Health
National Institute of Allergy
and Infectious Diseases
Bethesda, MD 20892

June 24, 2021

Christine Massey



CANADA
cmssyc@gmail.com

Re: FOI Case No. 56595

Dear Ms. Massey:

This is our final response to your Freedom of Information Act (FOIA) request submitted to the National Institute of Allergy and Infectious Diseases (NIAID) on June 24, 2021. You requested:

All studies and/or reports in the possession, custody or control of the National Institute of Allergy and Infectious Diseases (NIAID) describing the purification of any "COVID-19 virus" (aka "SARS-COV-2" and including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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
- 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 private patient data. Nor am I 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 very small things).

Please also note that my request is not limited to records that were authored by the NIAID or that pertain to work done at/by the NIAID. 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 and relied on as evidence of a disease-causing "virus" by the NIAID.

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:

Pdf documents sent to me via email; I do not wish for anything to be shipped to me.

(Date Range for Record Search: From 12/01/2019 To 06/24/2021)

We have previously queried our Division of Clinical Research for records responsive to similar requests. Your request is properly directed to the Centers for Disease Control and Prevention (CDC) as they are the ones who did the isolation: <https://www.cdc.gov/coronavirus/2019-ncov/lab/grows-virus-cell-culture.html>

See publication: https://wwwnc.cdc.gov/eid/article/26/6/20-0516_article

You can submit a request to the CDC at the following link: <https://www.cdc.gov/od/foia/index.htm>

If you disagree with their no records determination, you should properly avail yourself of the appeal rights described in their final response to you.

If you are not satisfied with the processing and handling of this request, you may contact the NIAID FOIA Public Liaison:

NIAID FOIA Public Liaison

Margaret Moore

5601 Fishers Lane

Suite 6G51

Bethesda, MD 20892

301-451-5109 (phone)

301-480-0904 (fax)

mm52s@nih.gov (email)

In certain circumstances provisions of the FOIA and Department of Health and Human Services FOIA Regulations allow us to recover part of the cost of responding to your request. Because the cost is below the \$25 minimum, there is no charge.

Sincerely,

Robin L.
Schofield -S

Digitally signed by
Robin L. Schofield -S
Date: 2021.06.24
13:10:25 -04'00'

Robin L. Schofield
FOIA Coordinator
National Institute of Allergy and Infectious Diseases



Christine Massey <cmssyc@gmail.com>

FW: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56597

Schofield, Robin (NIH/NIAID) [E] <robin.schofield@nih.gov>
To: "cmssyc@gmail.com" <cmssyc@gmail.com>
Cc: "Moore, Marg (NIH/NIAID) [E]" <mmoore@niaid.nih.gov>

Thu, Jun 24, 2021 at 12:36 PM

Good afternoon Ms. Massey,

I am closing this case as a duplicate of the one you submitted and to which I responded less than two hours ago (copy attached).

Regards,

Robin L. Schofield, MPS
FOIA Coordinator
National Institute of Allergy and Infectious Diseases

From: FOIA_noreply@nih.gov <FOIA_noreply@nih.gov>
Sent: Thursday, June 24, 2021 12:17 PM
To: FOIA-7 <FOIA71@mail.nih.gov>
Subject: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56597

Hi FOIA Team!

Request # 56597 was submitted through the NIH FOIA Public Portal and assigned to you for review and further processing.

Please review the request and if all required details have not been provided by the requester, be sure to use the "Stop Clock" option to ensure processing time for the request is accurately monitored while waiting for clarification/information from the requester.

Request Description:

All studies and/or reports in the possession, custody or control of the

National Institute of Allergy and Infectious Diseases (NIAID) describing the purification of any "COVID-19 virus" (aka "SARS-COV-2" and including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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:

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- 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*

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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 private patient data. Nor am I 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 very small things).

Please also note that my request is not limited to records that were authored by the NIAID or that pertain to work done at/by the NIAID. 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 and relied on as evidence of a disease-causing "virus" by the NIAID.

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:

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(Date Range for Record Search: From 12/01/2019 To 06/24/2021)

----- Forwarded message -----

From: "Schofield, Robin (NIH/NIAID) [E]" <robin.schofield@nih.gov>

To: "cmssyc@gmail.com" <cmssyc@gmail.com>

Cc: "Moore, Marg (NIH/NIAID) [E]" <mmoore@niaid.nih.gov>

Bcc:

Date: Thu, 24 Jun 2021 14:56:30 +0000

Subject: FW: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595

Good morning Ms. Massey,

Your request below is properly directed to the Centers for Disease Control and Prevention (CDC) as they are the ones who did the isolation: <https://www.cdc.gov/coronavirus/2019-ncov/lab/grows-virus-cell-culture.html>

See publication: https://wwwnc.cdc.gov/eid/article/26/6/20-0516_article

You can submit a request to the CDC at the following link: <https://www.cdc.gov/od/foia/index.htm>

Regards,

Robin L. Schofield, MPS

FOIA Coordinator

National Institute of Allergy and Infectious Diseases

From: FOIA_noreply@nih.gov <FOIA_noreply@nih.gov>

Sent: Thursday, June 24, 2021 10:39 AM

To: FOIA-7 <FOIA71@mail.nih.gov>

Subject: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595

Hi FOIA Team!

Request # 56595 was submitted through the NIH FOIA Public Portal and assigned to you for review and further processing.

Please review the request and if all required details have not been provided by the requester, be sure to use the "Stop Clock" option to ensure processing time for the request is accurately monitored while waiting for clarification/information from the requester.

Request Description:

All studies and/or reports in the possession, custody or control of the National Institutes of Health (NIH) describing the purification of any "COVID-19 virus" (aka "SARS-COV-2" and including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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).

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Please also note that my request is not limited to records that were authored by the NIH or that pertain to work done at/by the NIH. 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 and relied on as evidence of a disease-causing "virus" by the NIH.

In the interests of transparency, 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:

Pdf documents sent to me via email; I do not wish for anything to be shipped to me. (Date Range for Record Search: From 12/01/2019 To 06/24/2021)

 **FW: NIH FOIA - Assignment Notification from NIH FOIA Public Portal-Tracking # 56595.eml**
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Christine Massey <cmssyc@gmail.com>

Appeal re NIAID handling of FOIA requests Portal-Tracking # 56595 and #56597

Christine Massey <cmssyc@gmail.com>
To: mm52s@nih.gov

Thu, Jun 24, 2021 at 2:33 PM

June 24, 2021

NIAID FOIA Public Liaison
Margaret Moore
5601 Fishers Lane
Suite 6G51
Bethesda, MD 20892
301-451-5109 (phone)
301-480-0904 (fax)
mm52s@nih.gov (email)

Dear Ms. Moore,

This morning I submitted a FOIA request to the National Institutes of Health (NIH) (Portal-Tracking # 56595).

The FOIA Coordinator for the National Institute of Allergy and Infectious Diseases (NIAID) almost immediately closed my request and referred me to the CDC, even after I advised them that the same request had already been submitted to the CDC and the CDC advised me on June 7, 2021 that they have no record matching my request, and I stressed that I do require a response from NIH and/or more specifically the National Institute of Allergy and Infectious Diseases (NIAID). All of the relevant communications are attached to this email.

I also submitted this morning a "duplicate" request through the NIH to NIAID specifically (Portal-Tracking # 56597), after seeing that my original request had been closed. The same FOIA Coordinator for NIAID advised that she was closing this 2nd request as well (her email is attached).

I am not satisfied with the processing and handling of these requests by the NIAID, and was advised to contact you if this is the case, and would appreciate any assistance in this matter.

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

2 attachments**NIAID closing duplicate request.pdf**
137K**NIAID FOIA virus purification all communications Portal-Tracking # 56595.pdf**
773K



Christine Massey <cmssyc@gmail.com>

Appeal re NIAID handling of FOIA requests Portal-Tracking # 56595 and #56597

Moore, Marg (NIH/NIAID) [E] <mmoore@niaid.nih.gov>
To: Christine Massey <cmssyc@gmail.com>

Thu, Jun 24, 2021 at 2:40 PM

Ms. Massey - Is there a telephone number I can call you on? Thank you.

Margaret Moore

[Quoted text hidden]



Christine Massey <cmssyc@gmail.com>

Appeal re NIAID handling of FOIA requests Portal-Tracking # 56595 and #56597

Christine Massey <cmssyc@gmail.com>

Fri, Jun 25, 2021 at 7:50 PM

To: "Moore, Marg (NIH/NIAID) [E]" <mmoore@niaid.nih.gov>

Hello Ms. Moore,

Thank you for getting back to me so quickly.

I've been advised that it's preferable to keep all my communications re FOIAs in writing, so that there is an accurate record, so would prefer email communication if that's OK with you.

Thank you and best wishes,
Christine

[Quoted text hidden]



Christine Massey <cmssyc@gmail.com>

Appeal re NIAID handling of FOIA requests Portal-Tracking # 56595 and #56597

Moore, Marg (NIH/NIAID) [E] <mmoore@niaid.nih.gov>

Thu, Jul 8, 2021 at 10:30 AM

To: Christine Massey <cmssyc@gmail.com>

Cc: "Moore, Marg (NIH/NIAID) [E]" <mmoore@niaid.nih.gov>

Dear Ms. Massey – The NIAID has provided our response. The information you are requesting falls within in the purview of the Centers for Disease Control (CDC). If you are not satisfied with the response you received from the CDC, you should follow the Appeal procedure outlined in their letter to you.

Best,

Margaret Moore

NIAID FOIA Office

[Quoted text hidden]

**IN THE HIGH COURT OF SOUTH AFRICA
(WESTERN CAPE DIVISION, CAPE TOWN)**

Case NO: 5852/2021

In the matter between:

RICARDO MAARMAN

Applicant

And

**THE PRESIDENT OF THE REPUBLIC OF SOUTH
AFRICA**

First Respondent

**THE MINISTER OF CO-OPERATIVE GOVERNANCE
AND TRADITIONAL AFFAIRS**

Second Respondent

**PROFESSOR SALIM ABDUL KARRIEM obo THE
GOVERNMENTAL COVID-19 ADVISORY COMMITTEE**

Third Respondent

THE NATIONAL DEPARTMENT OF HEALTH

Fourth Respondent

FILING NOTICE

KINDLY TAKE NOTICE THAT the Respondents herein file their Answering, Confirmatory and Explanatory Affidavits evenly herewith.

SIGNED AT CAPE TOWN ON THIS

25th DAY OF MAY 2021

THE STATE ATTORNEY

Per: M Nkabini



First to Fourth Respondents' Attorneys
4th Floor

**THE STATE ATTORNEY
Per: Mr M Nkabini
Tel: 021-441-9200**

22 Long Street
CAPE TOWN
Ref No: 891/21/P6

TO: **THE REGISTRAR**
Western Cape High Court
CAPE TOWN

AND TO: **T VICTOR & ASSOCIATES**
24 Viola Road
BLOUBERGSTRAND
CAPE TOWN
Tel: 077078168

C/o **ROB GREEN ATTORNEYS**
Room 305
Benzal House
3 Barrack Street
CAPE TOWN

**IN THE HIGH COURT OF SOUTH AFRICA
(WESTERN CAPE DIVISION, CAPE TOWN)**

Case No: 5852/2021

In the matter between:

RICARDO MAARMAN

Applicant

and

**THE PRESIDENT OF THE REPUBLIC OF SOUTH
AFRICA**

First Respondent

**THE MINISTER OF CO-OPERATIVE GOVERNANCE
AND TRADITIONAL AFFAIRS**

Second Respondent

**PROFESSOR SALIM ABDUL KARRIEM obo THE
GOVERNMENTAL COVID-19 ADVISORY COMMITTEE**

Third Respondent

THE NATIONAL DEPARTMENT OF HEALTH

Fourth Respondent

RESPONDENTS' ANSWERING AFFIDAVIT

I, the undersigned,

PROFESSOR ADRIAN J PUREN

do hereby make oath and say:

*ADP
MP*

INTRODUCTION

1. I am an adult male and employed as the Acting Executive Director: of the National Institute for Communicable Diseases ("NICD"). I am carrying out my principal duties at 1 Modderfontein Road, Sandringham, Johannesburg, Gauteng Province.
2. The NICD is a national public health institute of the South Africa, providing reference to microbiology, virology, epidemiology, surveillance, and public health research to support the South African Government's response to communicable disease threats. The NICD thus serves as a resource of knowledge and expertise of communicable diseases to the South African Government, Southern African Development Community countries and the African continent. The main goal of the NICD is to be the national organ for South Africa for public health surveillance of communicable disease.
3. Before commenced my employment with the NICD: I graduated as a medical doctor from the University of the Witwatersrand and obtained a Medical degree (1986) and a Ph (1993). I received further training at the University of Oxford and University of Colorado Health Sciences Center in the fields of immunology and Cytokines.
4. I was appointed at the NICD to implement a HIV diagnostic and vaccine laboratory in July 1999. Subsequently, I was appointed as a Deputy Director for Virology Division that included several sections including Centres for Respiratory Diseases

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and Meningitis, Centre for Vaccines and Immunology and Centre for HIV and STIs, I have thus gained extensive experience and practical knowledge in virology, virology diagnostics and surveillance.

5. I serve as the technical manager for quality assurance at the NICD and have a knowledge and understanding of the matters relating to requirements for providing accurate and key results in line with the ISO standards.
6. I am accordingly duly authorised to depose to this affidavit on behalf of the Fourth Respondent. In the interest of simplicity, the first, second and fourth Respondents will be referred to, herein, by their abbreviated title (the first Respondent as "the President", the second Respondent as "CoGTA" and the fourth Respondent as "the NDOH" or the Respondents.)
7. The facts set out in this affidavit are within my personal knowledge or are derived from documents and information under my control, unless the context indicates otherwise, and are true.
8. As will appear from the allegations (including the annexures thereto) in the founding affidavit, the Applicant's application turns, to a large extent, if not exclusively, on the documents he attached to his founding affidavit, the authenticity and contents whereof are disputed and which I have perused.
9. Where required, the facts set out in this affidavit are supported and confirmed by affidavits depose to by the appropriate persons in CoGTA or NDOH or both, with

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personal knowledge of the relevant facts and will be filed together with this affidavit. Where legal submissions are made during this affidavit, they are based upon the advice of my legal representatives. I believe such advice to be correct.

10. I have read the founding affidavit of the Applicant and respond thereto as follows:

POINTS IN LIMINE

11. At the outset I point out that there are several legal issues which arise from the averments set out in the Applicant's founding affidavit, which requires comment before I deal with the balance of the averments, therein.
12. The comments below will be raised by way of legal objections/points *in limine* in relation to three issues, viz: non-compliance with the regulations, self-created urgency and no prima facie or strong case for the relief sought.

THE FIRST POINT IN LIMINE:

Non-compliance with the National Health Act, 2003

13. In terms of paragraph 2 of the Notice of Motion the Applicant seeks an order that the Respondents "*produce the isolated and purified physical SARS-COV-2 virus, not a culture isolate or any mixture within which the supposed virus is, nor a*

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photograph or the RNA sequence only, to the Applicant at the place in terms of their safety measures of choice, within 7 days".

14. NDOH contends that on the face of the relief in paragraph 2, *supra*, the Applicant's request amounts to, *inter alia*, an acquisition or importation or handling of human pathogens. Because the Applicant requested the Court to order that the Respondents "produce" the isolated and purified physical SARS-CoV2 to him within 7 days.
15. The NDOH contends that any, one (or more) of the processes, contemplated in paragraph 2, above, seem to fall within the scope of the National Health Act, 2003, Regulations relating to the registration of microbiological laboratories and the acquisition, importation, handling, maintenance, and supply of the human pathogens ("the NHA Regulations"). Put differently, to give effect to his relief, he would, amongst others, be required to "acquire" "receive" or "handle" human pathogens, as contemplated in the NHA Regulations.
16. Accordingly, the NDOH contends that the Applicant, before, he can claim that he has a right to the relief under paragraph 2, *supra*, he must comply with the express requirements of the NHA Regulations.
17. Section 1(a) of the NHA Regulations defines "human pathogen" means-

"an infectious substance (b) the toxin of an infectious substance, or (c) any diagnostic specimen, vector or other material that contains, or that is

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reasonably suspected to contain an infectious substance or a toxin of an infectious substance”,

“infectious substance” means- (a) a micro-organism, virus or parasite that is capable of causing human disease, or (b) an artificial produced hybrid or mutant micro-organism that contains genetic components of any micro-organism capable of causing human disease.”

“microbiological laboratory” means a laboratory which handles human pathogens capable of colonising in humans, irrespective of whether or not the laboratory undertakes specific culture of such human pathogens or merely receives and handles tissue and other specimens potentially infected or infested with such human pathogens, and including laboratories which handle infected or infested, or potentially infected or infested, indigenous vectors of human pathogens, or exotic vector species irrespective of whether they are infected or infested.”

18. Section 3 of the NHA Regulations 2003 provides that-

No person shall:

“(a) acquire, receive or import human pathogens; or

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- (b) *handle, manipulate, maintain, store, culture or in any way process, issue or in any way dispose of human pathogens so acquired, received, or imported, unless the person -*
- (i) *is registered with the department as a microbiological laboratory in terms of regulation 6(1)(a)(ii);*
 - (ii) *is assigned a BSL code in terms of regulation 6(1)(a)(iii)*
 - (iii) *Is in possession of permit issued in terms of regulation 6(1)(b) to conduct the activities referred to in paragraph (a) or (b) in respect of human pathogens in accordance with the BSL code of the laboratory indicated in the permit; and*
 - (iv) *conduct an activity referred to in (a) or (b) as the case may be, in accordance with the provisions of these regulations and the standards."*

19. The NDOH contends that the Applicant, on his own case, he is not competent nor permitted to request the relief sought referred to in paragraph 2 above. Accordingly, the NDOH contends that the Applicant on, at least, two grounds would be disqualified to request the relief in his Notice of Motion.

19.1. Firstly, in paragraph 2 of the founding affidavit the Applicant merely describes himself as "an adult male, Ricardo Maarman who holds an MA International Politics obtained at the University of Leicester in the UK. He specialises in post-cold World Order, International Security Intelligence and

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Security & US Foreign Policy". Thus, on his own description he would not qualify.

- 19.2. Secondly, his founding affidavit contains no positive or other averments which indicates or show that he, was registered as a microbiological laboratory with the Department, as contemplated in section 3(a) of the NHA Regulations. In addition, it not suggested by the Applicant that he is in the process or doing so. In any event, even if he was (which is denied) his expertise or lack thereof would still preclude him from requesting the relief sought.
20. In all the circumstances, the NDOH the contends that the Applicant's relief sought in paragraph 2 of his Notice of Motion appears to be unlawful, in that, it is contrary to the requirements of the NHA Regulations.
21. In the premises his application fell to be dismissed with costs. Should the Court nevertheless consider his application, then the NDOH contends that his applications must be dismissed on the grounds set out, below.

THE SECOND POINT IN LIMINE

Whether the Applicant has made out a case for urgency in his affidavit

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22. In paragraph 1 of the Notice of Motion (read with paragraphs 10 to 24 of the founding affidavit) the Applicant prays for an order along the following lines:

"That this application is heard as a matter of urgency and that the Applicant's failure to comply with the time limits imposed by the Rules of this Honourable Court be condoned in terms of Rule 6(12)."

23. In support of his urgent application the Applicant in paragraphs 10 to 21 of the founding affidavit set out the purported grounds which he asserted renders this matter urgent. To avoid unnecessary repetition, herein, I will only refer some of the Applicant's averments set out in his founding affidavit, below. In doing so, I do not thereby concede and/or acknowledge the correctness or otherwise of his averments set out below (or those expressly excluded, herein). I turn to the Applicant's averments, below:

"I respectfully submit that this matter cannot wait to be dealt with in the ordinary course, as such, I ask the Court to dispense with the forms and service provided for in the Rules and in my non-adherence with the normal rules procedure as set out in Rule 6.

This matter is of such urgency that it simply cannot wait for the normal procedure to be complied with. I respectfully submit that this application should be heard other than in the normal course, otherwise the relief which we seek will be rendered ineffective.

Currently the entire state is under lockdown level 1, which is a serious violation of the citizens' fundamental rights. To date, the Minister of Health has uttered and there are circulating discussions that the lockdown

11/11/20

measures will be tightened which begs for those measures to be scrutinised.

There is a massive nationwide rollout of a vaccine claimed by the Respondent that must be used in the prevention of being infected by the alleged virus.

This vaccine rollout has begun in other countries and it has resulted in deaths and vaccine injuries.

The National disaster has been declared and is ongoing for almost a year affecting the entire nation with dire consequences.

The outcome of the order could very well mean a quick recovery to normal circumstances for the entire nation.

In South Africa, there is vast unemployment and poverty. As such, the question of the very cause threatens to drastically increase the already desperate circumstances must at least be thoroughly investigated and with utmost haste.

...And each week of continual lockdown will, in the long run, cause more loss of lives than the virus itself."

24. The Respondents (CoGTA and NDOH) contend that the Applicant's application fell to be dismissed, in that, he failed to, amongst other factors, show that he will not otherwise be afforded substantial redress at a hearing in due course. The Respondents (CoGTA and NDOH) contend that the Applicant faintly asserted in paragraph 11, without more, that "*this matter is of such urgency that it simply cannot wait for the normal procedures to be complied with*". Apart from the latter statement, no material facts or circumstances are advanced in his founding

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affidavit wherein he claims that he will not be afforded substantial redress at a hearing in due course.

25. The Respondents contend that the only reasonable inference which could be drawn from the lack of any particularity or facts, in the founding affidavit, about the substantial redress, stems from the fact that the Applicant, in essence, is seeking *final* relief in this matter. In other words, the granting of an interdict, in the manner framed by the Applicant, would be dispositive of any matter between the parties. This is so because the Applicant is not seeking the relief in paragraph 2 of the Notice of Motion *pending* the resolution of the main (or other) proceedings.
26. Thus, the Applicant in paragraph 2, *supra*, is seeking final relief or relief with final effect. In any event, the Applicant is not suggesting that he is seeking (through the interdict) any "freezing" of existing rights which are threatened by irreparable harm.
27. The above, notwithstanding, the Respondents contend that the urgency in this matter appears to be self-created. Although it lacks the requisite factors to show urgency, the only allegation in the founding affidavit which contains some 'elements' of alleged urgency appears in paragraph 20, where he alleged that:

"In South Africa, there is vast unemployment and poverty as such, the question of the very cause threatens to drastically increase the already desperate circumstances must at least be thoroughly investigated and with utmost haste".

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28. The Respondents contend that the above allegation should be read against, amongst others, the allegations contained in paragraph 62 where the Applicant asserted that he *has a reasonable suspicion about the existence of SARS-CoV-2 virus*". On the Applicant's version, if the SARS COV 2-virus does not exist then, amongst other restrictions, the lockdown restrictions are unlawful or irregular and as such violates his fundamental rights.
29. The Respondents contend that the Applicant commits an elementary error, in that, no right is absolute and may in appropriate circumstances be limited in terms of section 36 of the Constitution.
30. In any event, the Respondents contend that there appears to be a disconnect, on the one hand between the claim for urgency and on the other, the allegations in paragraph 10 to 21 of the founding affidavit, in support thereof. Put differently, the allegations in the founding affidavit do not support the Applicant's cause of action.
31. Nevertheless, the Respondents contend that if the Applicant failed to comply with the requirements of section 3 of the NHA Regulations then this Court may, in any event, not exercise its discretion in favour of the Applicant. In addition, the relief sought contains the risk that the Court, in granting the relief sought, might thereby enter, into the exclusive domain of the Executive or organs of state (in circumstances where no case is made out that the Executive or the organ of state commit an irregularity or violate the Constitution.)

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32. I turn to the self-created urgency which emerge from the allegations in paragraphs 51 to 57 of the founding affidavit. Due to the repetition of the latter allegations, I only restate the gist of the allegations set out in the founding affidavit, below:
- 32.1. The Applicant knew about the National Lockdown restrictions, at least since 15 March 2020.
- 32.2. On the Applicant's own version, he knew or reasonable should have known that in or during January 2020 the world became aware of the so-called Coronavirus.
- 32.3. He knew or reasonably should have learnt about the vaccination rollout programs in this country, since March 2021 or earlier.
- 32.4. In addition, the reported case of infected persons in the country are in the public domain, on a daily or weekly basis.
- 32.5. The instances when the President address the citizens of the country about restrictions is, similarly, in the public domain. The President mostly recently in or during the beginning of April 2021 address the citizens of the country.

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33. Despite all the above information at his disposal, at the time, the Applicant now wishes to leapfrog the court procedures and insist that he must be heard on an urgent basis, whilst no discernable case is made out in his founding affidavit.
34. More importantly, the Applicant rushes to Court, despite, the fact that he on his own case has an alternative remedy. This is evident from paragraph 132 of his affidavit that *"the applicant has a right to access to information in terms of section 32 of our Constitution, and that is what he is essentially requesting here."*
35. The Applicant put up no grounds or facts why he omitted to invoke his right to access to information. The Respondents contend that it is, in any event, not suggested by the Applicant in his affidavit that he in or during March or April 2021 submitted a request for information and his request was declined by the Respondents.
36. Accordingly, the Respondents contend that it is plain, that on his own version, the Applicant has an alternative remedy which he should have invoked before launching this urgent application.
37. In the circumstances, the Respondents contend that the Applicant's failure to do so, should be regarded as an abuse of the Court process. This is so because, not only is he requesting relief with far reaching consequences for how the Executive and organs of state should positively comply with their constitutional obligations

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(by protecting the population and the health resources) but the net effect of his relief might very well place the lives of millions at risk. Because the Applicant establishes no factual basis how he will come with the provisions of the NHA Regulations. Accordingly, the handover the physical virus to him, as requested, poses serious dangers for the effective protections of the population.

38. In the premises the Respondents contend that this Applicant's application fell to be dismissed on this ground also. Should the Court, nevertheless, be amenable to consider his application (which ought to be rejected) then the Respondents contend his application should be dismissed on the ground set out below.

THE THIRD POINT IN LIMINE

39. The Respondent contends that the Applicant's application for a mandatory interdict is not an *ordinary interdict*. The Respondents contend that it is common cause that the Applicant is seeking a mandatory interdict against the Executive and organs of state (first, second and fourth Respondents).
40. The Respondents contend that in the absence of *mala fides* on the part of the Respondents, the Court does not readily grant such an interdict. Moreover, the Respondents contend that the Court only grants an interdict, such as that sought by the Applicant in the present instance upon a strong case being made out for

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that relief. The Applicant failed to make out such a strong case and for the reason(s) referred to above and hereunder.

41. In terms of the Notice of Motion (read with paragraphs 129 to 141) of the founding affidavit the Applicant seeks the following relief:

"That the Respondents "produce" the isolated and purified physical SARS-COV-2 virus (not a culture isolate of any mixture within which the supposed virus is, nor a photograph or the RNA- sequence only) to the Applicant at a place in terms of their security measures of choice, within 7 days."

42. The Respondents contend that in terms of paragraph 2 of his Notice of Motion, if the relief is granted, they would be obliged to perform a positive act, viz.: to "produce" the isolated and purified SARS-COV-2 virus to the Applicant" even if the Applicant failed to comply with the provisions of section 3 of the NHA Regulations. The Respondent contend that since the Applicant has no legal basis to request the relief, this should be end of the matter. However, for consistency I, nevertheless, deal with the grounds advanced in the founding affidavit, below.

Whether the Applicant has made out a prima facie case in the founding affidavit

Ad paragraphs 129 to 141 of the founding affidavit

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43. The Applicant in his founding affidavit sets out the alleged basis for the relief sought in the Notice of Motion. The Applicant in paragraph 129(a) to (i) thereof, alleged that he (and the public) have the following undisputed *prima facie* rights, viz.:

Prima facie right

43.1. **Ad paragraph 129**

"The Applicant and the public have the following undisputable prima facie right to (a) to human dignity; (b) life; (c) bodily and psychological integrity; (d) to make decisions concerning the security and control over their body; (e) freedom to practice their trade, occupation and profession; (f) not to be treated in a cruel, inhumane and degrading way; (g) the right to have access to health care services; (h) freedom to movement; and (i) just administration."

43.2. **Ad paragraph 130**

"Not to have limitations imposed on their rights entrenching the Bill of Rights and if so, that it must be restrictively interpreted, so as to impose minimum limitation on those rights, in accordance with section 36 of the Constitution."

43.3. **Ad paragraph 131**

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"That the Bill of Rights be applied to all law, including the DMA."

43.4. Ad paragraph 132

"The Applicant has a right to access to information in terms of section 32 of our Constitution, and that is what he is essentially requesting here."

43.5. Ad paragraph 133

"From the above it is clear that a strong case has been made out by the Applicant and those it is acting on behalf of, have at least prima facie right."

44. The Respondents contend that there appears to be a disconnect between the relief sought in paragraph 2 of the Notice of Motion and the fundamental rights claimed in the paragraphs set out, in paragraphs 129 to 133, *supra*. Because the Applicant failed to show which, if any of the rights referred to above, is/are threatened by an impending or imminent irreparable harm. In addition, the Applicant failed whether any member of the public (which he claims to represent) right(s) was/were threatened by an impending or imminent irreparable.
45. The Respondent contend that on the Applicant's case the prima facie right which he must establish is not merely a catalogue of rights, as envisage in paragraph 129 (a) to (i), *supra*, in order, for the Court to grant an order in terms whereof the Respondents would be compelled *"to produce of the isolated and purified physical*

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SARS-COV-2 virus." The Respondents contend that the prima face right must be a right to which, if not protected by an interdict, irreparable harm would ensue. I have already pointed out in paragraph 44, *supra*, no such case is made out on the papers by the Applicant.

46. In any event, the Respondents contend that the allegations contained, *inter alia*, in paragraphs 129 (read with 134 to 138) of the founding affidavit failed to demonstrate a *prima facie* right that is threatened by an impending or imminent irreparable harm. Alternatively, the above facts in the founding affidavit failed to demonstrate a prima facie case for the relief sought in the Notice of Motion.
47. Similarly, the facts set out in, *inter alia*, paragraphs 129 (read with paragraph 134 to 138) of the founding affidavit failed to demonstrate a clear right that is threatened by an impending or imminent irreparable harm.

Reasonable apprehension of irreparable and imminent harm

48. In paragraph 134 the Applicant in support of the assertion of reasonable apprehension of irreparable and imminent harm alleged that:

48.1. **At paragraph 134**

"I submit that harm is apparent in this instance, as set out throughout this founding affidavit."

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48.2. Ad paragraph 135

"Without the relief sought to prevent further harm the Applicant and the rest of South Africa will continue to suffer irreparable financial, material, physical and psychological harm."

48.3. Ad paragraph 138

"From the above it is clear that a strong case has been made out by the Applicant and those it is acting on behalf of the existence of the reasonable apprehension of irreparable and imminent harm."

49. The Respondents contend that there is another difficulty with the Applicant's assertion that he has prima facie right to an interim urgent interdict against the Respondents, is this: He is seeking the interim interdict ostensibly to protect the catalogue of rights set out in paragraph 129(a) to (i) of the founding affidavit. However, the difficulty with the Applicant's case is that he established no facts or circumstances how the "production" of the isolated and purified physical SARS-COV-2 virus would protect those fundamental rights. To this end he commits an elementary error by not establishing facts or circumstances to support his cause of action.

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50. What is, however, plain from paragraph 136 to 137 of the founding affidavit is that he is, essentially, complaining about the lockdown restrictions. If this is the case, then, the Respondents contend no case is made out for an attack on those restrictions. Put more accurately, no case is made out to show the declaration of a national state of disaster (RM7) and the subsequent regulations and directive were/are unconstitutional. Because it is not suggested in his founding affidavit (in addition to the interdict) that he complains that the lockdown restrictions are unlawful or otherwise offend the provisions of the Constitution.

51. The allegations on paragraphs 136 to 137 reads:

52. **Ad paragraph 136**

"The public further stands severely prejudiced with the arbitrary infringements of their fundamental rights should the Respondents continue to ignore their rights."

53. **Ad paragraph 137**

"At the current rate, the South African Government will run out of money to pay the salaries of state employees, it is submitted that if South Africa's present economically restricted lockdown measures are not discontinued immediately, the Respondents may cause 29 times more deaths with the measures aimed to prevent the spread than the virus itself."

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54. In all the circumstances, the Respondents contend that there is misalignment between the relief sought for an interdict and *source* of the harm.
55. The Respondents further contend that it is plain from the structure of the Notice of Motion, the Applicant seems to pray for final relief or a mandatory interdict with final effect. This is evident from prayers 1 and 2 of the Notice of Motion. It is also evidence from allegations in paragraphs 129 to 141 of the founding affidavit. Put differently, the Applicant is not seeking a provisional order which is designed to protect his rights pending an (the main) application to be brought to establish his rights. That is the purpose of the interim interdict is to freeze the position until the Courts decides where his rights lie.
56. In the premises, the Respondents contend that the Applicant's application fell to be dismissed with costs.

Hearsay evidence

57. The Respondents contend that the Applicant's application is largely, if not, exclusively founded on statements and documents, the authenticity of which are disputed. Notwithstanding the dispute about the authenticity of those documents, the Respondents contend that a large, if not, the entire case in support of the relief sought under paragraph 2 of the Notice of Motion, appears to consist of hearsay evidence.

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58. I will, accordingly, not deal with those individual paragraphs and documents which offend the rules of evidence and the Uniform Rules of Court in this affidavit. The Respondents intend to launch an interlocutory application in this regard. Accordingly, my responses below will be confined to those allegations which invite a scientific response.
59. I will, similarly, not expressly deal with those averments which relates to CoGTA. In this regard, a supporting affidavit, explanatory and confirmatory affidavits will be deposed to by the relevant employees.

THE AVERMENTS CONTAINED IN THE FOUNDING AFFIDAVIT

60. **Ad paragraphs 1 to 2 thereof:**
61. Denied.
- 61.1. As is evident from paragraph 2 of the founding affidavit, the Applicant's expertise falls within the domain of 'social science'. In particular, he appears to specialise in, amongst others, Post-cold war world order, international security, intelligence, and US foreign policy.
- 61.2. Whereas the subject matter of SARS-COV2 seems to fall within the broader branches of microbiology, virology, and epidemiology. There is no evidence that the Applicant is a specialist or had otherwise gain expert knowledge in

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any of the branches of science. To this end, the NDOH dispute the Applicant's claim about his personal knowledge and his expertise in the relevant branch of science.

61.3. I am advised that the documentary material attached to his founding affidavit constitutes hearsay evidence. The NDOH denies that it consented to the submission or use of those documents.

61.4. Save as aforesaid, the balance of the allegations contained in this paragraph are denied.

62. **Ad paragraphs 3 to 5 thereof:**

The allegations contained in these paragraphs are noted but not disputed.

63. **Ad paragraphs 6 to 9 thereof:**

64. Denied.

64.1. The NDOH denies that this matter is urgent. The NDOH repeats the submissions set out in paragraphs 22 to 38, *supra*.

64.2. The NDOH denies that the Applicant is entitled to the relief sought in paragraph 7 (read with paragraph 2 of his Notice of Motion). The grounds

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upon which the NDOH claims that the Applicant is not entitled to the relief sought are more fully traverse in paragraphs 13 to 21 and 39 to 56, *supra*.

64.3. In particular, the NDOH denies that the Applicant is registered as a microbiological laboratory. The NDOH avers that there are minimum requirements which must be met before a person or laboratory can be registered. For ease of reference, I attached hereto a copy of the minimum requirements for laboratories, marked ("AP1").

64.4. When a person/laboratory is so registered the NDOH issued a permit to the laboratory. I also attached hereto, a flow chart of how a permit is obtained, marked ("AP2").

64.5. Save as aforesaid the balance of the averments is denied.

65. **Ad paragraphs 10 to 24 thereof:**

66. Denied.

66.1. The NDOH repeat the submissions in paragraphs 23 to 23, *supra*.

67. **Ad paragraphs 25 to 31 thereof:**

The allegations herein are noted, but not admitted.

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68. **Ad paragraph 32 thereof:**

The allegations herein are noted.

69. **Ad paragraph 33 thereof:**

70. Denied.

71. The NDOH avers that the allegations in this paragraph amounts to a statement which are not supported by any material facts or circumstances.

72. In any event, there are no corroborating evidence in support of the Applicant's claim that he acts for or in the interests of the public.

73. **Ad paragraphs 34 to 39 thereof:**

The allegations contained herein are noted, but not admitted.

74. **Ad paragraphs 40 to 44 (read with paragraphs 46, 47, 48 and 49) thereof:**

75. Denied.

76. The NDOH avers that the allegations contained in the above paragraphs are argumentative and fell to be struck from the affidavit.

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77. In any event, the NDOH denies that the Applicant could have any personal knowledge in respect of the matters set out in paragraphs 40 to 42, above.
78. Ad paragraphs 45 thereof:
79. Denied.
- 79.1. The NDOH dispute the basis upon which the Applicant advance the submission in this paragraph.
- 79.2. It is common cause that he is not qualified as an expert or otherwise expertise in the fields of microbiology or epidemiology.
- 79.3. Despite the patent lack of the requisite expertise the Applicant seeks to venture deep into branches of science, without the benefit of a qualified expert.
- 79.4. More importantly, despite the grave knowledge deficits, the Applicant persist with this application on an urgent basis.
- 79.5. The NDOH avers that the Applicant does not only (through this application) place the Court a great disadvantage, in that, the Court is not qualified nor possess the requisite scientific knowledge. But, in doing so, I am advised, he also contravene the Rules of this Court, in particular Rule 36(9).
80. Ad paragraph 50 thereof:

The allegations contained herein are noted but not admitted.

81. **Ad paragraphs 51 to 60 thereof:**

The NDOH avers that these averments are dealt with in the supporting affidavit deposed to by Deputy-Director General from CoGTA.

82. **Ad paragraphs 61 to 63 thereof:**

83. The NDOH avers that in lockdown restrictions were lawfully impose in the context of the prevailing COVID 19 pandemic to, amongst others, to save lives and control the rapid spread of infections in the country.

83.1. The NDOH avers that assertions by the Applicant that "some disruption is lives may only be necessary if we are assured beyond doubt of the existence of the SARS-COV2, appears to be baseless.

83.2. It is not plain what is the source of the opinion advanced in paragraph 61 of the founding affidavit, in particular, his claim that such disruptions depend on an assurance beyond doubt. In addition, the Applicant failed to provide any qualified expert opinion or any peer review which supports his claim.

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83.3. In any event, he is not qualified as an expert in the relevant field, it is accordingly unclear on what basis, if any, he advanced his findings.

83.4. Save as aforesaid the balance of the allegations is denied.

84. Ad paragraphs 64 to 71 thereof:

85. Denied.

86. In amplification of the aforesaid denial the NDOH avers as follows:

86.1. Protocols for isolation and culturing of "physical virus" are now well established. There are many clear review manuscripts to support this statement. It is not done routinely for diagnosis, as it will be impractical and will not be conducive to patient management.

86.2. The nature of the SARS COV-2 has been established not only through RT-PCR in sequencing but also in electron microscopy.

86.3. I confirm that this has been achieved by the NICD where I carry out my principal duties. I refer below to certain criteria/methodologies use, viz. Koch and the Bradford-Hill criteria/methodologies.

The Koch criteria

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86.4. Koch postulates that the following needs to be satisfied to determine causation of a disease:

- (a) the organisms must be regularly associated with the disease and its characteristic lesions.
- (b) the organisms must be regularly associated with the disease host and grown in culture.
- (c) the disease must be reproduced when a pure culture of the organism is introduced into a healthy susceptible host.
- (d) the same organisms must be re-isolated from the experimentally infected host.

86.5. There have been significant advances with new diagnostic methodologies and sequencing, and further associations are made:

86.5.1. A nucleic acid sequencing belonging to a putative pathogen should be present in most cases of an infectious disease. Microbial nucleic acids should be found preferentially in those organs or gross anatomic sites known to be diseased and not in those organs that lack pathology. Fewer, or no, copy numbers of

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pathogens-associated nucleic acid sequences should occur in hosts or tissues without disease. With resolution of disease, the copy number of pathogen-associated nucleic acid sequence should decrease or become undetectable. With clinical relapse, the opposite should occur.

- 86.5.2. When sequence detection predates disease, or sequence copy number correlates with severity of disease or pathology, the sequence-disease association is more likely to be a causal relationship.
- 86.6. The nature of the micro-organism inferred from the available sequence should be consistent with the known biological characteristic of that group or organisms.
- 86.7. Tissue-sequence correlates should be sought at the cellular level: efforts should be made to demonstrate specific in situ hybridization of microbial sequence to areas of tissue pathology and to visible micro-organisms or to areas where micro-organisms are presumed to be located. These sequence base forms with evidence for microbial causation should be reproducible.

The Bradford-Hill criteria

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- 86.8. Causation may also be determined by the Bradford-Hill criteria (Koch postulates are not possible for all pathogens):
- 86.9. Strength (effect size): the association between SARS COV-2 infections and COVID-19 presentation is strong.
- 86.10. Consistency (reproducibility): consistent findings observed by persons in different places with different samples strengthens the likelihood of an effect. This has been done for SARS-COV-2 and COVID-19 in many ways by many different groups around the world.
- 86.11. Specificity: causation is likely if there is a very specific population at a specific site and disease with no other likely explanation. The more specific an association between a factor and an effect is, the bigger the probability of a causal relationship. These criteria may be a bit problematic for COVID-19.
- 86.12. I think one supporting evidence here is that one Island that is free from COVID-19 and no SARS COV-2 detected.
- 86.13. Temporality: the effect is to occur after the cause (and if there is an expected delay between the cause and the expected effect, then the effect must occur after the delay. COVID-19 was not reported before the emergence of SARS COV-2.

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- 86.14. Biological gradient (dose-response relationship): greater exposure should generally lead to greater incidents of the effect.
- 86.15. I think the effect of lockdown measures etc. can be named here, i.e., reduced risk, reduced cases, this is but one example there are many other examples which could be identified.
- 86.16. Plausibility: a plausible mechanism between cause and effect is helpful (but Bradford-Hill noted that knowledge of the mechanisms is limited by current knowledge).
- 86.17. We know from SARS and MERS that zoonotic coronavirus is involved in respiratory illness.
- 86.18. Coherence: coherence between epidemiological and laboratory findings increased the likelihood of an effect. This has also been found now many times.
- 86.19. Experiment: occasionally it is possible to appeal to experimental evidence. This is where the animal models can come in. For ease of reference, I attached a recent article which comments on: Animal models for SARS-Cov2/COVID 19 research- A commentary, marked ("NM3")

- 86.20. Analogy: the use of analogies or similarities between the observed association and any other associations. SARS and MERS sets' the precedent for zoonotic coronaviruses emerging to cause respiratory diseases in humans, although no difference in epidemiology/clinical spectrum.
87. **Ad paragraphs 72 to 128 thereof:**
88. The NDOH avers that the allegations (including the annexures thereto) constitute hearsay evidence and as such fell to be strike out from this affidavit.
89. The NDOH further avers that the complaint about the hearsay evidence forms part of an interlocutory application (which will be heard with this application).
90. Save as aforesaid the allegations contained in paragraphs 72 to 79 are denied, as if specifically, traverse, herein.
91. **Ad paragraphs 129 to 141 thereof:**
92. Denied.
93. The NDOH repeats the submission set out in paragraphs 42 to 56.
94. Save as aforesaid the balance of the averments contained in paragraphs 129 to 141 are denies, as if, specifically, traverse, herein.

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95. **Ad paragraphs 134 to 138:**

The allegations contained herein are denied.

96. **Ad paragraph 142 thereof:**

97. Denied.

97.1. The NDOH avers that the Applicant is not permitted and/or competent to received, and/or handle and/or otherwise deal with this or any other infectious virus.

97.2. The NDOH repeats the grounds set out in paragraphs 13 to 21, supra, in support of the aforesaid averments.

97.3. Save as aforesaid the balance of the averments is denied.

98. **Ad paragraph 143 thereof:**

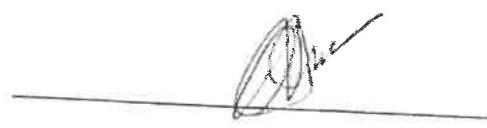
99. Denied.

100. The NDOH avers that on the Applicant's own case, he established in paragraph 132 that he does have an alternative remedy.

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101. In any event, the NDOH avers that he must first overcome the hurdles referred to in paragraphs 13 to 21, supra, before he could possibly assert any claim to the existence of a right.

102. Save as aforesaid the balance of the averments is denied.



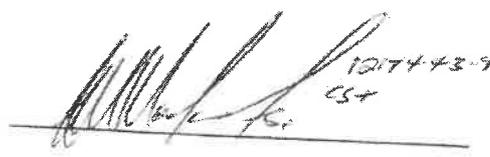
Professor Adrian J Puren

I certify that:-

The deponent signed this affidavit and swore, and acknowledged that he/she: -

- a) knew and understood the contents thereof;
- b) had no objection to taking the oath; and,
- c) considered the oath to be binding on his/her conscience.

The deponent then uttered the words, "I swear that the contents of this declaration are true, so help me God".



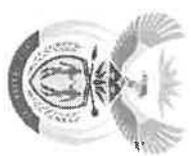
COMMISSIONER OF OATHS

Full names: *M. ROBERTS A.M*
 Designation and area: *CONSTABLE*
 Street address: *NO 01 MOEDERBOUTIEM RD*
SANDRINGHAM
011 719 4800



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Annexure A



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Department:
Health
REPUBLIC OF SOUTH AFRICA



Private Bag X828, PRETORIA, 0001 Civitas Building, c/o Struben and Thabo Sehume Streets
Enquiries: send to emails: registrationlaboratories@health.gov.za & DOH.COVID19@nhls.ac.za

MINIMUM REQUIREMENTS FOR LABORATORIES CONDUCTING SARS COV-2 DIAGNOSTIC TESTING

AUGUST 2020

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Introduction

Diagnostic Laboratories in South Africa are required to comply with a number of legislative requirements in order to perform diagnostic testing for human subjects. A set of minimum requirements were drafted for laboratories who wish to conduct SARS-CoV-2 diagnostic testing in consultation with the National Health Laboratory Service (NHLS), including the National Institute for Communicable Diseases (NICD) and National Institute for Occupational Health (NIOH) for the National Department of Health (NDoH). The minimum requirements checklist takes into consideration the legislative requirements as set out by the Department of Health (DOH), the Department of Employment and Labour (DEL), the Council for the Non-Proliferation of Weapons of Mass Destruction (NPC) and the Health Professionals Council of South Africa (HPCSA).

One of the major regulations relevant to laboratories that wish to embark on clinical diagnostic testing, is Regulation 178. This Regulation stipulates that all laboratories that acquire, receive or import human pathogens; or handle, manipulate, maintain, store, culture or in any way process, issue and/or dispose of human pathogens, must be in possession of a permit issued by the Department of Health (DoH), authorizing the laboratory to conduct the work as described above.

Scope

This checklist is relevant to all South African laboratories, in both the public and in the private sector, that perform diagnostic testing in response to the current SARS-CoV-2 pandemic.

Instructions to Laboratories:

1. All laboratories intending to do diagnostic SARS COV-2 testing should complete the checklist; this checklist represents the minimum requirements to be met by laboratories, that will be allowed to conduct diagnostic testing for SARS COV-2;
2. First step is to ensure the laboratories are compliant with the requirements described in the checklist (Annexure A);
3. Complete the checklist providing descriptions of compliance in the "comments" section, and return the completed checklist to registrationlaboratories@health.gov.za and copy the DOH_COVID19@nhls.ac.za within seven (7) working days of receiving the checklist;
4. Should you fail to return the minimum checklist within the allotted time, your laboratory will be removed from the testing & reporting register,

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5. *Regardless of the information presented in the initial checklist, the laboratory will be afforded a period of one (1) calendar month to achieve compliance with the minimum requirements listed.*
6. *If compliant, an application form for authorisation to handle the SARS-CoV-2 will be sent to the laboratory/facility. If non-compliant after this one month period, the laboratory may request an extension of an additional 1 month, but may not provide SARS-CoV-2 testing until compliance is achieved. Laboratories that still fail to show compliance will be required to cease with their SARS-CoV-2 testing.*
7. *The laboratory/facility will be allowed to report results and will be issued with a permit (valid for one year), to conduct SARS-CoV-2 diagnostic testing.*

Conclusion

Patient specimen testing is a highly valued capacity for South Africa during this pandemic and these minimum requirements are not intended to be restrictive or hindering on the country's response efforts to this global pandemic. This unique and previously uncharted territory has highlighted opportunities for the enhancement and strengthening of biosafety and biosecurity regulations to better serve the country and its people. This ultimately brings us closer to 2021 International Health Regulations (IHR) requirements and will ultimately ensure that the diagnostic results are of the highest standard. It also paves a way to a legally compliant medical laboratory sector and greater government oversight regarding patient testing and pathogen security.

Annexure A: Minimum requirements to be met by laboratories conducting SARS-CoV-2 testing

1.	Personnel	Requirement	Yes/No	Comments
1.1	<ul style="list-style-type: none"> • A minimum of one Health Professions Council of South Africa (HPCSA) registered person working in the lab • Registration with the HPCSA in any medical laboratory discipline e.g. Microbiology, Virology, Chemical Pathology, Haematology, Cytology etc. • Provide registration numbers for people working in the laboratory/facility. 	<p>Person must have physical presence in the lab –; There has to be a physical presence of an HPCSA registered person in the testing laboratory;</p>		
2.	Quality requirements			
2.1	Participate in External Quality Assessment/ Proficiency Testing (PT) program/s for existing test(s), if laboratory is already participating in PT for SARS-CoV-2, please provide proof)	Once approved – register for SARS-CoV-2 testing in first month		
2.2	Must undergo a quality assurance audit	Applicants will be required to provide evidence of a quality management system in effect at the laboratory.		
2.2.1	Proof of accreditation If laboratory is accredited.	NOTE: Even though accreditation is not a requirement it will guide the audit process mentioned above		
2.2.2	Provide proof that the laboratory was testing for other coronaviruses before March 2020.	Example of a test results showing method excluding personal patient identifiers and information		
3.	Occupational Health and Safety requirements			

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3.1	Must have a valid documented risk assessment that includes but is not limited to biological, chemical, physical and ergonomic risks.	Include emergency procedures, training decontamination, Personal Protective Equipment (PPE), Occupational Health and Safety Policies		
3.2	The risk assessment must include control measures to be implemented to minimise the risks identified.	All control measures to be considered, engineering, administrative and PPE		
3.3	A record of control measures implemented and where relevant including any maintenance validation records to be provided	Risk assessment control measure e.g. Equipment service verification/validation		
3.4	If the employer has assigned any duties in terms of the Occupation Health & Safety (OHS) Act, a copy of the assignment in terms of Section 16.2 of the OHS Act to be provided.	E.g. Assignment letter describing the delegation of responsibilities for occupational health and employee safety.		
3.5	Provide proof of a process for the appointment of health and safety representative(s) HSR and the appointment thereof. Provide evidence that health and safety committees have been established and meetings are held, where applicable (number of HSRs dependent on the number of employees i.e. 1 HSR per < 50 laboratory employees)	Establish a Committee if more than one HSR		
3.6	Emergency procedures in place	Documented procedures		
3.7	Access control to facility	Photograph of the facility main lab access signage		
3.8	Provide details of the manager appointed as the COVID-19 Compliance Officer	Appointment letter		
4.	Requirements for transport of dangerous goods			
4.1	The vehicle on registration should be registered as a transporter of "Dangerous Goods". Vehicles should be appropriately marked and monitored by tracking devices.	Registration – license disc		

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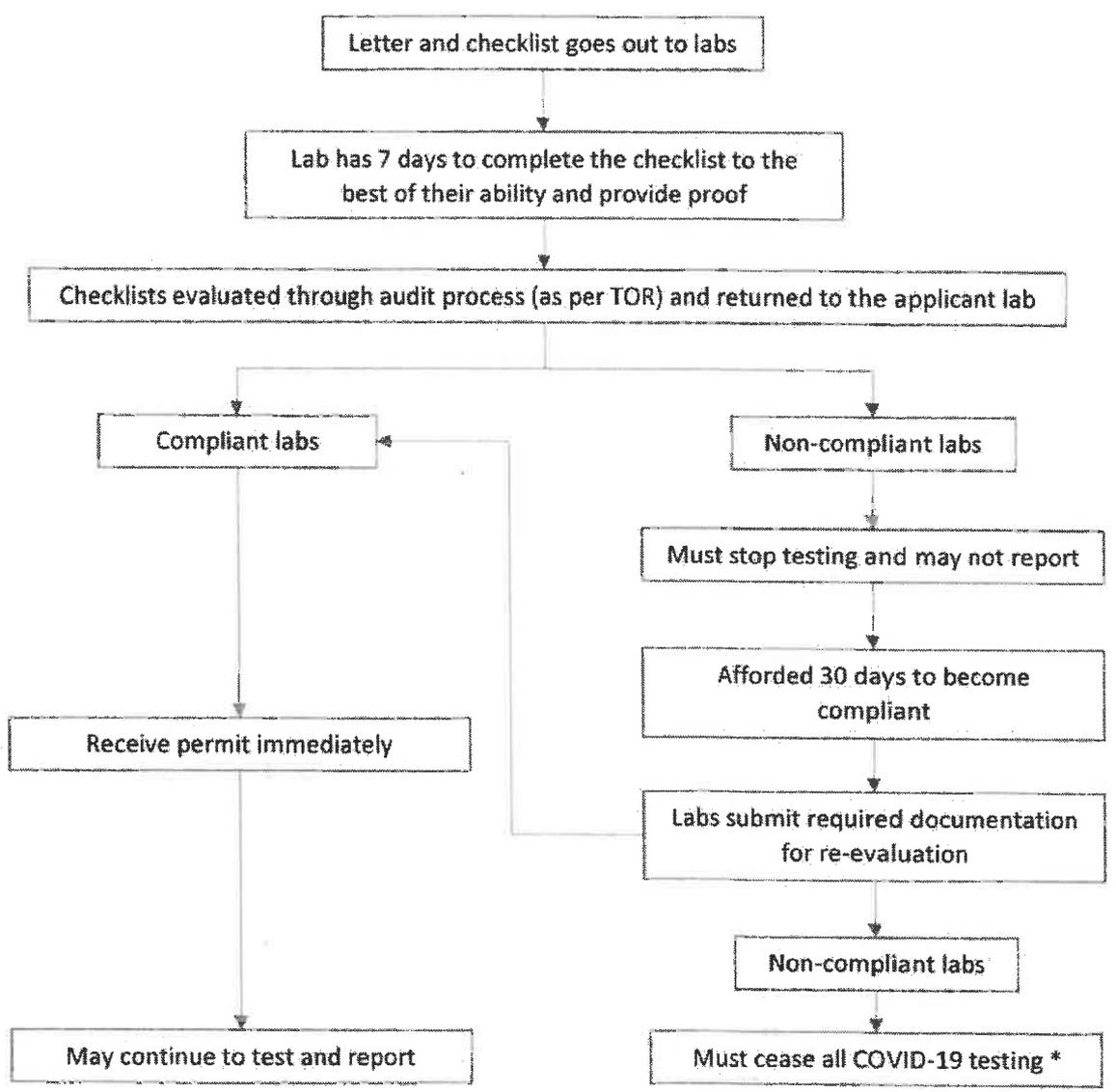
4.2	Licensed driver trained to transport UN3373 Category B biological substances by training organisation that is registered with the Transport & Education Training Authority (TETA)	Public Drivers Permit Certificate with TETA full registration number		
5.	Waste Management			
5.1	Provide details of registration of either the Provincial or National Waste Information System in terms of the National Waste Information Regulations as a generator of waste	Copy of registration Online process put link		
5.2	Provide proof of an agreement between the facility and a registered health care risk waste management service provider for the removal, treatment and/ or disposal of chemical waste.	PO for company to safely remove waste.		
6.	Laboratory registrations and permits			
6.1	Laboratory is in possession of a permit issued in terms of Regulation 178 to conduct the activities as described in Regulation 178 in respect of human pathogens in accordance with the Biosafety Level (BSL) code of the laboratory indicated on the permit; (i.e. BSL2)	Regulation 178 Permit or temporary approval		
6.2	Laboratory issued with a permit from the National Department of Health as a Microbiological Laboratory that handles SARS-CoV-2 (excluding normal labs that test for other coronaviruses) – relevant for all labs that do not regularly test for coronaviruses)	Expiry date of permit – valid for one year from date of issue of permit and will then be reviewed		
7.	Information Technology for Reporting Data to NICD			
7.1	Laboratory Information Management System (LIMS) sin place to submit data to NICD/NHLS/NDOH	Access to a LIS system to submit data		
7.2	Able to submit result data (negative and positive) to SOAP web. service	All results must ultimately be reported to the NICD as SARS-CoV-2 is a notifiable medical condition. For more information on the process please see:		

ALP
(1/15)

		https://www.nicd.ac.za/nmc-overview/		
7.3	Data submitted per XML specification			
7.4	Quality data in line with requirements as stipulated in NMC regulations	Must have quality checks in place		

“AP2”

Annex B – Process flow for obtaining a Permit to conduct SARS-CoV-2 diagnostic testing



** extra month extension may be granted at the discretion of the evaluator – i.e. if there is a legitimate reason that criteria cannot be met in the allotted first month, possibly outside the control of the lab e.g. advertising and recruitment of an HPCSA registered person*

This would only be based on exceptional circumstances if there is a legitimate reason for the extra time, AND on condition that the lab does not conduct testing until the permit is in hand.

MS
AM

**IN THE HIGH COURT OF SOUTH AFRICA
(WESTERN CAPE DIVISION, CAPE TOWN)**

Case No: 5852/2021

In the matter between:

RICARDO MAARMAN

Applicant

and

**THE PRESIDENT OF THE REPUBLIC OF SOUTH
AFRICA**

First Respondent

**THE MINISTER OF CO-OPERATIVE GOVERNANCE
AND TRADITIONAL AFFAIRS**

Second Respondent

**PROFESSOR SALIM ABDUL KARRIEM obo THE
GOVERNMENTAL COVID-19 ADVISORY COMMITTEE**

Third Respondent

THE NATIONAL DEPARTMENT OF HEALTH

Fourth Respondent

CONFIRMATORY AFFIDAVIT

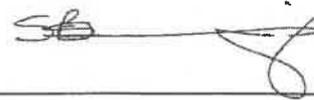
I, the undersigned,

SABELO SIYABONGA SANDILE BUTHELEZI

do hereby make oath and say:

SSS
M.C

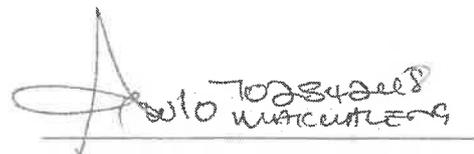
1. I am an adult male and employed as the Director-General in the office of the Fourth Respondent.
2. I am duly authorised to depose to this affidavit on behalf of the Fourth Respondent.
3. The facts contained herein are within my personal knowledge, and are both true and correct, unless the context indicates otherwise.
4. I have read the main answering affidavit deposed to by Professor Adrian J Puren on behalf of the Fourth Respondent, the supporting affidavit on behalf of CoGTA and/or the National Disaster Management Centre and I confirm that the facts set out therein, insofar as they pertain to the Fourth Respondent and such facts fall within my knowledge or are based on institutional knowledge of the Fourth Respondent gained in the course of my work as the Director-General and from documents now under my control, unless the context indicates otherwise, and are true and correct.



Sabelo Siyabonga Sandile Buthelezi

I certify that the deponent has acknowledged that he knows and understand the contents of this affidavit, which was signed and deposed to before me at Pretoria on this the 25 day of **MAY 2021** and the provisions of the regulations contained in the Government Gazette Notice R1258 of 21 July 1972, as amended, and the government Gazette Notice R1648 of 19 August 1977, as amended, have been complied with

SUID-AFRIKAANSE POLISIEDIENS
AFDELING: SIGBARE POLISIERING
2021 -05- 25
DIVISION: VISIBLE POLICING
SOUTH AFRICAN POLICE SERVICE



MKHAMELE MKHAWALE CHARITY
COMMISSIONER OF OATHS
 WARRANT OFFICER
 MAUPA NACHA BUILDING

**IN THE HIGH COURT OF SOUTH AFRICA
(WESTERN CAPE DIVISION, CAPE TOWN)**

Case No: 5852/2021

In the matter between:

RICARDO MAARMAN

Applicant

and

**THE PRESIDENT OF THE REPUBLIC OF SOUTH
AFRICA**

First Respondent

**THE MINISTER OF CO-OPERATIVE GOVERNANCE
AND TRADITIONAL AFFAIRS**

Second Respondent

**PROFESSOR SALIM ABDUL KARRIEM obo THE
GOVERNMENTAL COVID-19 ADVISORY COMMITTEE**

Third Respondent

THE NATIONAL DEPARTMENT OF HEALTH

Fourth Respondent

EXPLANATORY AFFIDAVIT

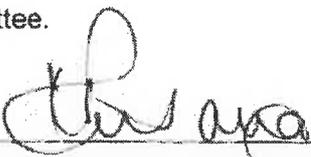
I, the undersigned,

PROFESSOR KOLEKA MLISANA

do hereby make oath and say:


K.M.

1. I am an adult female. The principal place where I carry out my duties is at 1 Modderfontein Road, Sandringham, Johannesburg.
2. I am duly authorised to depose to this affidavit on behalf of the Government Covid 19 Advisory Committee.
3. The facts set out in this affidavit are within my personal knowledge and are derived from documents and information under my control, unless the context indicates otherwise and are true.
4. I have read the affidavits of the Applicant, including the answering affidavit of Professor Adrian J Puren and the supporting affidavits thereto and I confirm the correctness of the contents thereof insofar as it relates to the recommendations of the Ministerial Advisory Committee on COVID-19.
5. The purpose of this affidavit is to explain the position of Professor Salim Abdool Karim, the Third Respondent, who is cited in his official capacity as the head of the Ministerial Advisory Committee on COVID-19 (the Committee). I confirm that Professor Karim resigned as chairperson of the Committee on 26 March 2021.
6. I confirm that I am the chairperson of the committee and that I am duly authorised to deal with all matters pertaining to the Committee.



PROFESSOR KOLEKA MLISANA

I certify that the deponent has acknowledged that she knows and understand the contents of this affidavit, which was signed and deposed to before me at *Pretonia* on this the *25* day of **MAY 2021** and the provisions of the regulations contained in the Government Gazette Notice R1258 of 21 July 1972, as amended, and the government Gazette Notice R1648 of 19 August 1977, as amended, have been complied with

70234248
W/O MACELENG
MACELENG MACEWALE CQUALITY
COMMISSIONER OF OATHS
WARRANT OFFICER
MUTUPH NUGA BUILDING



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- No que se refere às alíneas l) e m) daqueles mesmos requerimentos, a 19.04.2021 a DGS acrescentou informação relativa ao número de óbitos, considerando-se, então, satisfeito o pedido formulado pelos Requerentes, com a conseqüente extinção da instância, por inutilidade da lide;
- Vindo os Requerentes solicitar informação ao abrigo do artigo 68.º, n.º 2, alínea a), do CPA, não alegaram, no entanto, quais os bens públicos que pretendiam defender com o pedido de informação, o que ditaria, então, a sua ilegitimidade activa.

Pugna, a final, pela extinção da instância, por impossibilidade e inutilidade superveniente da lide, e, sem conceder, pela procedência da excepção de ilegitimidade activa dos Requerentes, com a sua absolvição da instância.

Junta 12 documentos.

Instados a pronunciarem-se sobre as questões prévias suscitadas pelo Requerido, vieram os Requerentes redarguir, essencialmente, que aquele primeiro nunca lhes respondeu no prazo de que dispunha para esse efeito, mas tão-somente já na pendência da presente intimação, pelo que a impossibilidade arguida pelo Requerido era da sua exclusiva responsabilidade, e que, bem assim, são parte legítima na presente intimação, não estando obrigados a demonstrar perante a Administração uma qualquer lesão de interesses difusos.

Pugnam, a final, pela improcedência da excepção de ilegitimidade activa e pela condenação do Requerido no pagamento das custas processuais.

Juntam 1 documento.

*



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Em face do exposto, o objecto do litígio consiste, em suma, em aquilatar se os Requerentes são parte legítima na presente acção de intimação, se se verifica, ou não, a invocada impossibilidade e inutilidade superveniente da lide e se, bem assim, os Requerentes têm direito à informação solicitada, sendo estas as questões que ao Tribunal cumpre decidir *in casu*.

II. Saneamento

Conforme se fez menção, o Requerido vem suscitar um conjunto de questões prévias que, a verificarem-se, poderão, efectivamente, obstar ao conhecimento do mérito da causa, com a sua absolvição ou a extinção da instância.

No entanto, e na medida em que o conhecimento dessas questões depende da prévia fixação da respectiva factualidade pertinente, protela-se o seu conhecimento para a fundamentação de direito da presente decisão.

III. Fundamentação

III.1. De facto

Consideram-se provados os seguintes factos, pertinentes para a decisão da causa:

1. Em 24.02.2021, os Requerentes remeteram requerimentos ao Requerido, cujos teores se transcrevem parcialmente *infra*:

(...) [N]o gozo dos seus direitos civis e políticos, ao abrigo do artigo 268º, nº 2, da Constituição da República Portuguesa (CRP), e dos artigos 13º, nº 1, 17º, e 68º, nº2, al.a), todos do Código do Procedimento Administrativo (CPA), bem como nos termos do disposto no artigo 5º, nº 1, da Lei nº 26/2016, de 22 de Agosto, com a redação que lhe foi conferida pela Lei nº 58/2019, de 8 de Agosto, vem



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REQUERER a V. Exa. se digne fornecer-lhe, no prazo legal de dez (10) dias, reprodução por fotocópia ou por qualquer outro meio técnico, designadamente electrónico, do teor dos relatórios, pareceres, e publicações de carácter científico, disponíveis, nos vossos arquivos referentes à doença Covid-19 declarada pela Organização Mundial da Saúde como “epidemia de Covid-19”:

I - Cópia de publicação científica, revista por pares (peer-review), referente ao estudo sobre o grau de infeção provocada nos humanos, pelo vírus SARS-Cov2, responsável pela doença Covid-19, a partir de uma amostra não adulterada retirada de um humano doente;

II - Cópia de publicação científica, revista por pares (peer review), referente ao estudo sobre o grau de infecção nos humanos provocada pelo SARS-Cov2 obtida por via empírica e que prove que foram cumpridos os postulados de Koch/Evans (1976), indicando a data e o(s) autor(es) que realizaram o isolamento e purificação do vírus em laboratório;

III - Cópia da publicação científica, revista por pares (peer review), relativamente ao teste RT-PCR (polimerase chain reaction, ou, em português, reação em cadeia da polimerase) como ferramenta de diagnóstico fiável para identificar a infecção por vírus SARS-Cov2 em humanos, i.é, se o teste RT-PCR identifica a presença do RNA viral e a presença do referido vírus infeccioso;

IV - Cópia da publicação científica, revista por pares (peer-review), em que o resultado do teste PCR indica especificadamente, sem margem de erro, a presença do vírus SARS-Cov2 em humanos que manifestem sintomas semelhantes aos sintomas da gripe;

V - Cópia da publicação científica, revista por pares (peer-review), que demonstre que o resultado positivo do teste PCR indica, sem margem de erro, a presença de infecção por SARS-Cov2 em humanos sem sintomas (assintomáticos) e que estes transmitem a doença a terceiros;



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VI - Cópia da publicação científica, revista por pares (peer-review), identificando os sintomas da nova doença resultante de infeção por SARS-Cov2 e o que distingue a nova, e alegada doença, da doença sazonal gripe / influenza e da doença provocada pelas já conhecidas estirpes 229E, NL63, OC43 e HKU1 de coronavírus;

VII - Informação documentada sobre o ciclo de amplificação definido para os testes PCR usados em Portugal, e indicação da entidade que determinou o ciclo definido;

VIII - Informação sobre os testes PCR usados em Portugal para detetar infeção por SARS-Cov2, se os mesmos conseguem distinguir matéria inactiva e reprodutiva;

IX - Informação sobre quais os tipos de vírus, e respectivas estirpes, detectáveis por via do teste PCR usado massivamente na obtenção de “infectados covid-19” entre a população em Portugal;

IX [sic] – Prova científica, revista por pares, que fundamenta a aplicação de medidas de quarentena e confinamento a pessoas testados positivo, via teste PCR, e assintomáticos;

X - Cópia do documento publicado e elaborado pelos cientistas chineses, revisto por pares (peer-review), do mapeamento do código genético do novo coronavírus SARS-Cov2;

XI - Informação/relatório sobre o número de mortes em Portugal, desde o início da declarada pandemia, causadas por infeção SARS-Cov2, tendo a causa da morte sido objetiva e legalmente aferida por via de autópsia a cadáveres;

XII - Informação/relatório sobre o número de mortes em Portugal, desde o início da declarada pandemia, causada por infeção SARS-Cov2, tendo a causa da morte sido unicamente aferida por via do teste PCR;

XIII - Prova científica da eficácia do distanciamento social, com a respetiva fundamentação empírica revista por pares (peer-review), no âmbito da doença covid-19;



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XIV - A Organização Mundial de Saúde (OMS) publicou em 6 de Abril de 2020 uma reavaliação sobre o uso das máscaras de protecção individual, incidindo sobre o assunto específico do SARS-COV2, e concluiu: “as máscaras continuam a estar recomendadas apenas para certos grupos específicos – doentes infectados com o SARS-Cov2, pessoas com sintomas, cuidadores ou profissionais de saúde em contacto com doentes infectados ou suspeitos.”.

Assim, e em sequência da referida publicação pela OMS, requer-se cópia das publicações com evidências científica, na posse da DGS, de estudos revistos por pares (peer-review), que provem, sem margem para dúvidas, da inexistência de dano colateral para a saúde física e psíquica resultante do uso de máscara facial por crianças, jovens e adultos em espaços fechados e abertos;

XV - Prova científica, das publicações realizadas por especialistas e revistas por pares, que demonstre que o confinamento de pessoas sem sintomas, de estarem doentes, reduz de forma significativa a transmissão de doença respiratória covid-19, e do benefício do confinamento para a saúde da população;

XVI - Prova, devidamente documentada, em como as chamadas vacinas experimentais de mRNA de última geração não representam manipulação genética e que no todo não constituem perigo de dano, a médio e longo prazo, na saúde de quem já foi e está a ser vacinado com vacinas ainda não aprovadas e sem dados clínicos avaliados, todavia, recomendados à população pela Direcção Geral da Saúde.

Pelo que, e ao abrigo do direito à informação não procedimental, com respaldo nas leis acima indicadas, consubstanciado no direito de acesso a documentos administrativos integrantes de procedimentos já finalizados ou a arquivos ou registos administrativos, conferido a todos os cidadãos, e tendo em vista a defesa de interesses difusos – artigo 52º, da C.R.P.” (cf.



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cópias dos requerimentos juntas a fls. 22-106 dos autos n SITAF, documentos que se dão por integralmente reproduzidos).

2. Em 30.03.2021, os Requerentes apresentaram a juízo o r.i. dos presentes autos de intimação (cf. cópia da mensagem electrónica junta a fls. 1 dos autos no STAF, documento que se dá por integralmente reproduzido).
3. Em 12.04.2021, a DGS remeteu ofícios aos Requerentes, cujos teores se reproduzem parcialmente *infra*:

Analisado atentamente o requerimento de V. Exa., rececionado nesta Direção-Geral, informa-se, que o pedido não se enquadra no disposto na Lei nº 26/2016, de 22 de agosto, na sua versão atual, porquanto, as cópias, provas e informações solicitadas não se referem a documentos administrativos desta Direção-Geral, nos termos definidos na alínea a) do nº 1 da referida Lei.

A matéria referida e questionada no requerimento, segue os termos do disposto no artº 102º e seguintes do Código do Procedimento Administrativo, CPA.

Com efeito, não tendo sido apresentada a exposição dos factos em que se baseia o pedido, os quais devem ser adequados à pretensão e aos fins a que se destina, convida-se V. Exa., querendo, a suprir a deficiência do requerimento, nos termos do disposto no artº 102º do CPA.

(cf. cópias dos ofícios juntas a fls. 132-141 dos autos no SITAF, documento que se dão por integralmente reproduzidos).

4. Em 19.04.2021, o Requerido apresentou a sua resposta no âmbito dos presentes autos de intimação, aí declarando que não possuía “*nenhum documento administrativo correspondente às alíneas a) a j) e de n) a q) do art.º 4º do requerimento de intimação*”, mais dando conta de que:

“Após análise da base réplica do SICO desde 01-01-2020 até 18.04.2021, conseguimos apurar até ao momento as seguintes distribuições:

Entre 2020 e 2021 foram emitidos 152 certificados de óbito pelos médicos que trabalham para a tutela Ministério da Justiça (INMLCF) cuja causa básica de morte foi devido a COVID 19 de acordo com a seguinte distribuição:

- *Dos 152 certificados de óbito, 132 óbitos a causa básica foi U071 (COVID 19-vírus identificado) e 20 óbitos a causa básica foi U072 (COVID 19 -não identificado laboratorialmente).*



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• *Dos 152 certificados de óbito, a 148 óbitos foi dispensada autópsia, sendo que 129 óbitos a causa básica de morte foi U071 e 19 óbitos a causa básica d morte foi U072.*

Dos 152 óbitos, a 4 óbitos não foi dispensada autópsia, sendo que 3 óbitos a causa básica de morte foi U071 e 1 óbito a causa básica foi U072” (cf. resposta junta a fls. 115-126 dos autos no SITAF, documento que se dá por integralmente reproduzido).

5. Por ofício de 27.04.2021, os Requerentes foram notificados da resposta a que se alude no ponto anterior (cf. ofício junto a fls. 150 dos autos no SITAF, documento que se dá por integralmente reproduzido)

A prova dos factos fixados *supra* assenta no teor dos documentos juntos aos autos, conforme referido a respeito de cada um deles.

Nada mais foi provado com interesse para a decisão da causa.

III.2. De direito

Como é sabido, o direito à informação administrativa encontra guarida constitucional no artigo 268.º da Lei Fundamental, segundo o qual:

“1. Os cidadãos têm o direito de ser informados pela Administração, sempre que o requeriram, sobre o andamento dos processos em que sejam directamente interessados, bem como o de conhecer as resoluções definitivas que sobre eles forem tomadas.

2. Os cidadãos têm também o direito de acesso aos arquivos e registos administrativos, sem prejuízo do disposto na lei em matérias relativas à segurança interna e externa, à investigação criminal e à intimidade das pessoas.”.



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Os ditames constitucionais citados consagram, assim, aquilo que a jurisprudência e a doutrina têm designado por “*direito à informação procedimental*” e “*direito à informação não procedimental*”, respectivamente, os quais se encontram regulados pelos artigos 82.º a 85.º do actual CPA (artigos 61.º a 65.º do anterior CPA) e pelo disposto na Lei n.º 26/2016, de 22.08 (a qual revogou a Lei n.º 46/2007, de 24.08, vulgo “LADA” ou “Lei de Acesso aos Documentos Administrativos”).

A este respeito, atente-se ao acórdão prolatado pelo Tribunal Central Administrativo (“TCA”) Norte, em 22.06.2006, no âmbito do processo n.º 00028/06.7BEPNF, no qual se explicita, com meridiana clareza, a interpretação a fazer das disposições legais enunciadas e cujo entendimento continua a deter plena actualidade:

“[A] existência e o âmbito do direito à informação dependem, essencialmente, da relação existente entre os requerentes e o objecto a esclarecer.

Por princípio, o direito à informação cabe aos directamente interessados no procedimento a que se reportam as pretendidas informações (cfr. arts. 61.º e 62.º do CPA) e “por extensão”, tal direito cabe “a quaisquer pessoas que provem ter interesse legítimo no conhecimento dos elementos que pretendam” (cfr. art. 64.º, n.º 1 do CPA); fora destes casos, qualquer pessoa pode aceder aos registos e arquivos administrativos (cfr. art. 65.º do CPA) que não exijam reserva, mas tal acesso pressupõe a prévia conclusão do procedimento e se forem nominativos, o direito de acesso é limitado à pessoa a que digam respeito ou a terceiros que demonstrem “interesse directo e pessoal” (cfr. art. 07.º, n.ºs 1, 2 e 5 da LADA)”.

No mesmo sentido, e de forma particularmente impressiva, afirma-se no acórdão proferido pelo TCA Sul em 20.03.2014, no âmbito do processo n.º 10919/14, que:

“Se quisermos utilizar duas expressões consagradas na dogmática, o direito à informação administrativa procedimental define-se como um direito uti singulis, sendo



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que o direito de acesso a arquivos e registos administrativos se caracteriza por ser um direito uti cives.

Ou, nas palavras de J. M. Sérvulo Correia, o direito à informação administrativa procedimental configura a “publicidade erga partes” e o direito de acesso a arquivos e registos administrativos, independentemente de um procedimento, a “publicidade erga omnes” (in O direito à informação e os direitos de participação dos particulares no procedimento e, em especial, na formação da decisão administrativa, Cadernos de Ciência e Legislação/1994, n.ºs.9-10, pp. 135).

O primeiro perspectiva o indivíduo enquanto administrado, em sentido estrito, no quadro de uma específica e concreta relação com a Administração Pública e portador de interesses eminentemente subjectivos.

Já o segundo considera o particular como cidadão face ao poder, em termos mais genéricos.

Dizendo ainda de outra forma, o direito à informação administrativa procedimental visa a tutela de interesses e posições subjectivas directas, enquanto o direito de acesso a arquivos e registos administrativos está configurado como um dos instrumentos de protecção de interesses mais objectivos partilhados pela comunidade jurídica, designadamente o da transparência da acção administrativa.”.

A orientação acabada de descrever e que aqui se acolhe, sem reservas, encontra ainda eco na mais recente doutrina produzida a este respeito, referindo MÁRIO AROSO DE ALMEIDA e CARLOS ALBERTO FERNANDES CADILHA (in “Comentário ao Código de Processo nos Tribunais Administrativos”, Almedina, 2017, 4.ª edição, páginas 855 e 856), em anotação ao artigo 104.º do CPTA, que:

“Como resulta textualmente do n.º 1, a intimação destina-se, em primeira linha, a efetivar jurisdicionalmente, quer o direito à informação sobre o andamento dos procedimentos e o conhecimento das decisões, que integra o direito à informação procedimental, quer o direito de acesso aos arquivos e registos administrativos, que corresponde a um direito à informação não procedimental. E, neste sentido, o preceito



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concretiza, no plano processual, os direitos e garantias consagrados no artigo 268.º, n.ºs 1 e 2, da CRP, que se encontram regulados, no plano do direito substantivo, respetivamente, pelos artigos 82.º a 85.º do CPA e pela Lei n.º 46/2007, de 24 de agosto (alterada pelo Decreto-Lei n.º 214-G/2015, de 2 de outubro).

Em tese geral, o direito à informação procedimental reporta-se a factos, atos ou documentos que integram ou resultam de um concreto procedimento administrativo que se encontre ainda em curso; o direito à informação não procedimental respeita a documentos contidos em arquivos ou registos administrativos, aí se incluindo os documentos existentes em procedimentos já findos, independentemente da correlação com qualquer procedimento administrativo que esteja pendente”.

Ora, na situação *sub judice*, ficou acima demonstrado que os Requerentes se arrogam unicamente à obtenção de “*informação não procedimental, com respaldo nas leis acima indicadas, consubstanciado no direito de acesso a documentos administrativos integrantes de procedimentos já finalizados ou a arquivos ou registos administrativos, conferido a todos os cidadãos, e tendo em vista a defesa de interesses difusos*” (cf. facto 1. firmado *supra*).

Neste pressuposto, importa, então, no plano infraconstitucional, atender ao disposto nos artigos 3.º, n.º 1, alínea a), e 5.º, n.º 1, ambos da LADA, segundo os quais “*Todos, sem necessidade de enunciar qualquer interesse, têm direito de acesso aos documentos administrativos [id est, “qualquer conteúdo, ou parte desse conteúdo, que esteja na posse ou seja detido em nome dos órgãos e entidades referidas no artigo seguinte, seja o suporte de informação sob forma escrita, visual, sonora, eletrónica ou outra forma material”], o qual compreende os direitos de consulta, de reprodução e de informação sobre a sua existência e conteúdo*” (cf. artigos 3.º, n.º 1, alínea a), e 5.º, n.º 1, ambos da LADA).

Definido o quadro legal que, em tese, é aplicável ao presente dissídio, desçamos, então, de novo, ao caso dos autos, a fim de aí identificar a solução legal aplicável.



Tribunal Administrativo de Círculo de Lisboa

Juízo Administrativo Comum

Como se viu, o Requerido vem, a certo ponto, sufragar que, vindo os Requerentes solicitar informação ao abrigo do artigo 68.º, n.º 2, alínea a), do CPA, não alegariam, no entanto, quais os bens públicos que pretendiam defender com o pedido de informação, circunstância que, defende, carrearía à sua ilegitimidade activa – mas sem que lhe assista aqui qualquer razão, como se verá.

Com efeito, é certo que os Requerentes invocam, a certo ponto dos requerimentos tendentes à obtenção da informação aqui pretendida, o artigo 68.º, n.º 2, alínea a), do CPA, segundo o qual “*Os cidadãos no gozo dos seus direitos civis e políticos e os demais eleitores recenseados no território português*” têm “*legitimidade para a proteção de interesses difusos perante ações ou omissões da Administração passíveis de causar prejuízos relevantes não individualizados em bens fundamentais como a saúde pública, a habitação, a educação, o ambiente, o ordenamento do território, o urbanismo, a qualidade de vida, o consumo de bens e serviços e o património cultural*”.

Porém, e conforme exsuda do seu próprio teor e inserção sistemática, este comando normativo respeita à *legitimidade procedimental para reagir perante ações e omissões da Administração*, e não à legitimidade para aceder a informação administrativa não procedimental.

Essa, como se viu, encontra-se plasmada no supracitado artigo 5.º, n.º 1, da LADA, aí se preceituando, em termos inequivocamente abertos, que “*Todos, sem necessidade de enunciar qualquer interesse, têm direito de acesso aos documentos administrativos*”, sem necessidade de invocar ou demonstrar um qualquer particular interesse na obtenção de tal informação.

Improcede, por isso, a invocada excepção de ilegitimidade activa dos Requerentes.



Tribunal Administrativo de Círculo de Lisboa

Juízo Administrativo Comum

*

De seguida, e ainda a título de questão prévia, vem o Requerido sindicar que nenhum dos documentos, relatórios, provas e informações solicitados pelos Requerentes se encontraria na sua posse, o que carrearia, então, à impossibilidade da lide; e que, bem assim, teria, no entanto, disponibilizado informação aos Requerentes quanto à informação solicitada acerca do número de mortes em Portugal, o que ditaria, neste particular, a inutilidade superveniente da lide, com a conseqüente extinção da instância.

Neste conspecto, limitaram-se os Requerentes a redarguir que a impossibilidade que o Requerido agora vem invocar seria da sua exclusiva responsabilidade, pugnando, então, pela sua condenação nas respectivas custas processuais.

Principiando por aquele segundo segmento assinalado, ficou acima provado que os Requerentes solicitaram, a certo ponto dos seus requerimentos, que lhes fosse disponibilizada *“XI - Informação/relatório sobre o número de mortes em Portugal, desde o início da declarada pandemia, causadas por infeção SARS-Cov2, tendo a causa da morte sido objetiva e legalmente aferida por via de autópsia a cadáveres; // XII - Informação/relatório sobre o número de mortes em Portugal, desde o início da declarada pandemia, causada por infeção SARS-Cov2, tendo a causa da morte sido unicamente aferida por via do teste PCR”* (cf. facto 1. firmado *supra*).

A este respeito, viria, então, o Requerido retorquir que:

“Após análise da base réplica do SICO desde 01-01-2020 até 18.04.2021, conseguimos apurar até ao momento as seguintes distribuições:

Entre 2020 e 2021 foram emitidos 152 certificados de óbito pelos médicos que trabalham para a tutela Ministério da Justiça (INMLCF) cuja causa básica de morte foi devido a COVID 19 de acordo com a seguinte distribuição:



Tribunal Administrativo de Círculo de Lisboa

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• *Dos 152 certificados de óbito, 132 óbitos a causa básica foi U071 (COVID 19-vírus identificado) e 20 óbitos a causa básica foi U072 (COVID 19 -não identificado laboratorialmente).*

• *Dos 152 certificados de óbito, a 148 óbitos foi dispensada autópsia, sendo que 129 óbitos a causa básica de morte foi U071 e 19 óbitos a causa básica de morte foi U072.*

Dos 152 óbitos, a 4 óbitos não foi dispensada autópsia, sendo que 3 óbitos a causa básica de morte foi U071 e 1 óbito a causa básica foi U072” (cf. facto 4. firmado supra).

Ora, tal como vem sendo pacificamente entendido pela jurisprudência e doutrina, *“A lide torna-se inútil quando ocorre um facto ou circunstância, ulterior à sua instauração, que torna desnecessário que sobre ela recaia pronúncia judicial, nomeadamente porque o pedido formulado já foi atingido por outro meio”* (neste sentido, *vide*, a título exemplificativo, o aresto prolatado pelo Supremo Tribunal Administrativo, em 28.09.2017, no âmbito do processo n.º 049/17).

Na situação *sub judice*, do cotejo do segmento em apreciação dos pedidos formulados pelos Requerentes no âmbito dos requerimentos por si apresentados com o teor da resposta oferecida pelo Requerido no âmbito dos presentes autos de intimação, resulta evidente, para este Tribunal, que a pretensão do Requerente se encontra, neste particular, satisfeita, pelo que a prolação de decisão se afiguraria, *in concreto*, desprovida de qualquer utilidade.

Considerando que, de harmonia com o disposto na alínea e) do artigo 277.º do CPC, aplicável *ex vi* artigo 1.º do CPTA, a instância se extingue com a impossibilidade ou inutilidade superveniente da lide, não restam, então, alternativas a este Tribunal que não concluir por essa mesma inutilidade, no que tange aos pontos XI e XII dos requerimentos para prestação de informações apresentados pelos Requerentes, com a consequente extinção parcial da instância.



Tribunal Administrativo de Círculo de Lisboa

Juízo Administrativo Comum

- (ii) No mais, declaro a impossibilidade da lide e julgo parcialmente extinta a instância, ao abrigo da alínea e) do artigo 277.º do CPC.

Atendendo a que, tal como resultou provado, o Requerido prestou a informação ora em crise ulteriormente à propositura da presente intimação (cf. factos 2. a 5. firmados *supra*), julgo a impossibilidade e inutilidade superveniente da presente lide imputáveis ao mesmo e, em consequência, condeno-o na totalidade das custas, de acordo com o preceituado nos n.ºs 3 e 4 do artigo 536.º do CPC, aplicável *ex vi* artigo 1.º do CPTA, conjugadamente com o disposto no artigo 12.º, n.º 1, alínea b), e tabela I-B, linha 1, ambos do Regulamento das Custas Processuais.

Valor da causa: EUR 30.000,01, de harmonia com o disposto nos artigos 31.º e 34.º, n.ºs 1 e 2, ambos do CPTA, e nos artigos 296.º, n.º 1, 299.º, n.º 1, e 306.º, n.ºs 1 e 2, *in fine*, todos do CPC, aplicável *ex vi* artigo 1.º do CPTA.

Registe e notifique.

Lisboa, 19 de Maio de 2021

O Juiz de Direito

PEDRO MOREIRA

(Texto processado em computador e incorporado no SITAF, com aposição de assinatura electrónica qualificada – artigo 24.º, n.º 1, do CPTA e artigo 16.º, n.º 1, da Portaria n.º 380/2017, de 19.12)



Christine Massey <cmssyc@gmail.com>

Access to Info request to PHAC re alleged "new COVID-19 variant"

Christine Massey <cmssyc@gmail.com>
To: phac.atip-airp.aspc@canada.ca

Mon, Dec 21, 2020 at 9:57 PM

December 21, 2020

Cynthia Richardson
Access to Information and Privacy Coordinator
Access to Information and Privacy Division
Holland Cross, Tower B
7th Floor, Suite 700, Room 741
1600 Scott Street, Address locator: 3107A
Ottawa, Ontario K1A 0K9
phac.atip-airp.aspc@canada.ca

Dear Access to Information and Privacy Coordinator,

This is a formal request for records made under the *Access to Information Act (R.S.C., 1985, c. A-1)*.

Last week, the U.K. Secretary of State for Health and Social Care Matt Hancock stated that:

"Over the last few days, thanks to our world class genomic capability in the UK, we have identified a new variant of coronavirus which may be associated with the faster spread in the southeast of England. Initial analysis suggests that this variant is growing faster than the existing variants. We've currently identified over a thousand cases of this variant, predominantly in the south of England, although cases have been identified in nearly 60 different local authority areas and numbers are increasing rapidly. Similar variants have been identified in other countries over the last few months. We've notified the World Health Organization about this new variant, and Public Health England is working hard to continue its expert analysis ... I must stress at this point that there is currently nothing at this point to suggest that this variant is more likely to cause serious disease and the latest clinical advice is that it's highly unlikely that this mutation would fail to respond to a vaccine but it shows we've got to be vigilant and follow the rules and everyone needs to take personal responsibility not to spread this virus."

<https://twitter.com/talkRADIO/status/1338510584275460099>

On December 20, 2020 Minister of Health Patty Hajdu [tweeted](#):

"This afternoon, @JustinTrudeau and I are meeting with our colleagues and officials from the Incident Response Group to discuss the genetic variant of the virus that causes COVID-19 identified in the United Kingdom."

Description of Requested Records:

All records in the possession, custody or control of the Public Health Agency of Canada (PHAC) that:

- describe the isolation of the [alleged] *genetic variant of the* [alleged] *virus that* [allegedly] *causes* [the alleged disease referred to as] *COVID-19* [allegedly] *identified in the United Kingdom*, directly from a sample taken from a diseased patient, 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 using "isolation" in the every-day sense of the word: *the act of separating a thing(s) from everything else*. I am not requesting records where "isolation" refers instead to:

- the culturing of something, or
 - the performance of an amplification test (i.e. a PCR test), or
 - the sequencing of something.
-
- describe the **discovery (not manufacture / fabrication / creation / assembly / alignment / trimming / mapping)** of the alleged genome for this alleged particular *new variant of coronavirus*;
 - describe how this alleged *new variant of coronavirus* relates to the alleged "SARS-COV-2";
 - include **any** additional analysis/investigation into this alleged "*new variant*".

Please note that my request is **not** limited to records that were authored by agents of PHAC, or to records that pertain to work done by agents of PHAC; it includes **any** sort of record, authored by anyone, anywhere, ever.

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 record with certainty (i.e. author; title; date; publisher); please provide URLs where possible.

Format:

URLs and/or pdf documents sent to me via email; I do not wish for anything to be shipped to me.

Contact Information:

Last name: Massey

First name: Christine

Address: 21 Keystone Avenue, Toronto ON M4C 1G9

Phone: 905-965-6254

Email: cmssyc@gmail.com

Application Fee:

I will submit a \$5 cheque by mail, payable to the Receiver General for Canada.

Proof of Right:

Please find a copy in the attached "BC" jpg file.

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



Our file: PHAC-A-2020-000393 / TTL

2021-06-23

Christine Massey
21 Keystone Avenue
Toronto, Ontario
M4C 1G9

Dear Christine Massey:

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

Description of Requested Records:

“All records in the possession, custody or control of the Public Health Agency of Canada (PHAC) that: · describe the isolation of the [alleged] genetic variant of the [alleged] virus that [allegedly] causes [the alleged disease referred to as] COVID-19 [allegedly] identified in the United Kingdom, directly from a sample taken from a diseased patient, 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 using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. {I} am not requesting records where "isolation" refers instead to:

- **the culturing of something, or**
- **the performance of an amplification test (i.e. a PCR test), or**
- **the sequencing of something.**
- **describe the discovery (not manufacture / fabrication / creation / assembly / alignment / trimming / mapping) of the alleged genome for this alleged particular new variant of coronavirus;**
- **describe how this alleged new variant of coronavirus relates to the alleged "SARS-COV-2";**
- **include any additional analysis/investigation into this alleged "new variant".**

Please note that my request is not limited to records that were authored by agents of PHAC, or to records that pertain to work done by agents of PHAC; it includes any sort of record, authored by anyone, anywhere, ever.

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 record with certainty (i.e. author; title; date; publisher); please provide URLs where possible”.

Having completed a thorough search, we regret to inform you that we were unable to locate any records responsive to your request.

Your request has resulted in a “No Records Exist”, because of the way that you have formulated your request. The isolation of the virus variant 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. 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.

Should you have any questions or concerns about the processing of your request, please do not hesitate to contact Tammy Turpin-Loyer, the analyst responsible for this file by email at tammy.turpin-loyer@canada.ca, with reference to our file number cited above.

Please be advised that you are entitled to complain to the Office of the Information Commissioner of Canada concerning the processing of your request within 60 days of the receipt of this notice. In the event you decide to avail yourself of this right, your notice of complaint can be made online at: <https://www.oic-ci.gc.ca/en/submitting-complaint> or by mail to:

Office of the Information Commissioner of Canada
30 Victoria Street
Gatineau, Quebec K1A 1H3

Yours sincerely,



Digitally signed by Burrows,
Andrea
DN: C=CA, O=GC, OU=HC-SC,
CN="Burrows, Andrea"
Date: 2021.06.23 08:11:16-04'00'

Andrea Burrows
Access to Information and Privacy Division



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OF VIROLOGY

आई सी एम आर - राष्ट्रीय विषाणु विज्ञान संस्थान

भारतीय आयुर्विज्ञान अनुसंधान परिषद

स्वास्थ्य अनुसंधान विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - NATIONAL INSTITUTE OF VIROLOGY

Indian Council of Medical Research

Department of Health Research

Ministry of Health & Family Welfare, Govt. of India

20 - ए. डा. आंबेडकर मार्ग, पोस्ट बॉक्स संख्या 11, पुणे - 411 001, भारत. 20-A. Dr. Ambedkar Road, Post Box No. 11, Pune 411 001, India.
Tel. : NIV Camp +91-020-26127301, 26006290, Fax : 26122669, 26126643 / NIV Pashan +91-020-26006390 Fax : No. 25871895 / 25870640
E-mail : director.niv@icmr.gov.in Website : www.niv.co.in

No. 1/8/2005/RTI/Admn./XVII- 671

28th June 2021

To

✓ S
D
M
A

Sub.: Online Application under Right to Information Act 2005

Ref.: Registration No. NIOVP/R/T/21/00005 dated 12/06/2021

Sir,

This is in reference to your above online application no. NIOVP/R/T/21/00005 dated 12th June 2021 forwarded by ICMR with reference no. INCMR/R/T/21/00577 dated 12/06/2021, seeking information under Right to Information Act 2005. Please find the below mentioned publications for the SARS-CoV-2 isolations by ICMR-National Institute of Virology.

- Sarkale P., Patil, S., Yadav, P.D., Nyayanit, D.A., Sapkal, G., Baradkar, S., Lakra, R., Shete-Aich, A., Prasad, S., Basu, A. and Dar, L., 2020. First isolation of SARS-CoV-2 from clinical samples in India. *The Indian Journal of Medical Research*, 11(2-3), p.244.
- Yadav, P., Sarkale, P., Razdan, A., Gupta, N., Nyayanit, D., Sahay, R., Potdar, V., Patil, D., Baradkar, S., Kumar, A. and Aggarwal, N., 2021. Isolation and characterization of SARS-CoV-2 VOC, 20H/501Y. V2, from UAE travelers, bioRxiv.
- Yadav, P.D., Nyayanit, D.A., Sahay, R.R., Sarkale, P., Pethani, J., Patil, S., Baradkar, S., Potdar, V. and Patil, D.Y., 2021. Isolation and characterization of the new SARS-CoV-2 variant in travelers from the United Kingdom to India: VUI-202012/01 of the B. 1.1. 7 lineage. *Journal of Travel Medicine*, 28(2), p.taab009.
- Yadav, P.D., Nyayanit, D.A., Sahay, R.R., Shete, A.M., Majumdar, T., Patil, S., Patil, D.Y., Gupta, N., Kaur, H., Aggarwal, N. and Vijay, N., 2021. Imported SARS-CoV-2 V501Y. V2 variant (B. 1.351) detected in travelers from South Africa and Tanzania to India. *Travel Medicine and Infectious Disease*.

विश्व स्वास्थ्य संघटन

उभरते वायरल संक्रमणों का सहयोग केन्द्र

राष्ट्रीय शीतज्वर केन्द्र

पोलिओ, खसरा एवं रुबेला के लिए रेफरल प्रयोगशाला



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भारतीय आयुर्विज्ञान अनुसंधान परिषद

स्वास्थ्य अनुसंधान विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - NATIONAL INSTITUTE OF VIROLOGY

Indian Council of Medical Research

Department of Health Research

Ministry of Health & Family Welfare, Govt. of India

20- ए. डा. आंबेडकर मार्ग, पोस्ट बॉक्स संख्या 11, पुणे - 411 001, भारत.

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Tel. : NIV Camp +91-020-26127301, 26006290, Fax : 26122669, 26126643 / NIV Pashan +91-020-26006390 Fax : No. 25871895 / 25870640

E-mail : director.niv@icmr.gov.in Website : www.niv.co.in

No. 1/8/2005/RTI/Admn./XVII- 669

28th June 2021

To

✓ Sh. Trinayan Das
Kamarchuburi,
NT Road, Tezpur,
Sonitpur, Assam - 784001

Sub.: Online Application under Right to Information Act 2005

Ref.: Registration No. NIOVP/R/E/21/00038 dated 16/06/2021

Sir,

This is in reference to your above online application no. NIOVP/R/E/21/00038 dated 16th June 2021, seeking information under Right to Information Act 2005. The information sought by you is furnished below.

<p>1. Any proof of isolation/purification of SARS-CoV-2 (COVID-19) virus?</p>	<p>Please find the below mentioned publications for the SARS-CoV-2 isolations by ICMR-National Institute of Virology.</p> <ol style="list-style-type: none">Sarkale P., Patil, S., Yadav, P.D., Nyayanit, D.A., Sapkal, G., Baradkar, S., Lakra, R., Shete-Aich, A., Prasad, S., Basu, A. and Dar, L., 2020. First isolation of SARS-CoV-2 from clinical samples in India. <i>The Indian Journal of Medical Research</i>, 11(2-3), p.244.Yadav, P., Sarkale, P., Razdan, A., Gupta, N., Nyayanit, D., Sahay, R., Potdar, V., Patil, D., Baradkar, S., Kumar, A. and Aggarwal, N., 2021. Isolation and characterization of SARS-CoV-2 VOC, 20H/501Y. V2, from UAE travelers, bioRxiv.Yadav, P.D., Nyayanit, D.A., Sahay, R.R., Sarkale, P., Pethani, J., Patil, S., Baradkar, S., Potdar, V. and Patil, D.Y., 2021. Isolation and characterization of the new SARS-CoV-2 variant in travelers from the United Kingdom to India: VUI-202012/01 of the B. 1.1. 7 lineage. <i>Journal of Travel Medicine</i>, 28(2),
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विश्व स्वास्थ्य संघटन

उभरते वायरल संक्रमणों का सहयोग केन्द्र

राष्ट्रीय शीतज्वर केन्द्र

पोलिओ, खसरा एवं रुबेला के लिए रेफरल प्रयोगशाला



WORLD HEALTH ORGANIZATION

Collaborating Centre for Emerging Viral Infections

National Influenza Centre

Referral Lab for Polio, Measles and Rubella

	<p>p.taab009.</p> <p>d. Yadav, P.D., Nyayanit, D.A., Sahay, R.R., Shete, A.M., Majumdar, T., Patil, S., Patil, D.Y., Gupta, N., Kaur, H., Aggarwal, N. and Vijay, N., 2021. Imported SARS-CoV-2 V501Y. V2 variant (B. 1.351) detected in travelers from South Africa and Tanzania to India. <i>Travel Medicine and Infectious Disease</i>.</p>
2. What are the methods used for isolation/purification of SARS-CoV-2 virus?	Virus isolation is being performed in Vero cell lines using the tissue culture techniques.
3. Is the RT-PCR test approved for diagnostic of infectious disease like SARS-CoV-2 (COVID-19) virus?	Yes, Real Time Reverse Transcription Polymerase Chain Reaction (Real Time RT-PCR) is the gold standard test for detection of SARS-CoV-2. For more details on molecular testing of SARS-CoV-2 please refer to ICMR advisory available at https://www.icmr.gov.in/pdf/covid/labs/ICMR_Advisory_Testing_System_v_10112_020.pdf and the WHO guidelines available at https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf
4. Was the RT-PCR test used earlier to diagnose any infectious disease? What is the accuracy of the test?	Yes, RT-PCR test is a widely used test to detect many infectious diseases such as Influenza viruses, Hepatitis viruses, HIV, Dengue chikungunya etc. it is widely used in biomedical science research. The test is highly sensitive and detects specific targets very accurately.
5. How does the PCR test help in diagnosing SARS-CoV-2 virus genetic sequence?	Real-Time PCR offers sensitivity, specificity and wide dynamic range for detecting target nucleic acids. For the SARS-CoV-2 detection variety of RT-PCR kits are available. The RT-PCR of SARS-CoV-2 detects more than two genes of SARS-CoV-2 such as E, N, ORF, S, RDRP along with human housekeeping genes as sample quality targets. The positive results in RT PCR are confirming the presence of SARS-CoV-2 virus infection.
6. What is the false positive rate of PCR test on CT-35?	The RT-PCR kit has a cut off range to determine positivity in tests. Majority kits have the set Cut off values ranging from 35 to 40 ct value. As mentioned above SARS-CoV-2 kits use multiple targets for detection and the decision of the sample as positive is dependent on the targets used in the test. If a single gene showed ct value 35 then the sample is inconclusive and recommended to

	<p>repeat after four days. The main reason for this kind of report may be improper timing of specimen collection e.g. early phase of infection or recovery phase of infection.</p> <p>Any specimen that has a Ct below the cut off for the test is most likely a true positive. Ct values can differ immensely between a poorly collected specimen to a well-collected specimen. Other factors that can impact Ct values include improper specimen transport, specimen storage temperatures, how many times the specimen has been frozen, and the instrument on which testing is performed. Each test is different, with different sensitivities based on things like how the test was designed.</p>
<p>7. Can a N95 face mask prevent the transmission of SARS-CoV-2 virus?</p>	<p>An N95 mask is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. N95 masks without gaps can filter 99.9 percent particles larger than 0.3um and 85 percent particles smaller than 0.3um.</p>
<p>8. Any proof of isolation/purification of the Delta variant or any other variants of SARS-CoV-2?</p>	<p>Please find the below mentioned publications for the SARS-CoV-2 isolations by ICMR-National Institute of Virology.</p> <ol style="list-style-type: none"> a. Sarkale P., Patil, S., Yadav, P.D., Nyayanit, D.A., Sapkal, G., Baradkar, S., Lakra, R., Shete-Aich, A., Prasad, S., Basu, A. and Dar, L., 2020. First isolation of SARS-CoV-2 from clinical samples in India. <i>The Indian Journal of Medical Research</i>, 11(2-3), p.244. b. Yadav, P., Sarkale, P., Razdan, A., Gupta, N., Nyayanit, D., Sahay, R., Potdar, V., Patil, D., Baradkar, S., Kumar, A. and Aggarwal, N., 2021. Isolation and characterization of SARS-CoV-2 VOC, 20H/501Y. V2, from UAE travelers, bioRxiv. c. Yadav, P.D., Nyayanit, D.A., Sahay, R.R., Sarkale, P., Pethani, J., Patil, S., Baradkar, S., Potdar, V. and Patil, D.Y., 2021. Isolation and characterization of the new SARS-CoV-2 variant in travelers from the United Kingdom to India: VUI-202012/01 of the B. 1.1. 7 lineage. <i>Journal of Travel Medicine</i>, 28(2),

	<p>p.taab009.</p> <p>d. Yadav, P.D., Nyayanit, D.A., Sahay, R.R., Shete, A.M., Majumdar, T., Patil, S., Patil, D.Y., Gupta, N., Kaur, H., Aggarwal, N. and Vijay, N., 2021. Imported SARS-CoV-2 V501Y. V2 variant (B. 1.351) detected in travelers from South Africa and Tanzania to India. <i>Travel Medicine and Infectious Disease</i>.</p>
<p>9. Was there any tissue culture done on the SARS-CoV-2 virus?</p>	<p>Yes, virus was cultured for development of indigenous inactivated vaccine and for development of ELISA and neutralization assays.</p>

The Appellate Authority in respect of the information furnished above is, Prof. Priya Abraham, Director, ICMR-National Institute of Virology, Pune. If you are not satisfied with this reply, you may appeal within 30 days of receipt of this letter.

Thanking you,

Yours sincerely,



Dr. Paresh Shah
CPIO & Scientist-E



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

**Isle of Man
Government**

Reilrys Ellan Vannin

Mr Steven Gardner
39 Princes Street
Douglas
Isle of Man
IM1 1BB

Interim Chief Executive: Kathryn Magson

Freedom of Information Team
Crookall House
Demesne Road
Douglas
Isle of Man
IM1 3QA

Tel: (01624) 642621
Email: dhsc@foi.gov.im
Website: www.gov.im/dhsc

Our ref: 1646813

18th February 2021

Dear Mr Gardner

We write further to your request which was received on the 26th January 2021 and states:

**Question 1:
Has Covid 19/21 been isolated?**

**Question 2:
Has covid 19/21 been purified?**

**Question 3:
Has there been a risk assessment on masks?**

**Question 4:
Have all places of business who have mandatory masks done a risk assessment or should they do a risk assessment, in regards to masks? For their employees and customers.**

**Question 5:
Is the sequence in the PCR test SarsCov2?**

**Question 6:
What amplifications has the PCR test been run at?**

**Question 7:
Can you provide the season flu death numbers for 2019 & 2020?**

**Clarification sought:
Regarding questions 1 & 2 when you say 'Has Covid 19/21 been isolated' do you mean has SARS-CoV-2 been isolated? If you don't please can you clarify what you are referring to?**

Clarification received:

Yes, SarsCov2 has it been isolated and purified.

Our response:

Clarification sought:

Regarding questions 1 & 2 when you say 'Has Covid 19/21 been isolated' do you mean has SARS-CoV-2 been isolated? If you don't please can you clarify what you are referring to?

Clarification received:

Has the SarsCov2 been isolated and purified. To be proven scientifically and proven the virus causes disease.

Question 1:

Has Covid 19/21 been isolated?

Regarding SARS-CoV-2 the virus is not isolated.

Question 2:

Has covid 19/21 been purified?

Regarding SARS-CoV-2 it is not purified.

Question 3:

Has there been a risk assessment on masks?

The Department has and does risk assessments on masks.

Question 4:

Have all places of business who have mandatory masks done a risk assessment or should they do a risk assessment, in regards to masks? For their employees and customers.

While our aim is to provide information whenever possible, in this instance the Department of Health and Social Care ("the Department") is unable to provide the information that you have requested. This is in line with Section 11(3)a of the Act, as a practical refusal reason applies; namely we do not hold or cannot, after taking reasonable steps to do so, find the information that you have requested.

Places of business are responsible for undertaking their own risk assessments and setting their own policies for wearing masks.

To provide further advice and assistance guidance on face coverings, including 'face coverings at work' is available within the public domain at:

<https://covid19.gov.im/general-information/guidance-on-face-coverings/>

Question 5:

Is the sequence in the PCR test SarsCov2?

Yes, the sequence in the PCR test is SARsCov2

Question 6:

What amplifications has the PCR test been run at?

The amplification is 45 cycles.

Question 7:**Can you provide the season flu death numbers for 2019 & 2020?**

While our aim is to provide information whenever possible, in this instance the Department of Health and Social Care ("the Department") is unable to provide the information that you have requested. This is in line with Section 11(3)a of the Act, as a practical refusal reason applies; namely we do not hold or cannot, after taking reasonable steps to do so, find the information that you have requested.

However you may wish to re-submit your request to Public Health within the Cabinet Office who may be able to help you. The information you have requested is held by Public Health.

Please quote the reference number 1646813 in any future communications.

Your right to request a review

If you are unhappy with this response to your freedom of information request, you may ask us to carry out an internal review of the response, by completing a complaint form and submitting it electronically or by delivery/post.

An electronic version of our complaint form can be found by going to our website at <https://services.gov.im/freedom-of-information/Review> . If you would like a paper version of our complaint form to be sent to you by post, please contact me and I will be happy to arrange for this. Your review request should explain why you are dissatisfied with this response, and should be made as soon as practicable. We will respond as soon as the review has been concluded.

If you are not satisfied with the result of the review, you then have the right to appeal to the Information Commissioner for a decision on;

1. Whether we have responded to your request for information in accordance with Part 2 of the Freedom of Information Act 2015; or
2. Whether we are justified in refusing to give you the information requested.

In response to an application for review, the Information Commissioner may, at any time, attempt to resolve a matter by negotiation, conciliation, mediation or another form of alternative dispute resolution and will have regard to any outcome of this in making any subsequent decision.

More detailed information on your right to a review can be found on the Information Commissioner's website at www.inforights.im.

Should you have any queries concerning this letter, please do not hesitate to contact me.

Further information about freedom of information requests can be found at www.gov.im/foi.

I will now close your request as of this date.

Yours sincerely

Debbie Hay
FOI Coordinator

Fecha de ingreso: 03/05/2021 13:23
Lugar de Ingreso: División Jurídico Notarial

Datos del documento

Titulares: DIVISION SERVICIOS JURIDICOS
Resumen: ACCESO A LA INFORMACION PUBLICA
MARIA BETTINA GALO VIEGAS
Cantidad de Actuaciones: 11

Campos del tipo de documento

Procedencia: 12/001/1.511
Nómina Procedencia:
Oficio:

A DIRECCIÓN GENERAL DE SECRETARÍA

Exp. Ref. N° 12/001/3/2902/2021

Por solicitud de acceso a la información pública la Sra. María Galo solicita: "Descripción de los registros solicitados: *"Todos los estudios y / o informes en posesión, custodia o control de los Centros para el Control y la Prevención de Enfermedades del MSP y/o PRIVADOS integrantes o no del GACH -sin excepción- a cargo de la Pandemia Covid19, UDELAR, Facultad de Ciencias, Facultad de Química, Facultad de Medicina y el Departamento de Genética de la Facultad de Medicina, la Agencia para Sustancias y cualquier otra dependencia público o privado, o público-privada (Laboratorios de investigación): QUE describan la purificación de cualquier "virus COVID-19 " (incluidos "B.1.1.7", "B.1.351", "P.1" y cualquier otra "variante") (mediante maceración, filtración y uso de una ultracentrífuga; también a veces por algunas personas como "aislamiento") , directamente de una muestra tomada de un ser humano enfermo, donde la muestra del paciente NO SE combinó primero con ninguna otra fuente de material genético (es decir, células de riñón de mono, también conocidas como células Vero; suero fetal bovino). Tenga en cuenta que no estoy solicitando estudios /informes donde los investigadores no pudieron purificar el "virus" sospechoso y en su lugar:*

- *cultivado una muestra no purificada u otra sustancia no purificada, y / o*
- *realizó una prueba de amplificación (es decir, una prueba de PCR) en todo el ARN de una muestra de paciente o de un cultivo celular, o en material genético de cualquier sustancia no purificada, y / o*
- *Secuenció el ARN total de una muestra de paciente o de un cultivo celular o de cualquier sustancia no purificada, y / o*
- *produjo imágenes de microscopía electrónica de cosas no purificadas en un cultivo celular.*

Para mayor claridad, tenga en cuenta que ya soy consciente de que, según la teoría del virus, un "virus" requiere células huésped para replicarse, y no solicito registros que describan la replicación de un "virus" sin células huésped.

Además, yo no estoy solicitando los registros de pacientes privados o registros que describen un supuesto "virus" flotando en el vacío; Simplemente solicito registros que

describan su purificación (separación de todo lo demás en la muestra del paciente, según las prácticas estándar de laboratorio para la purificación de otras cosas pequeñas). Tenga en cuenta también que mi solicitud no se limita a los registros que fueron creados por o en cualquiera de los organismos, instituciones antes nombradas o que pertenecen al trabajo realizado en / por ellos . Más bien, mi solicitud incluye cualquier registro que coincida con la descripción anterior, por ejemplo (pero no limitado a) cualquier estudio revisado por pares publicado y escrito por cualquier persona, en cualquier lugar, alguna vez que haya sido descargado o impreso por los antes citados y se haya utilizado como evidencia de un "virus" causante de enfermedades. Tenga en cuenta que a pesar del hecho de que la purificación es un paso esencial (pero no suficiente) para probar la existencia de un "virus" que causa una enfermedad, hasta la fecha, 53 instituciones en todo el mundo no han proporcionado o citado tales registros, por lo tanto, a mi conocimiento no existen tales registros y si existen no puedo acceder a ellos hasta que se me proporcione una cita o URL. Por lo tanto, si algún registro coincide con la descripción anterior de los registros solicitados y está actualmente disponible para el público en otro lugar, proporcione suficiente información sobre cada registro para que pueda identificar y acceder a cada uno con certeza (es decir, título, autor (es), fecha, revista, donde el público pueda acceder a ella). Proporcione las URL siempre que sea posible."

La Ley N° 18.381 en su artículo 13 exige que las solicitudes de información deben ser claras respecto a la información que se solicita. Los términos de lo consultado, no logran ser comprendidos en su cabalidad, lo cual dificulta dar respuesta a lo peticionado. Las solicitudes deben establecer con precisión a qué información se solicita acceder, no a qué información no se solicita acceder. Tampoco corresponde en esta vía ingresar en discusiones sobre las opiniones del peticionante.

En segundo lugar, corresponde aclarar que el Ministerio de Salud Pública no es custodio, ni de estudios ni de informes de otras instituciones y organismos, como lo son la UDELAR o el GACH, donde la interesada debería dirigir sus consultas.

Sí es posible afirmar, que de acuerdo a lo informado por la Dirección de Laboratorios del Ministerio, la muestra del paciente contiene genes de las células de la persona que se realiza el hisopado y de contener virus, contienen genes del virus, en este caso SARS

CoV2 y que su purificación se realiza a través de un proceso automatizado que utiliza reactivos y perlas magnéticas donde se separa el ARN del virus, que es el que se busca.

En virtud de lo expuesto, corresponde dar respuesta al peticionante en los términos del presente informe.



DOCUMENTO COMPLETO

IDOC

Actuación

Fecha Creación: 07/06/2021 14:40
Usuario Creación: MARIA DEL HUERTO CORRADO
Dependencia: 12/001/1.51 Dpto. De Secretaría Y Acuerdos
Finalizada Por: Gustavo Cardoso, Maria del Huerto Corrado
Adjuntos: 1
001-3-2902-2020 RESPUESTA PARCIAL ACCESO A LA INFORMACIÓN MARIA BETTINA GALO - MJB.pdf

Firmado Por: MARÍA del HUERTO CORRADO SCARCELA
Fecha Firma: 07/06/2021 14:41

Firmado Por: GUSTAVO CARDOSO MUÑOZ
Fecha Firma: 07/06/2021 17:25

Ministerio de Salud Pública

Dirección General de Secretaría

VISTO: la solicitud de información pública efectuada por la Sra. María Bettina Galo Viegas, al amparo de lo dispuesto por la Ley N° 18.381 de 17 de octubre de 2008;

RESULTANDO: que la peticionante solicita información sobre: i) todos los estudios y/o informes en posesión, custodia o control de los Centros para el Control y la Prevención de Enfermedades del M.S.P. y/ o privados integrantes o no del Grupo Asesor Científico Honorario (GACH), sin excepción, a cargo de la pandemia Covid-19, UDELAR, Facultad de Ciencias, Facultad de Química, Facultad de Medicina y el Departamento de Genética de la Facultad de Medicina, la Agencia para Sustancias y cualquier otra dependencia público o privado, o público-privada (Laboratorios de investigación); y ii) información sobre cada registro que describan la purificación de cualquier “virus- COVID -19” para poder identificar y acceder a cada uno con certeza;

CONSIDERANDO: I) que en merito a lo informado por la División Servicios Jurídicos, corresponde acceder a lo peticionado con excepción de la información solicitada que no se ajusta a los requisitos normativos, debiendo existir una descripción clara de la información requerida, así como cualquier dato que facilite su localización, rigiendo para ello lo dispuesto en el artículo 13 de la Ley N° 18.381 de 17 de octubre de 2008;

II) que de acuerdo a lo dispuesto por el artículo 16 de la citada disposición legal, el acto que resuelva la petición debe emanar del jerarca máximo del Inciso o quien posea facultades delegadas al efecto;

ATENTO: a lo precedentemente expuesto y a lo establecido por Resolución Ministerial N° 38/991 de 22 de enero de 1991;

LA DIRECCIÓN GENERAL DE SECRETARÍA

en ejercicio de las atribuciones delegadas

RESUELVE:

- 1º) Autorízase el acceso a la información en forma parcial, en referencia a la solicitud efectuada por la Sra. María Bettina Galo Viegas, al amparo de lo dispuesto por la Ley N° 18.381 de 17 de octubre de 2008.
- 2º) Notifíquese a la parte interesada a través de Secretaría de la Dirección General de Secretaría. Pase al Departamento de Comunicaciones para su publicación en la página web Institucional. Cumplido, archívese.

Ref. N° 001-3-2902-2021

VC

Se otorgó N° de Res. DIGESE 377-2021

Date of admittance: 03/05/2021 13:23
Place of Entry: Legal Notarial Division
Document data
Holders: LEGAL SERVICES DIVISION
Summary: ACCESS TO PUBLIC INFORMATION
MARIA BETTINA GALO VIEGAS
Number of Performances: 11
Document type fields
Origin: 12/001 / 1.511
Payroll Origin:
Job:
Reference:
12/001/3/2902/2021
FULL IDOC DOCUMENT

TO THE GENERAL DIRECTORATE OF THE SECRETARIAT
Exp. Ref. N ° 12/001/3/2902/2021

Upon request for access to public information, Mrs. María Galo requests:

“Description of the requested records:

“All studies and / or reports in possession, custody or control of the Centers for Disease Control and Prevention of the MSP and / or PRIVATE members or not of the GACH -without exception- in charge of the Covid19 Pandemic, UDELAR, Faculty of Sciences, Faculty of Chemistry, Faculty of Medicine and the Department of Genetics of the Faculty of Medicine, the Agency for Substances and any other public or private, or public-private agency (Laboratorios de research): THAT describe the purification of any "COVID-19 viruses" (including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (by maceration, filtration and use of an ultracentrifuge; also sometimes by some people like "isolation"), directly from a sample taken from a sick human being, where the patient sample was NOT first combined with any other source of genetic material (i.e. monkey kidney cells, also known as cells Vero; fetal bovine serum).

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

- cultured a non-purified sample or other non-purified substance, and / or
- performed an amplification test (that is, a PCR test) on all RNA from a patient sample or cell culture, or genetic material from any non-purified substance, and / or
- Sequenced total RNA from a patient sample or from a cell culture or from any non-purified substance, and / or
- produced electron microscopy images of unpurified things in a culture mobile.

For the sake of clarity, note that I am already aware that according to the theory of

virus, a "virus" requires host cells to replicate, and I do not request records that describe the replication of a "virus" without host cells.

Also, I am not requesting private patient records or records that describe a supposed "virus" floating in a vacuum; I simply request records that describe its purification (separation from everything else in the patient sample, according to standard laboratory practices for purification of other things little).

Also note that my request is not limited to records that were created by or in any of the agencies, institutions named above or that belong to the work done in / by them. Rather, my request includes any record that matches the description above, for example (but not limited to) any peer-reviewed study published and written by any person, anywhere, ever that has been downloaded or printed by the cited above and has been used as evidence of a "virus" that causes diseases.

Note that despite the fact that purification is a step essential (but not sufficient) to prove the existence of a "virus" that causes a disease, to date, 53 institutions worldwide have not provided or cited such records, therefore, to my knowledge there are no such records and if they exist I cannot access them until a quote or URL is provided to me. For the

Therefore, if any record matches the previous description of the requested records and is currently available to the public elsewhere, please provide enough information about each record so that you can identify and access each one with certainty (i.e. title, author (s), date, journal, where the public can access her). Provide URLs whenever possible. "

Law No. 18,381 in its article 13 requires that requests for information must be clear regarding the information requested. The terms of what was consulted, no manage to be fully understood, which makes it difficult to respond to what petitioned. Requests must establish precisely what information is requests to access, not what information is not requested to access. Nor does it correspond to In this way, enter into discussions about the opinions of the petitioner.

Secondly, it is appropriate to clarify that the Ministry of Public Health is not custodian, neither of studies nor of reports of other institutions and organizations, as They are the UDELAR or the GACH, where the interested party should direct their inquiries.

Yes, it is possible to affirm that according to the information provided by the Laboratories Directorate from the Ministry, the patient's sample contains genes from the person's cells that swabbing is performed and if they contain viruses, they contain virus genes, in this case SARS CoV2 and that its purification is carried out through an automated process that uses reagents and magnetic beads where the RNA of the virus is separated, which is what it is looking for.

By virtue of the foregoing, it is the responsibility of the petitioner to respond in the terms of this report.

Performance

Creation date: 06/07/2021 14:40
User Creation: MARIA DEL HUERTO CORRADO
Unit: 12/001 / 1.51 Department of Secretariat and Agreements
Finished By: Gustavo Cardoso, Maria del Huerto Corrado
Attachments: 1
001-3-2902-2020 PARTIAL RESPONSE ACCESS TO THE
INFORMATION MARIA BETTINA GALO - MJB.pdf
Signed By: MARÍA del HUERTO CORRADO SCARCELA
Signature Date: 06/07/2021 14:41
Signed By: GUSTAVO CARDOSO MUÑOZ
Signature Date: 06/07/2021 17:25
FULL IDOC DOCUMENT
Document: 12/001/3/2902/2021 Action: 10 32
Ministry of Public Health
General Directorate of Secretariat

SEEN: the request for public information made by Mrs. María Bettina Galo Viegas, under the provisions of Law No. 18,381 of 17 October 2008;

RESULTING: that the petitioner requests information on: i) all the studies and / or reports in possession, custody or control of the Centers for the Control and Prevention of Diseases of the MSP and / or private members or not of the Honorary Scientific Advisory Group (GACH), without exception, in charge of the Covid-19 pandemic, UDELAR, Faculty of Sciences, Faculty of Chemistry, Faculty of Medicine and the Department of Genetics of the Faculty of Medicine, the Agency for Substances and any other public or private, or public-private agency (Research laboratories); and ii) information on each record that describe the purification of any "COVID-19 viruses" in order to identify and access each one with certainty;

CONSIDERING:

I) that based on the information provided by the Division Legal Services, it corresponds to access the request with the exception of the requested information that does not conform to regulatory requirements, there must be a clear description of the required information, as well as any data that facilitates its location, governing for this the provided in Article 13 of Law No. 18,381 of October 17, 2008;

II) that in accordance with the provisions of article 16 of the aforementioned legal provision, the act that resolves the petition must emanate from the maximum hierarchy of the subsection or whoever has powers delegated to that effect;

ATTENTION: to the foregoing and to what is established by Ministerial Resolution No. 38/991 of January 22, 1991;
001-3-2902-2020 PARTIAL RESPONSE ACCESS TO INFORMATION MARIA BETTINA GALO - MJB.pdf
Document: 12/001/3/2902/2021 Action: 10 33

THE GENERAL DIRECTORATE OF THE SECRETARIAT

in exercise of delegated powers

RESOLVES:

1º) Authorize access to information partially, in reference to the request made by Mrs. María Bettina Galo Viegas, at under the provisions of Law No. 18,381 of October 17, 2008.

2º) Notify the interested party through the Secretariat of the General Directorate of Secretariat. Go to the Department of Communications for publication on the Institutional website. Accomplished, file.

Ref. No. 001-3-2902-2021
VC

001-3-2902-2020 PARTIAL RESPONSE ACCESS TO INFORMATION MARIA BETTINA GALO - MJB.pdf

Document: 12/001/3/2902/2021 Action: 10 34
Res. No. DIGESE 377-2021 was granted
Document: 12/001/3/2902/2021 Action: 11 36

Ms Christine Massey



Email: cmssyc@gmail.com

Our ref: F21/1125

16 June 2021

Sent by email

Dear Ms Massey

FREEDOM OF INFORMATION APPLICATION

On 29 April 2021, the University of Western Australia (University) received a *Freedom of Information Act 1992 (WA)* (FOI Act) request from you requesting access to documents which you believed the University held.

You paid the required application fee of \$30.00 on the 1 June 2021 validating your application and requiring the University to provide its decision no later than the 16 July 2021.

I now attach the University's decision in this matter, by way of a Notice of Decision.

The Notice of Decision provides the following details –

- the background to your Application including any agreements as to scope.
- the findings relating to documents requested in your Application.
- the decision on whether any documents or content therein is exempt from release under Schedule 1 of the FOI Act; and
- the decision whether access to those documents is granted in full, with redaction or refused.

If you wish to discuss this application, please email foi@uwa.edu.au.

Yours sincerely

Jay Guyver

Manager - Information Governance, Governance Directorate

NOTICE OF DECISION

FREEDOM OF INFORMATION ACT 1992 SECTION 26

APPLICANT: MS CHRISITINE MASSEY
DECISION MAKER: JAY GUYVER
MANAGER - INFORMATION GOVERNANCE, GOVERNANCE
DIRECTORATE
THE UNIVERSITY OF WESTERN AUSTRALIA

DATE OF DECISION: 16 June 2021

For the reasons set below, I have made the following decision in relation to your access application:

It is not possible to provide access as all reasonable steps have been taken to find documents within the scope of your application; and I am satisfied that documents do not exist which meet the scope of your application.

BACKGROUND

On 29 April 2021, the University of Western Australia (the **University**) received a *Freedom of Information Act 1992 (WA) (FOI Act)* request from you for access to the following documents:

1. *All studies and/or reports in the possession, custody or control of Christine Carson (Senior Research Fellow, UWA Medical School, Pathology & Laboratory Medicine) or the University of Western Australia's President, Faculties, Vice-Chancellor, Senate, Officers, Executive Board, Secretary, or any health or science department head at the University of Western Australia 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") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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).*
2. *Please also note that my request includes any study/report matching the above description, for example (but not limited to) a published peer-reviewed study authored by anyone, anywhere since December 2019 and relied on by Christine Carson or any of the above-mentioned people/bodies as evidence of a disease-causing "virus" circulating in humans.*

In the same application you sought to clarify the scope of your application by further stating:

1. *Please note that I am not requesting studies/reports where researchers failed to purify the suspected "virus" from a patient sample and instead:*
 - a. *cultured an unpurified sample or other unpurified substance, and/or*
 - b. *performed an amplification test (i.e. a PCR test) on the total RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or*
 - c. *fabricated a genome based on PCR-detected sequences in the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or*
 - d. *produced electron microscopy images of unpurified things in a cell culture.*

2. *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.*
 - a. *Further, I am not requesting private patient records, or 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).*
 - b. *Please note that despite the fact that purification is an essential (but not sufficient) step in proving the existence of a disease-causing "virus", as of today 54 institutions globally have all failed to provide or cite any such records, therefore to my knowledge no such records exist and if they do exist I cannot access them until I am provided a citation or URL.*
 - c. *Therefore, 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.*

On the 29 April 2021, my office wrote to indicating your application lacked validity under s12 of the Act, namely no Australian address nor payment had been provided. You responded with an Australian address on the 12 May 2021.

On the 17 May 2021 I wrote to you advising you my office were making preliminary enquiries to ascertain the volume of documents involved in the scope of your application. You replied affirmatively on the 18 May 2021.

I then wrote to you on the 25 May 2021 indicating our preliminary enquiries suggested there may be no documents and asked you if you wish to continue and pay the application fee of \$30 on that basis. You replied the same day indicating you wished to continue with the application.

At this time in your email of the 25 May 2021 you reasserted:

- a. *Also I would like to remind that my request is not limited to studies/reports produced by, or based on work performed at, the University. It includes any study/report in the custody/control/possession of the University matching the description that I provided, for example any published peer-reviewed study authored by anyone.*
- b. *I also understand that studies that are already available elsewhere may not be subject to the Act. However, because I cannot access studies that to my knowledge do not exist, in the spirit of transparency as per the purpose of Freedom of Information legislation I request citations for any such studies that are in the custody/control/possession of the University and match my description of requested records, so that I may access them elsewhere.*

As the application is for other than 'Personal Information' as that term is defined within the FOI Act, an application fee of \$30 was required. I requested this fee on the 26 May 2021, and it was paid on 1 June 2021 and the application was accepted as valid. The permitted period requires a decision to be received by you on or before the 16 July 2021.

The Application

Based on your original application and further requests in consultation with you via email, I have summarised the scope of your application to be -

- A. *All studies and/or reports in the possession, custody or control of Christine Carson (Senior Research Fellow, UWA Medical School, Pathology & Laboratory Medicine) or the University of Western Australia's President, Faculties, Vice-Chancellor, Senate, Officers, Executive Board, Secretary, or any health or science department head at the University of Western Australia 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") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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).*
- B. *Please also note that my request includes any study/report matching the above description, for example (but not limited to) a published peer-reviewed study authored by anyone, anywhere since December 2019 and relied on by Christine Carson or any of the above-mentioned people/bodies as evidence of a disease-causing "virus" circulating in humans.*
- C. *Also I would like to remind that my request is not limited to studies/reports produced by, or based on work performed at, the University. It includes any study/report in the custody/control/possession of the University matching the description that I provided, for example any published peer-reviewed study authored by anyone.*

This then became the agreed scope (**'the Application'**), comprised of parts A, B and C.

SEARCHES

Following receipt and agreement of the Application, searches for documents were undertaken within the University's Electronic Document and Records Management System (known as 'TRIM'). TRIM searches by keyword, title word and document content were conducted by our office using appropriate keywords concerning your request. Searches were particularly focused on records relating to research projects, grants, approvals and publications.

Further searches were made with the assistance of relevant officers within the University including specific enquiries to the Portfolio of the Deputy Vice-Chancellor Research, and to Dr Christine Carson (*the named respondent in your application*), and other researchers.

All the searches ("**Searches**") were documented, and results recorded as evidence that the University conducted best and reasonable steps to find documents in scope of your application.

REQUESTED DOCUMENTS

Searches found some 329 documents which met our search criteria -

- 202 proved to be false positives (i.e., where terms such as 'COVID*', and/or 'SARS*' were found with terms such as 'purification', 'isolation' within the same document, or within a certain number of words from each other but were unrelated to any scientific endeavours to isolate/purify the virus e.g., isolation leave for COVID).
- 2 PhD Thesis met our criteria however the research was into unrelated matters which had been impacted by the pandemic, hence included words which met our criteria but not your scope
- 125 documents of a research type were reviewed, however this related in their entirety to policy issues, grant application criteria for SARS-COV-2 / COVID-19 research, or research into the effects of COVID-19 (the disease) on various social communities, or on resources, mental health or into antibody / antigen tools. These did not meet the exacting criteria of your scope.

Therefore, from our Searches, **no** documents were discovered which met the scope of your application.

No documents met the precise and specific criteria within part (A) of your application, and thereby there were no supporting documents / publications which were relied on by those documents or authors which would comprise part (B).

In relation to part (C) of the scope of your application no documents fall into this definition for which the Freedom of the Information Act 1992 (WA) would apply (*see my decision below*).

DECISION

In consideration of the above, I, Jay Guyver, Manager - Information Governance, Governance Directorate have today made the decision that:

In relation to part (A) of your application,

- despite reasonable steps, such as searches and enquiries being made, no documents have been found or surrendered which meet the specific and precise requirements of your scope.
- Enquiries of Dr Carson have yielded no such documents relating to the precise and exact isolation or purification of the virus you talk about, and research she has and is engaged in does not meet the criteria, indeed is specifically excluded by your criteria.

Part (B) of your application is subject to documentation or similar being found in relation to part (A) of your application.

- There are no documents meeting this part of your scope as there are no documents including but not limited to peer reviewed articles cited or relied up on by Dr Carson or any others in documents which meet part (A) of your scope
- Further, it would not be for the University to search for, enquire for or otherwise elucidate documents which *“for example (but not limited to) a published peer-reviewed study authored **by anyone, anywhere** since December 2019 and relied on by Christine Carson or any of the above-mentioned people/bodies as evidence of a disease-causing "virus" circulating in humans.”* unless these formed part of the documents which met your scope in Part (A) and were *‘documents of this Agency’*. As there were none no further searches would fall under the purpose of the FOI Act.

Part (C) of your application requires documents which were *“not limited to studies/reports produced by, or based on work performed at, the University. It includes any study/report in the custody/control/possession of the University matching the description that I provided, for example any published peer-reviewed study authored by anyone”*. I do not believe that such a request is an obligation under the FOI Act for the University, namely -

- Peer-reviewed studies, reports, publications and similar authored by anyone, and potentially anywhere, if published and available whether at a fee or not are excluded specifically under s6 of the FOI Act such as
 - (a) available for purchase by the public or free distribution to the public; or
 - (d) publicly available library material held by agencies for reference purposes.
- Further access to documents which an agency may have access to, hold or otherwise control is limited under 27(2) (c) where (emphasis is mine)
 - (2) If the applicant has requested that access to a document be given in a particular way the agency has to comply with the request unless giving access in that way —
 - (c) would involve an infringement of copyright belonging to a person other than the State,

- Releasing studies which the University may simply have relating to 'COVID-19 virus, SARS-COV-2' within its libraries, or those which researchers may have access to are subject to copyright and licensing requirements.
- In response to your request that where I am unable to provide documents as detailed above you have asked for citations. Given that documents which do not meet your scope or are not subject to the FOI Act would not be returned or surrendered to my office, I am not able to provide such citations.

It is not possible to provide access as all reasonable steps have been taken to find documents within the scope of your application; and I am satisfied that documents do not exist which meet the scope of your application.

INTERNAL REVIEW

If you are aggrieved by the Decision of this agency, you may apply for an Internal Review within **30 days** of being provided this Notice. There are no charges for requesting an internal review and, once a request is received, UWA must review any disputed decision within 15 days.

An application for an internal review must:

- be in writing.
- set out the particulars of the decision that you wish to have reviewed.
- give an address in Australia for correspondence, to which notices under the FOI Act can be sent; and
- be lodged at an office of UWA (see below).

An internal review request may be sent by at foi@uwa.edu.au, delivered in person or by post to the following address:

Manager, Information Governance
Information Governance Team M461
University of Western Australia
35 Stirling Highway
CRAWLEY WA 6009

Should you require further information or assistance in preparing an internal review application, please contact foi@uwa.edu.au. Reference can also be made to: <http://www.spp.uwa.edu.au/riskandlegal/freedom-of-information/freedom-of-information-process#review>.

Yours sincerely

Jay Guyver,
Manager - Information Governance, Governance Directorate



Christine Massey <cmssyc@gmail.com>

FOI request to Hastings Prince Edward Public Health re: "SARS-COV-2" purification

Christine Massey <cmssyc@gmail.com>
To: poglaza@hpeph.ca, info@hpeph.ca

Wed, Apr 21, 2021 at 10:38 AM

April 21, 2021

To:
Information Officer
Hastings Prince Edward Public Health
179 North Park Street
Belleville, Ontario
K8P 4P1
613-966-5500 or 1-800-267-2803

Submitted via email to: info@hpeph.ca, poglaza@hpeph.ca

Dear Dr. Piotr Oglaza,

This is a formal request for access to general records, made under the *Municipal Freedom of Information and Protection of Privacy Act*.

I did not find information on your website re how to submit the \$5 application fee during the "pandemic". Please advise ASAP, otherwise I will mail a cheque payable to Hastings Prince Edward Public Health, to the address listed above.

Description of Requested Records:

All studies and/or reports in the possession, custody or control of yourself or Hastings Prince Edward Public Health describing the **purification** of any **"SARS-COV-2"** aka "COVID-19 virus" (including any "variants") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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
- 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 its **purification (separation)** from everything else in the patient sample, as per standard laboratory practices for the purification of other small things).

Please also note that my request is **not for private patient information and not limited** to records that were authored by yourself or Hastings Prince Edward Public Health or that pertain to work done at/by Hastings Prince Edward Public Health. 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 yourself 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:

Pdf documents sent to me via email; I do not wish for anything to be shipped to me.

Contact Information:

Last name: Massey

First name: Christine

Address:

Phone:

Email: cmssyo@gmail.com

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



Christine Massey <cmssyc@gmail.com>

FOI Request

Dr. Piotr Oglaza <POglaza@hpeph.ca>

Fri, Jul 9, 2021 at 4:41 PM

To: cmssyc@gmail.com

Cc: Nancy McGeachy <NMcGeachy@hpeph.ca>

Ms. Massey,

Please find attached a letter regarding your FOI request received in April, 2021.

As you will see in the letter, we do not have the information you are looking for so we will shred the cheque you sent in the amount of \$5.00. The cheque will not be cashed.

Apologies for the lateness of this response.

Thank you
Piotr

Piotr Oglaza MD, CPHI(C), MPH, CCFP, FRCPC
Medical Officer of Health and CEO

Hastings Prince Edward Public Health

[179 North Park Street, BELLEVILLE, ON K8P 4P1](#)

Ph: 613-966-5500 Ext 200, Fax: 613-966-4290

Email: poglaza@hpeph.caWebsite: hpePublicHealth.ca



Please note our offices are now open for clinical services by appointment only. Check out our website for the latest information.

Sent from HPEPH Mail Services

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Disclaimer: This is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure under The Municipal Freedom of Information and Privacy Protection Act. Any review, dissemination, or use of its contents by persons other than the addressee is strictly prohibited. If you have received this in error, please notify us immediately.

 CM-FOI-Request-Response-Letter-July9-2021.pdf

105K



Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 | 1-800-267-2803 | F: 613-966-9418
TTY: 711 or 1-800-267-6511
hpePublicHealth.ca

July 09, 2021

Ms. Christine Massey

Via email: cmssyc@gmail.com

Dear Ms. Massey:

Re: Information Inquiry Submitted on April 29, 2021

I am unable to provide a response to your inquiry as we are not in possession of the information you have requested. You may wish to contact the Public Health Lab of Ontario to inquire whether they can provide you with the information you are seeking.

I apologize for the significant delay in responding to this request. As you can imagine, there are significant competing pressures on staff time as we work to respond to numerous inquiries from the public, deliver vaccine clinics throughout the community, continue to manage cases and contacts, and deliver regular public health programs. Your patience is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Oglaza".

Piotr Oglaza, MD, CPHI(C), CCFP, MPH, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health

PO/NM/cal

North Hastings
1P Manor Ln., L1-024, PO Box 99, Bancroft, ON K0L 1C0
T: 613-332-4555 | F: 613-332-5418

Prince Edward County
Suite 1, 35 Bridge St., Picton, ON K0K 2T0
T: 613-476-7471 | F: 613-476-2919

Quinte West
499 Dundas St. W., Trenton, ON K8V 6C4
T: 613-394-4831 | F: 613-965-6535



Christine Massey <cmssyc@gmail.com>

FOI request to Chief Zvonko Horvat / Alymer Police re: "COVID-19 virus" purification

Christine Massey <cmssyc@gmail.com>
To: zhorvat@aylmerpolice.com

Sun, May 16, 2021 at 10:38 AM

May 16, 2021

To:

Zvonko Horvat
Alymer Chief of Police
Alymer Police Station
20 Beech St. E
Aylmer, ON N5H 3H6

Dear Chief Horvat,

This is a formal request for access to general records, made under the *Municipal Freedom of Information and Protection of Privacy Act*.

Description of Requested Records:

All studies and/or reports in the possession, custody or control of yourself, Chief Zvonko Horvat, or Alymer 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") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), 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" from a patient sample and instead:

- cultured an unpurified sample or other unpurified substance, and/or
- performed an amplification test (i.e. a PCR test) on the total RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or
- fabricated a genome based on PCR-detected sequences 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 in a cell culture.

Clarification of 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 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 includes any study/report matching the above description, for example (but not limited to) any published peer-reviewed study **authored by anyone, anywhere** since December 2019 and relied on by yourself, Chief Zvonko Horvat, as evidence of a disease-causing "virus" circulating in humans and justifying the closure of the Church of God.

Please note that despite the fact that **purification is an essential** (but not sufficient) step in proving the existence of a disease-causing "virus", as of today **58 institutions globally** (including Health Canada and the Public Health Agency of Canada) have all failed to provide or cite any such records, therefore to my knowledge no such records exist and if they do exist I cannot access them until I am provided a citation or URL.

Therefore in the interest of transparency and in accordance with the purposes of *MFIPPA*, 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:

Pdf documents sent to me via email; I do not wish for anything to be shipped to me.

Application Fee

I will mail the \$5 application fee to the address listed above.

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.



Christine Massey <cmssyc@gmail.com>

FOI request to Chief Zvonko Horvat / Alymer Police re: "COVID-19 virus" purification

Chief Zvonko Horvat <zhorvat@aylmerpolice.com>
To: Christine Massey <cmssyc@gmail.com>

Mon, May 17, 2021 at 9:52 AM

Your request is better suited to go to the medical experts! They will have all the medical data you need to educate yourself on the harm, test studies, variances and where you can get vaccination to protect yourself from harm!

[Quoted text hidden]

May 16, 2021

[Quoted text hidden]

[Quoted text hidden]

Format:

[Quoted text hidden]



Christine Massey <cmssyc@gmail.com>

FOI request to Chief Zvonko Horvat / Alymer Police re: "COVID-19 virus" purification

Christine Massey <cmssyc@gmail.com>
To: Chief Zvonko Horvat <zhorvat@aylmerpolice.com>

Tue, May 18, 2021 at 11:10 AM

Dear Chief Horvat,

Thank you, I realize this, but I have already FOI'd **20 Canadian institutions** (including 5 that had publicly claimed to have "isolated the virus") and none of them had any record of isolation/purification of this alleged virus from a patient sample by anyone in the world. Their responses are here:

Thus far (May 7, 2021) 20 Canadian institutions have provided their responses: [Public Health Agency of Canada](#), [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](#), [Ontario Ministry of Health](#), [Institut National de Sante Publique du Quebec](#), [British Columbia's Provincial Health Services Authority](#) (2 responses, 1 re "SARS-COV-2, 1 re "the UK variant"), [Vancouver Coastal Health Authority](#) (re "the UK variant"), [Newfoundland Labrador Department of Health & Community Services](#), [McGill University](#), the [City of Toronto](#), the [Region of Peel](#) (Ontario), [KFL&A Public Health](#) (Kingston, Frontenac, Lennox and Addington, Ontario, re "any variant"), [Grey Bruce Health Services](#), 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).

Thirty-eight FOI'd institutions in 14 other countries also all failed to provide or cite any such record.

The typical excuses are that "the virus" is there, but there's too little of it to find, even with an electron microscope! Of course, if they cannot find "the virus" in any patient sample they are only assuming that "it" is there. They say that it's necessary to let "the virus" replicate again, by adding a patient sample to malnourished, poisoned monkey kidney cells that are also contaminated with fetal bovine serum. And when the monkey cells exhibit cytopathic effects, they say that this is proof of "the virus", and they call their man-made concoction "virus isolate".

They also say that viruses can only be found within a cell, which contradicts the claim that "the virus" is transmitted from person to person.

I can tell you with 100% confidence that there is no logical, scientific evidence that this alleged virus actually exists; the tests and diagnoses are 100% fraudulent; people have gotten sick and died as they do every year but not because of a "COVID-19 virus". Hence I am especially concerned about the worldwide harm that is being caused by lockdowns, social distancing, masking, etc.

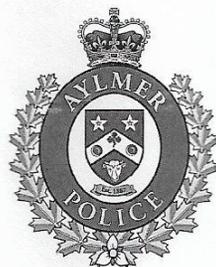
I'm sorry to bother you, but I do require a proper response to my MFIPPA request. You could either transfer the request to another institution or state that you and Alymer Police Services have no responsive records - I believe those are your only 2 options that are in accordance with MFIPPA.

Thank you and best wishes,

Christine

[Quoted text hidden]

Zvonko Horvat
Chief of Police



Nick Novacich
Deputy Chief of Police

AYLMER POLICE SERVICE

20 Beech St. E, Aylmer, Ontario, Canada N5H3H6
Ph: 519-773-3146 • Fax 519-765-1580 • Website: www.aylmerpolice.com

2021-05-26

Christine Massey


Christine,

Please find enclosed cheque #027 that you sent the Aylmer Police. As mentioned in an email this information can be obtained by Public Health or medical experts.

Sincerely,


Erica Campbell 558
Aylmer Police Service
ecampbell@aylmerpolice.com
519-773-3146



Christine Massey <cmssyc@gmail.com>

FOI request to Chief Zvonko Horvat / Alymer Police re: "COVID-19 virus" purification

Christine Massey <cmssyc@gmail.com>

Fri, Jun 4, 2021 at 3:35 PM

To: Chief Zvonko Horvat <zhorvat@aylmerpolice.com>, ecampbell@aylmerpolice.com

Dear Chief Horvat and Ms. Campbell,

Regarding Ms. Campbell's letter to me dated May 26, 2021, which was mailed to my home (see attached) along with my cheque for the *MFIPPA* application fee:

As noted in my last email to Chief Horvat, I do require a proper response to my *MFIPPA* request, and I believe that your only 2 options *that are in accordance with MFIPPA* are to either transfer the request to another institution or state that Aylmer Police Service has no responsive records.

Simply returning an applicant's cheque doesn't appear to be one of your options.

18 ...

Request to be forwarded

(2) The head of an institution that receives a request for access to a record that the institution does not have in its custody or under its control shall make reasonable inquiries to determine whether another institution has custody or control of the record, and, if the head determines that another institution has custody or control of the record, the head shall within fifteen days after the request is received,

(a) forward the request to the other institution; and

(b) give written notice to the person who made the request that it has been forwarded to the other institution.

Notice by head

19 Where a person requests access to a record, the head of the institution to which the request is made or if a request is forwarded or transferred under section 18, the head of the institution to which it is forwarded or transferred, shall, subject to sections 20, 21 and 45, within thirty days after the request is received,

(a) give written notice to the person who made the request as to whether or not access to the record or a part of it will be given; and

(b) if access is to be given, give the person who made the request access to the record or part, and if necessary for the purpose cause the record to be produced. R.S.O. 1990, c. M.56, s. 19; 1996, c. 1, Sched. K, s. 15.

Contents of notice of refusal

22 (1) Notice of refusal to give access to a record or part under section 19 shall set out,

(a) where there is no such record,

(i) that there is no such record, and

(ii) that the person who made the request may appeal to the Commissioner the question of whether such a record exists; or

(b) where there is such a record,

- (i) the specific provision of this Act under which access is refused,*
- (ii) the reason the provision applies to the record,*
- (iii) the name and position of the person responsible for making the decision, and*
- (iv) that the person who made the request may appeal to the Commissioner for a review of the decision. R.S.O. 1990, c. M.56, s. 22 (1).*

Therefore, I will be re-mailing the cheque to you and look forward to your cooperation in this matter.

Best wishes,
Christine

[Quoted text hidden]



Aylmer Police return cheque.jpg
387K



Christine Massey <cmssyc@gmail.com>

FOIA - 21-02

Erica Campbell <ecampbell@aylmerpolice.com>
To: "cmssyc@gmail.com" <cmssyc@gmail.com>

Thu, Jun 17, 2021 at 9:50 AM

Christine,

Please find attached the response letter regarding your FOIA request.

Erica Campbell 558
Aylmer Police Service

 **massey.pdf**
104K

Zvonko Horvat
Chief of Police



Nick Novacich
Deputy Chief of Police

AYLMER POLICE SERVICE

20 Beech St. E, Aylmer, Ontario, Canada N5H3H6
Ph: 519-773-3146 • Fax 519-765-1580 • Website: www.aylmerpolice.com

16 June 2021

Christine Massey
[REDACTED]

File:21-02

Ms. Massey,

This letter is in response to your access request under the Municipal Freedom of Information & Protection of Privacy Act received by our office.

A search has been conducted and no responsive records were located.

You may request a review of this decision by the Information & Privacy Commissioner, 2 Bloor Street East, Suite 1400, Toronto, Ontario, M4W 1A8. Phone number 416-326-3333. There is an appeal fee of \$25.00 for general information or \$10.00 for personal information. Please make your cheque or money order payable to the Minister of Finance. You have 30 days to make this appeal.

I am responsible for this decision. Should you have any questions or concerns, please do not hesitate to contact me via email or at 519-773-3146.

Sincerely,

Erica Campbell 558
FOIA