

Submission for:

New Zealand's Royal

Commission of Inquiry (RCOI)
into Covid-19: Lessons Learned
Te Tira Ārai Urutā - Phase Two

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1. Overview of this Submission

This submission is dedicated to those nurses, midwives and carers worldwide who lost their lives, were bereaved or vaccine injured during the Covid-19 era.

The Nurses Collective NZ is grateful for this opportunity to make this submission to the Royal Commission of Inquiry (RCOI) into COVID-19 Lessons Learned *Te Tira Ārai Urutā* - Phase Two. This research and the submission based on its outcomes has been completed by volunteers in good faith on behalf of those we represent.

The RCOI and the Nurses Collective share similar objectives: we want the best for our patients and for all New Zealanders. We recognise and respect the RCOI Commissioners have valuable, wide-ranging expertise in New Zealand law, ethics, policy, and quality assurance in public services for Kiwis, including healthcare. As a group of qualified healthcare professionals, we also share the Commissioners' aspirations for an open, transparent RCOI that is based on evidence and genuine human experiences and not adversarial in any way. We are optimistic that outcomes from the RCOI will lead to acknowledgement of our members' experiences, many of which are tragic and ongoing, and a direct result of Governmental policies and guidelines during the covid era.

Our submission presents results from a recent online survey of our members. The survey is described fully in the [Methodology section below](#) and [Appendix 1](#). Survey outcomes revealed evidence of the physical, professional and emotional impact of the covid era vaccination mandates on nurses, carers and midwives during the period **February 2021 and October 2022**. There have also been serious, longer-lasting consequences, as explained throughout this report. [below, image one of many public protests to raise awareness of the vaccine mandates]



Registered nurses (RNs) uphold and enact *ngā mātāpono* – principles of *Te Tiriti o Waitangi*, based on the *kawa whakaruruhau* framework and cultural safety, promoting equity, inclusion, diversity, and rights of Māori as *tangata whenua*. These concepts also relate to Pacific peoples and all population groups supporting quality services that are culturally safe and responsive.¹

The RNs who participated in this survey for the purposes of this submission, typically utilised nursing knowledge and expert nursing judgement to assess complex health needs, provided holistic care and advised and supported people to manage their health. They practised both independently and in collaboration with other health care professionals (HCPs), performing general nursing functions, delegating and directing other HCPs. They provided comprehensive assessments to develop, implement, reflect on and evaluate integrated plans of care and provided interventions that required substantial scientific, evidence-based professional knowledge, skills and clinical decision-making. This occurred in a range of settings and evolved over time, always in partnership with individuals, families, whānau, and communities.²

The Nursing Council of New Zealand (NCNZ) *Competencies* (2007) and *Code of Conduct* for RN's describe skills and activities undertaken by this cohort of professionals.

Both the *Code of Conduct* and *Competencies* for nurses and those applied by midwives are holistic and contextual, reflecting all aspects of their lives to include experiences before, during and after the mandates. To mirror these broader themes therefore, and to assist the RCOI Commissioners with a deeper understanding of the impact on mandated nurses, carers and midwives, this submission integrates **four domains which broadly align with NCNZ Competencies (2007)**, which are:

1. Professional responsibility
2. Management of nursing care
3. Interpersonal relationships
4. Interprofessional health care & quality improvement.³

Each of the narratives used to support the evidence in this report, has been chosen for inclusion because of connection(s) with one or more of these four domains, as they relate to the NCNZ rather than Midwifery Council Competences. Further narratives not included in

¹ Nursing Council of New Zealand, 'Te Tiriti o Waitangi Policy: Guiding Principles' (Wellington, NZ. 2023), <https://www.nursingcouncil.org.nz/common/Uploaded%20files/Te%20Tiriti%20o%20Waitangi%20Policy%20August%202023.pdf>.

² Nursing Council of New Zealand, 'Registered Nurse Scope of Practice Tapuhi Kua Rēhitatia'.

³ Nursing Council of New Zealand, 'Competencies for Registered Nurses'.

the body of this report are also included under the relevant domain in [Appendix 3](#). The Code was published thirteen years ago in 2012, and is framed around four core values – **respect, trust, partnership and integrity** – and **eight primary principles**. It is a practical document that clearly describes the conduct expected of nurses. Without the public's trust and confidence in the profession, nurses cannot fulfil their role effectively. *“This means that what is personal and what is professional will inevitably overlap.”*⁴

Most respondents faced ‘the worst time of their lives’ during covid-19; some re-lived the trauma by completing this survey; ALL maintained their professional competencies and Code of Conduct during the pandemic and proved not only their worth to be called ‘Registered Nurses/Midwives’ but the right to serve their patient populations especially when others failed to carry out their professional obligations.

In concluding this [Overview](#), we emphasise the seminal importance of the **concept of reflexivity** in nursing and midwifery practice and our professional development.⁵ Indeed, this has formed the basis for this Submission, because reflecting on our experiences allows us *all* to learn and develop continuous improvement. Developing a reflexive approach encompasses **all four NCNZ Domains** listed above. This is because respectful, sensitive, open-minded sharing of information, opinions and ideas, between practitioners, managers, patients and whānau, is indispensable to our development and practice as nurses, carers and midwives. **Reflexivity is especially relevant to observe in times of crisis or confusion.** Evidence presented in this Submission, confirms ways that the NCNZ Competencies, alongside guidelines that frame our professional practice and employment legislation, were repeatedly dismissed and even explicitly flouted.

The consequences of these harmful actions had a dramatic impact on our members’ physical, professional and emotional identities, and will continue to have impact for many years to come.

⁴ Nursing Council of New Zealand, ‘Nursing Code of Conduct’, 4.

⁵ Schön, *The Reflexive Practitioner: How Professionals Think in Action*.

2. Methodology of the Survey

The online survey that supports the evidence within this report used professional, secure software.⁶ The survey questionnaire is included in [Appendix 1](#). The survey's aims were to collect views and experiences of members of the Nurses Collective NZ (for 'who we are' please [see below](#)), mainly for the purposes of informing the group submission for the NZ Covid Inquiry, Phase 2. The results may also provide useful information for future publications and the pathways of the Nurses Collective NZ. Because of the informal nature of our investigation, no ethics approval was required or sought for this specific survey. However, ethics approval was received by the *Aotearoa Independent Research Ethics Committee* for a similar, earlier survey commissioned by the New Zealand Teachers Speaking Out with Science (NZTSOS) committee group members (Ref: 2024_54). A sensitive, ethical approach was always adhered to and because of the delicate nature of the data and the trust built-up within the group, appropriate sources of emotional support were provided within the survey and whenever necessary, through internal networks, and/or more formal counselling entities. Some minor changes and additions to the survey questions and format were made by the Nurses Collective NZ to ensure its clarity and relevance for our needs.

The self-reported statistical data used in this survey was commissioned by The Nurses Collective NZ, with the liaison and agreement of the members and a qualified academic researcher. Responses were received from 142 nurses, carers and midwives gathered via invites on publicly available social media channels **3rd- 17th March 2025**. The survey included multiple-choice options as well as an option for some free-text responses. Some members also sent longer responses via a secure email address set up specifically for any queries.

The research was undertaken by volunteers with no funding or other benefits for undertaking the work. The qualitative, mixed-methods survey is framed as 'insider research' as it is formed, developed and analysed, with results subsequently presented by individuals who have a shared lived experience of the situation under investigation.⁷ This is because trust is crucial in sensitive research of this kind, which seeks to bring authentic insights from a group who have suffered discrimination, hostility and alienation from society over a prolonged period of time.⁸ The participants articulated extremely personal, emotional situations in their responses to the survey questions. Understanding the intense concerns

⁶ Optimum Consulting, 'Tandem'.

⁷ Hammersley, 'What Is Qualitative Inquiry?'

⁸ Krathwohl, *Social Sciences: Research, Methodology, Statistical Methods*; Ellingson, *Engaging Chrystallization in Qualitative Research: An Introduction*; Hollway and Jefferson, *Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method*.

from participants who wanted to maintain their anonymity and privacy, all identifying factors within the raw data were redacted prior to analysis, to avoid any possibility of linking data with individuals. Other potential identifiable aspects of the data (e.g. locations) have also been redacted or the outcomes consolidated with sensitivity to the results.

The quotes used throughout this report were genuine responses within the survey. Because the respondents were anonymous, the quotes used are not necessarily directly attributable to specific individuals. Therefore, where quotes are used, we have attached these to an appropriately representative profile of a member; this ethical approach upholds the integrity of the data and allows insight into the members' views and experiences, without compromising the confidentiality of the participants.

Using a narrative analysis of the raw data, a thematic approach was used to tease-out the repeated concerns, experiences and aspirations from the participants' responses. These identified themes overlapped with, and linked closely to, *the Four Domains of Professional Competencies* discussed above, which therefore provide the structure for this report. Information relating to the Domains can be found in [Appendix 3](#).

For reading clarity, any typographical or grammatical errors or omissions, abbreviations or jargon within the responses have been corrected or amended to improve the comprehension and flow of the report. No major revisions to the data have been made and we welcome any questions from the Commissioners regarding specific issues raised. The anonymised and redacted raw data from the survey is also available to the Commissioners, if required.

The online survey and the analysis of the results has been carried out in good faith and remains the intellectual property of the authors. Please contact the Nurses Collective NZ in advance for permissions to republish or represent any aspect of this report. Thank you.

3. Introduction

“Nurses, carers and midwives worked long and hard hours in difficult, often unknown circumstances. To date, many have not recovered and some never will”.

Carer of 7 years

The era of government responses to covid was for many nurses and other HCP's one of the most divisive and traumatic periods in modern New Zealand (NZ) nursing history.⁹ No matter what personal beliefs individuals held regarding the 'lockdowns', the 'safety, efficacy and effectiveness' of the vaccine or the 'legality of the mandates', it is evident that few nurses escaped this era unscathed. Whilst thousands of nurses, carers and midwives applied for various exemptions from the Vaccination Order, hundreds lost their hard-earned and much-loved roles, hundreds more were coerced into taking the covid vaccine, and an unknown number live with bereavement and/or vaccine injuries. Findings from this survey indicate that wherever individuals see themselves positioned along the continuum of compliance or dissent, many still struggle with the repercussions of their decisions.



Image: from one of many of the nationwide protests supporting the mandated nurses Nov 2021

⁹ Lupton and Willis, *The COVID-19 Crisis Social Perspectives*.

a) Who are the Nurses Collective New Zealand?

The Nurses Collective NZ was established in 2021, originally as Nurses for Freedom NZ. Our initial objective was to support each other, as mandated nurses, carers and midwives, to return to work following the covid era, and specifically the healthcare workers' Covid-19 Public Health Response (Vaccinations) Order 2021 mandate. Having largely achieved this objective, our current focus is to address other issues affecting safe, ethical, effective and autonomous nursing practice. This includes giving a voice to those negatively impacted by the covid era policies and guidelines, who may still feel alienated and even blacklisted from the healthcare sector.

Image below: From one of the in-person members' support meetings of Nurses for Freedom NZ, 2022.



4. The Mandates: Then and Now

On 25th October 2021, the Covid-19 Public Health (Vaccinations) Amendment Order (No.3) was enacted (see [Appendix 2](#)) The interpretation of this legislation at the time, suggested that all health and disability sector workers should be ‘fully vaccinated’ (two doses of the injections). Subsequently, in November 2021, **621** Registered Nurses, Registered Midwives and Carers were terminated, stood down or resigned from *Te Whatu Ora*.¹⁰

200 independent Lead Maternity Carers (LMC’s) and **500** IDEA Support workers chose not to take the covid vaccine.¹¹ Hundreds, maybe thousands of others from various organizations also chose not to comply. Many more simply ‘walked away’ from their vocations or voluntary positions, sadly, none of these are captured by Official Information Act (OIA) requests. Nurses tell us they ‘walked away’ often because they saw the scrutiny, hatred and professional isolation their colleagues were subject to. The reasons for this division are described in more detail below.

*“The coronavirus disease 2019 (COVID-19) pandemic stands as an unparalleled event that has significantly impacted various sectors of society, notably affecting healthcare professionals, particularly nurses, specifically unvaccinated nurses. Whilst frontline workers and nurses have borne the brunt of this crisis, encountering unparalleled challenges that have led to substantial alterations in the landscape of nursing practice, nurses who mainly worked alongside them to manage the challenges faced in 2020, were mandated and prevented from supporting their colleagues and local communities in 2021.”*¹²

Clause 12a (4) a (i & ii) of the Vaccination Order stated that from a Health and Safety perspective, a staff member could be exempted from the Order, either if there was a risk of ‘Significant Service Disruption’ (SSD) (a staff member’s skills were such that they could not (easily) be replaced by anyone else) or if there were personal medical reasons. Despite SSD exemptions, many survey respondents, including Specialist Nurses in ‘hard to fill’ rural settings, and where roles remained unfilled for over a year, were not granted exemptions. There was understandable confusion as to which personal medical reasons may allow an exemption, because the usual, ethical considerations of ‘*first do no harm*’ were dismissed or

¹⁰ Te Whatu Ora, ‘New Zealand Mandated Healthcare Workers’.

¹¹ Jones, ‘Communication, Ralph Jones, IHC Group Chief Executive’, 2022.

¹² Meehan, Mitchell, and Pacheco, ‘Workforce Vaccine Mandates: The Effect on Vaccine Uptake and Healthcare Workers’ Labour Market Outcomes’.

censored. For example, see the extract below from the NZTSOS Court Case Affidavit where these reasons for rejected exemptions were discussed:¹³

24. The following people are **not medically exempt**:
- 24.1 **People who had a negative experience with other vaccines** in the past.
- 24.2 **Disabled people** once adequate resources are available to **support safe delivery**. People with disabilities are generally at higher risk from COVID-19 and are therefore a priority for vaccination.
- 24.3 **Pregnant people**. Pregnancy is associated with a higher risk from COVID-19 compared to the general population and therefore this group are a priority for vaccination. They are advised to seek advice from their Lead Maternity Carer.
- 24.4 **In the pre-January 2022 versions, vaccination could be reasonably deferred** for individuals with some acute major

[REDACTED]

8

medical conditions, such as undergoing major surgery or hospital admission for a serious illness.

RN's are accountable and responsible for their nursing practice, ensuring that all health care provided is consistent with their education, assessed competence, relevant legislative requirements, and is guided by the Nursing Council of New Zealand's standards for registered nurses.

Nursing Council of New Zealand (2025)

Like many other New Zealanders, even nurses who were pregnant or breast-feeding were not granted an exemption. Likewise, even those who had pre-existing medical conditions, where introducing new drug/vaccine would ordinarily demand extreme caution, were told to report to the Emergency Dept and prepare to be resuscitated if needed. For many, the risk was too great, however, and they preferred to lose their job rather than lose their life.¹⁴ This 'one size fits all' policy ran counter to every aspect of nurses' ethical, professional competencies and basic human compassion.

¹³ 'CIV-2021-485-584 [2021] NZHC 3064'.

¹⁴ Sandberg et al., 'Under-Reporting of Adverse Drug Reactions in Finland and Healthcare Professionals' Perspectives on How to Improve Reporting'.

The Nurses Collective members expressed how they ensured they made decisions that were consistent with their education and assessed competence for both themselves and ultimately their colleagues and patients. Others did not.

Two panels were established by the New Zealand Ministry of Health to oversee each of the exemption processes in respect of affected healthcare and disability workers. The Terms of Reference of the Temporary Medical Exemptions Panel for the COVID-19 Vaccine were approved by the Director-General of Health - at that point Dr Ashley Bloomfield - on 5 November 2021.

Retrospective OIA Requests (e.g. Ref H2022009529) reveal that thousands of public sector workers impacted by the mandates, applied for a temporary exemption (six months) under the law at that time. Yet despite the reality of the situation, the ongoing rhetoric persists that *'only a few were impacted'*. This false narrative is unhelpful if the fractured nursing workforce is to recover from the vaccinated v unvaccinated debate. To date, *Te Whatu Ora* have done little to manage this scenario. Instead, despite the risk/benefit analysis,¹⁵ it appears that the authorities consider the covid vaccination could form part of the 'standard suite of vaccinations going forward.' Considering the weight of evidence that would usually contradict this decision, their reasons remain unclear.

Applying for an exemption took significant courage not only due to the bureaucracy and lack of privacy involved, but also because of the stigma and abusive treatment mandated nurses were subjected to from their employers, colleagues and the general public. Most requests for an exemption were either refused by senior managers within the staff member's sector, or the application was later rejected by 'the Panel'. It's clear that senior leadership teams who were not patient-facing did not understand the true impact of losing experienced staff in their endeavour to enforce rigid application of a fluid and ever-changing mandate. Over 8,000 HCPs were approved for an SSD and/or Medical Exemptions, but for unknown reasons, disproportionate numbers of exemptions were awarded to those who worked in

¹⁵ Malhotra, 'Curing the Pandemic of Misinformation on COVID-19 mRNA Vaccines through Real Evidence-Based Medicine.'

the private healthcare sector.¹⁶ Within a few days, the option to apply for an exemption was revoked, leaving many staff members with no option but to comply, resign, or have their employment contract unfairly terminated.

The inconsistencies, confusion and injustice were all-pervasive, and illustrated in these quotes from the members' narratives:

"I agree it was not easy to continue the service, but we managed. The potential health and safety risks of allowing XXX to work in an unvaccinated role were greater than not having someone permanently in her role" **DHB Human Resources Manager**

About the same role:

"After XX was suspended we utilized XXX and XXX DHB teams to support our patients and reduce the workload on the remaining nurse. XXX's departure did put additional strain and pressure on the remaining nurse and continuity of care was impacted but we managed her departure as best as we could" **Clinical Nurse Manager, Team Leader of Mandated Nurse**

"I remember going to a very dark place, I don't think I've ever cried and sobbed like I did when my job was terminated". **Mandated Practice Nurse of 25 years**

¹⁶ Edgington, U 'Revolving Doors of Power: Commercial NZ Health Group Obtains 30% of All Granted Applications for "Vaccine" Mandate Exemptions - 2 Months Later a Senior Government Manager Is Appointed Their CEO', Substack, *Informed Heart*, 18 March 2024, <https://open.substack.com/pub/informedheart/p/revolving-doors-of-power-commercial>



Image: photo from one of the face-to-face meetings of the original Nurses for Freedom group.

In November 2025 it will be five years since the mandates were implemented. To date, many experienced nurses, carers and midwives remain unwilling or unable (physically and/or psychologically) to return to work in the health sector. Many have also lost trust in their employers and unions and the ability of government agencies to respect them, represent their views or protect them from potential harm. Previous New Zealand analysis enabled by data from Statistic NZ's Integrated Data Infrastructure, Inland Revenue Department's Employer Monthly Schedule and the Ministry of Health's COVID-19 vaccination register was presented in a misleading way. This has caused nurses to be distrustful when responding to requests for information from outsiders and even to make formal applications such as seeking WINZ benefits. For some, submitting evidence to the RCOI will be avoided because of potential (real or perceived) consequences. Possible reasons for this are explained below and in Section 8: [Behavioural Science and the Nudge Units](#).

The same confusion, changing narratives and lack of trust also meant that nurses who were unsure what they should do, had nowhere to turn for respectful dialogue, as we explain in [Section 9: Personal and Professional Costs of the Mandate](#). This tragically even included organisations specifically set up to support those in need, such as Nursing/Midwifery Council of New Zealand, nursing unions and professional counselling groups such as Employment Assistance Programme (EAP).

What is clear however, and as will be outlined throughout this submission is that this cohort of mandated nurses, carers and midwives, despite being unable to serve their health communities during this period are in fact the true heroes of the story, battling personal loss, professional discreditation all at once.

Despite the constant suppression of anything other than the prevailing pro-vaccine narrative it is becoming increasingly clear now, that these nurses, carers and midwives were aware of the ethical and clinical problems raised by the mandates. They applied substantial scientific and nursing knowledge to make a comprehensive assessment and determined decisions not only based on their own needs, but the needs of their patients.

‘Their flexibility and innovation in response to the multiple, complex challenges presented by the consequences of the NZ Government’s policies and guidelines stands out as an inspiring story of humanity’s resilience, innovation and transformation in times of adversity.’ The Nurses Collective



Image: from one of the many protests outside a hospital during the covid mandates. Credit: authors.

"[this experience] has revealed to me the nature of human beings when psychologically influenced through a mass media campaign of fear. I have amazing boundaries now and so much resilience and trust my instincts as to right and wrong more than ever. I have a supportive community of wonderful humans that I would not have connected with if mandates/lockup had not occurred. Professionally I would never encourage anyone to pursue mainstream medical training." **Unvaccinated Nurse with 22 years' experience.**

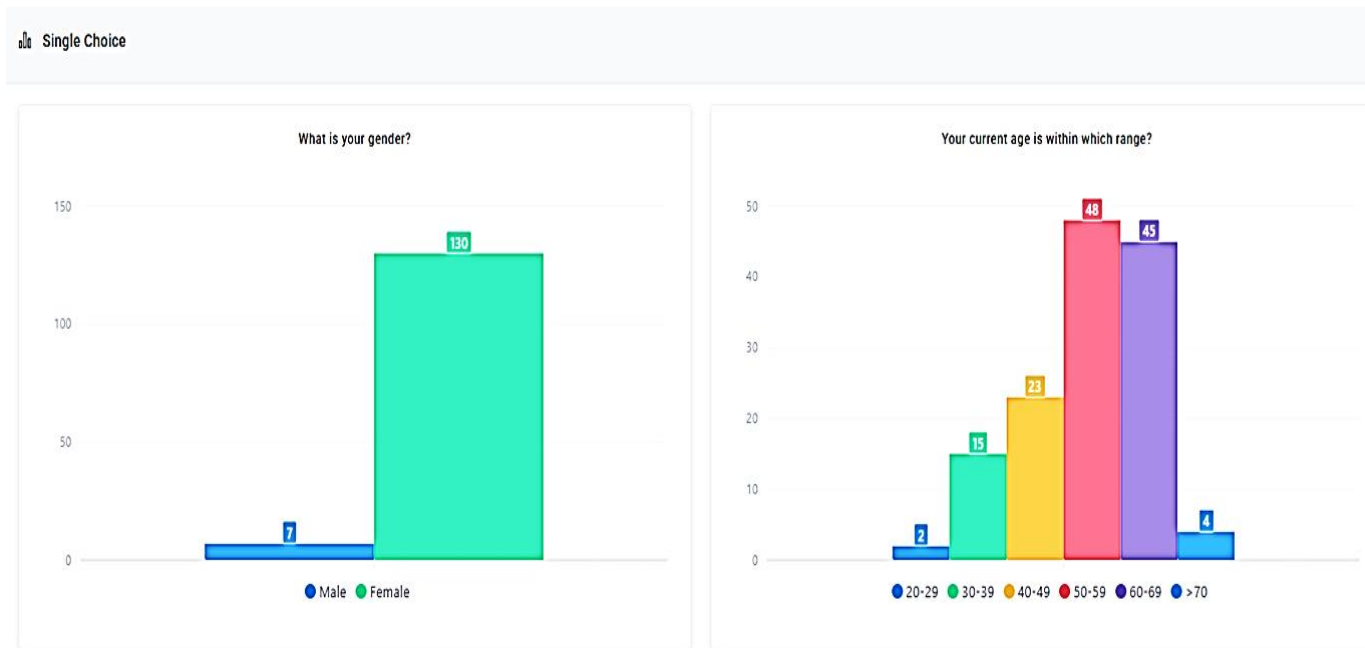
Our data has significant parallels with, and adds depth of understanding to, the New Zealand research presented by Dewar et al.¹⁷ Specifically, those researchers' chosen themes of '*mandate-induced traumatic decision-making and loss*' and '*change in attitudes and ongoing impacts on lives*' also feature prominently in our survey findings. However, what is *not* said in Dewar *et al* and other previous literature on this topic, becomes a central theme in our submission: that the professional voices of these numerous, experienced and passionate healthcare workers, have been **deliberately and repeatedly silenced** during and since the covid era and the 'vaccinated v unvaccinated' debate remains a feature in nursing narratives as of 2025. The repeated censoring and manipulation of the facts, alongside continual gaslighting of mandated nurses, even by researchers claiming to respect and 'give voice' to our members, only serves to further deepen the divisions in our society, community and families and more specifically the nursing and midwifery workforce.

It is our sincere hope that this Submission, together with the individual submissions made by our members and supporters, will help to alleviate some of the confusion and misinformation about the covid era, and will prompt further questions that can only be addressed by those in senior Government and other controlling entities, including the Nursing and Midwifery Councils of New Zealand.

¹⁷ J Dewar et al., 'Hidden behind a Cloak of Silence and Exclusion: A Qualitative Study of Healthcare Professionals and Mandated COVID-19 Vaccinations.', *New Zealand Journal of Social Sciences Online*, 2025, 1–20, <https://doi.org/10.1080/1177083X.2025.2476574> ; L Meehan, L Mitchell, and G Pacheco, 'Workforce Vaccine Mandates: The Effect on Vaccine Uptake and Healthcare Workers' Labour Market Outcomes', *New Zealand Work Institute*, 2024, https://workresearch.aut.ac.nz/_data/assets/pdf_file/0006/867876/Vaccine-Mandates-Final-Version.pdf

5. Participants of the Survey: Quantitative Data

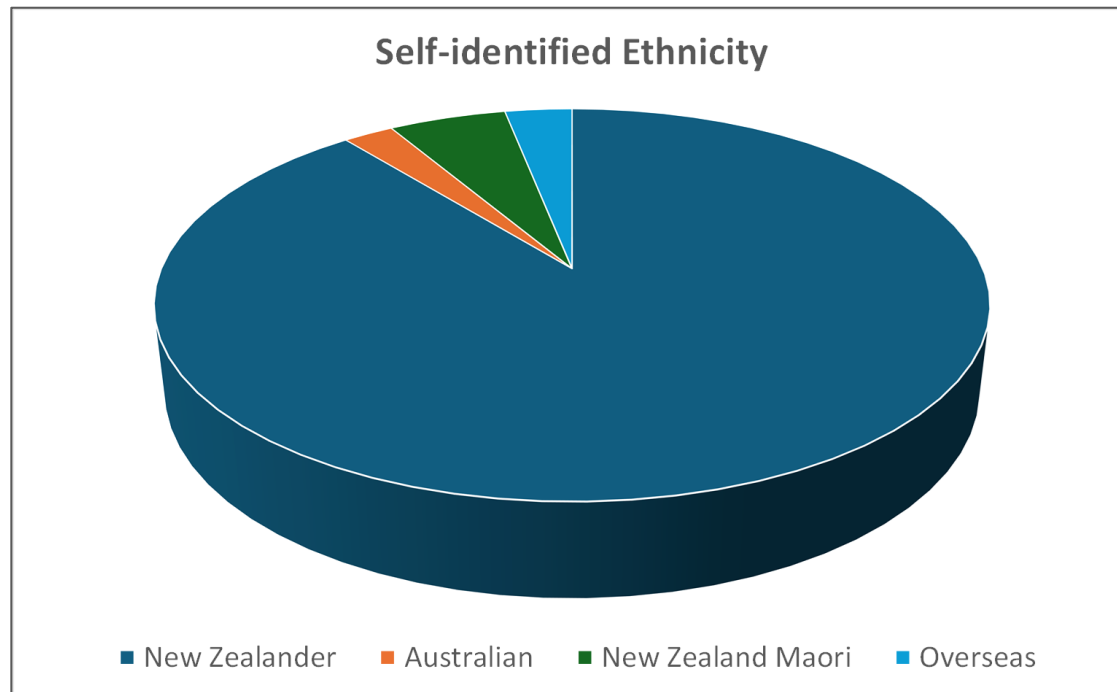
a) Graphs 1 & 2: Gender and Age of Participants



A total of 142 participants responded to the survey but not all participants responded to every question. The numerical data confirmed that as expected for this sector, most (n=130) were female. Also as expected, most participants were aged 50-59 (34%). This supports the current international understanding of the average age range of those who did not comply with covid era policies (discussed further below). Those who were in the slightly older age-range of 60-69 were the next largest percentage of participants (31%). Other age ranges were 40-49 (16%) and 30-39 (10%). Other age ranges were in the minority.

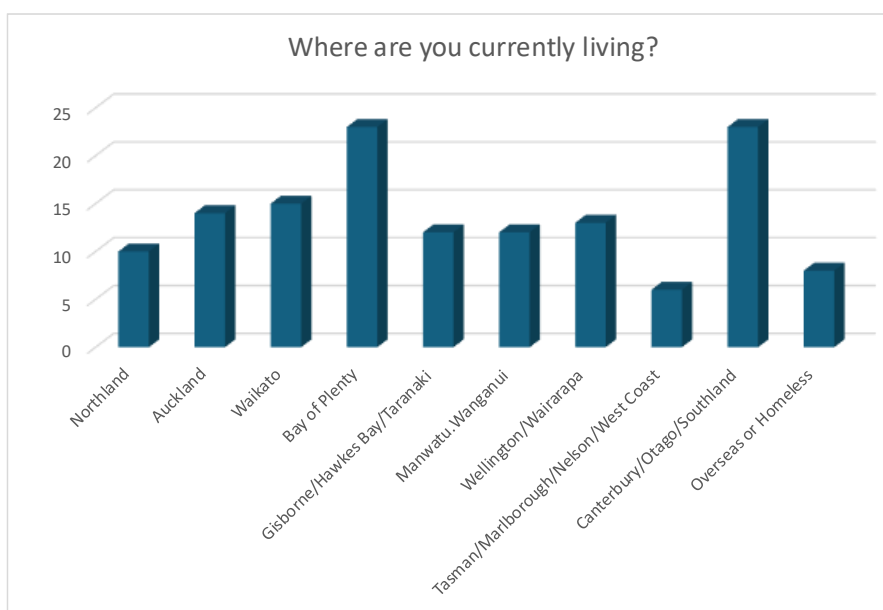
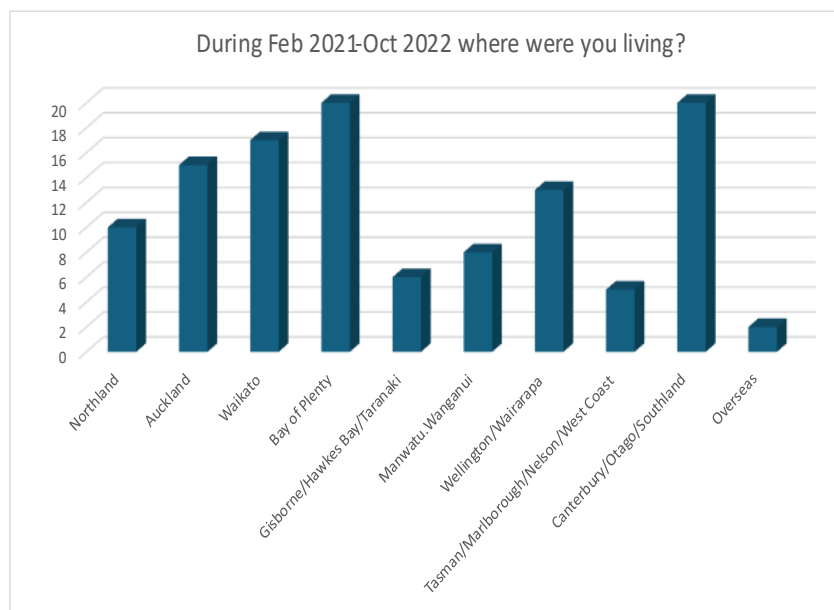
Graph 2 presents an important question for the RCOI: Why did so many senior and/or experienced nurses who arguably had more to lose than their younger, less experienced colleagues, choose not to be vaccinated?

b) Graph 3: Ethnicity of Participants



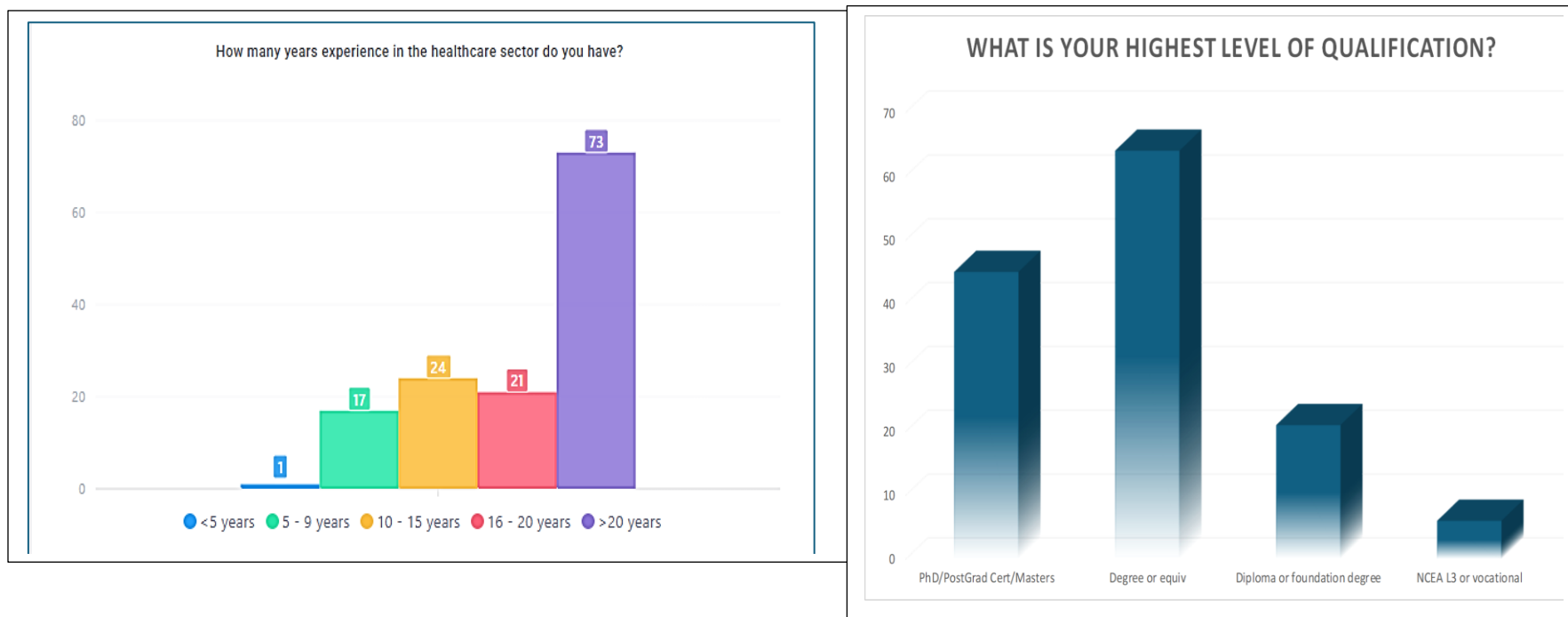
In this question, participants (n=130) entered how they self-identify in terms of their ethnicity. (NB *To protect the confidentiality of the participants, we consolidated any groupings which were <2*). Overall, we can see from this graph that most of the participants identified themselves as 'New Zealanders' (>89%) this included New Zealand European. In line with our multi-cultural society, there was a range of other ethnicities chosen, including Māori (5.5%), Australian (4%), Canadian, European, English, South African, Australian, English and Irish. **This reinforces evidence presented in this report, specifically that it was highly-qualified and experienced New Zealand nurses, carers and midwives who were the group most negatively impacted by the Government covid era policies decisions, including the vaccine mandates.**

c) Graphs 4 & 5: Location of Participants



The widespread reach of our online survey ensured we had members' responses from all over New Zealand and from those who have since moved overseas. These responses represent a small percentage of mandated nurses, carers and midwives, who were located across New Zealand and had concerns about the vaccine. Areas of greater risks, for instance in socio-economic deprivation and with greater public health needs, stood to risk more i.e. in Northland where the loss of even *one* experienced nurse had a serious detrimental impact on the patients and colleagues who relied upon that expertise. (NB some answers have been consolidated to protect the privacy of our members' identities.)

d) Graphs 6 & 7: Qualifications and Expertise of Participants



Of the survey participants who responded to these questions regarding qualification and expertise (n=136), most were educated to degree level or above AND had over twenty years of work experience. The survey participants reported 50% were educated to degree level (n=64), and 33% (n=45) had a post-graduate certificate, Masters or doctorate (exact numbers are consolidated to protect our members' privacy and anonymity). Again, this evidence illustrates the high levels of expertise and long-established nursing, caring or midwifery experience amongst our members. These were vocational careers that were unfairly ended when the vaccination mandates were brought in, some of which continue to be excluded from the workforce to the detriment of New Zealand's citizens and public health services.

6. Qualitative Data: Context and Timeline of Events

*"My manager didn't want to lose me, neither did the staff I worked with. I walked out the door on my last shift thinking I'd be back soon, surely? There was no leaving card or anything, just a termination email two weeks later. It was like I'd become a ghost. My right-hand woman at work – we'd been great colleagues for years - never spoke to me again after I announced that I might not be there the next week as I wasn't taking the injections, even though I had been openly saying I wouldn't take it from the start" **Mandated RN 24 years' experience***

*"My fellow health professional cousin said to me "So how are you filling in your time, now that YOU HAVE CHOSEN TO LIMIT YOUR OPTIONS?" I said, "drinking beer" - I drank a lot that year, I also wandered the hills behind me crying and praying. Sometimes the isolation and grief were crushing, shame and embarrassment were heavy, too. I could not talk about being mandated out for a long time without crying. **Mandated RN (Medical) 17 years' experience***

The first recorded 'case' of Covid-19 in New Zealand occurred on **28th February 2020**. (The problematic aspect of this claim is outside the scope of this Submission.)¹⁸ At this time all nurses, including those soon to be mandated, navigated unpredictable circumstances including shortages of personal protective equipment (PPE) and rapid antigen testing (RATS), plus concerns about potentially overwhelming patient caseloads and the continual evolution of information relating to the risks from an unknown virus.

Many staff developed measures that allowed them remote access to patients; in most cases, nurses, carers and midwives went above and beyond during this period, to include personal shopping for patients, plus increasing home visits, thereby avoiding potential hospitalisations and risks through patients' contact with the virus. Being approximately four - six months behind world-wide trends allowed NZ nurses – many of whom already had international backgrounds

¹⁸ Quinn et al., 'What Lessons Can Be Learned From the Management of the COVID-19 Pandemic?'

to track the impact of global policies and improve patient care through research, collaboration and communication.¹⁹

*“My employment was terminated on 15/11/2021 @ 2359 hours - I worked an afternoon shift and was allowed in the building - after that, I was not allowed back - it was bizarre, it was as if I was going to be covered in bugs at 2400hrs!” **Mandated Orthopaedic RN***

This 4–6-month time lag gave some nurses the opportunity to consider the professional and ethical considerations associated with covid era to include concerns relating to vaccine safety, side effects, informed consent and efficacy.

As Dewar et al concur, the rapid development of policies “*necessitated decision-making with little evidence within a context of scientists racing to develop a suitable vaccine with unprecedented haste.*”²⁰

NCNZ Domains state that ‘*Professional responsibility, means that nursing professionals must demonstrate knowledge and judgement whilst being accountable for their own actions*’. Our evidence suggests that members of the NZ Nurses Collective demonstrated such knowledge, because nurses, carers and midwives researched the documented successful early treatment protocols used overseas.²¹ Many of our members researched widely²² and attended regular international webinars with highly qualified clinicians, such as Dr Shankara Chetty in South Africa. In these events, theoretical computer models of covid were replaced by lived experiences: discussions and analyses of patient case studies and various treatments.²³

¹⁹ The COVID-19 RISK and Treatments (CORIST) Collaboration, ‘Use of Hydroxychloroquine in Hospitalised COVID-19 Patients Is Associated with Reduced Mortality: Findings from the Observational Multicentre Italian CORIST Study’, *European Journal of Internal Medicine* 82 (December 2020): 38–47.

²⁰ Dewar et al., ‘Hidden behind a Cloak of Silence and Exclusion: A Qualitative Study of Healthcare Professionals and Mandated COVID-19 Vaccinations.’

²¹ e.g. Pierre Kory, *The War on Ivermectin: The Medicine That Saved Millions of Lives and Could Have Ended the Pandemic* (USA: Skyhorse Publishing, 2023).

²² Leake and McCullough, *The Courage to Face Covid-19: Preventing Hospitalisation and Death While Battling the Bio-Pharmaceutical Complex*.

²³ *Courageous Convos with Dr Shankara Chetty: Observations of a Successful Frontline Covid GP*.

Sadly, nurses, carers and midwives who applied these nursing and midwifery competencies were subject to increasing confusion and a myriad of questions when faced with the rapidly changing and often contradictory advice offered by the NZ Ministry of Health and *Te Whatu Ora*. Were these entities unaware of, or knowingly ignoring this growing (albeit heavily censored) body of academic literature and clinical protocols?

Many of these nurses were also aware that, despite an apparent global health emergency, it was not the Ministry of Health, but the Ministry of Business, Innovation and Employment (MBIE) which was the lead agency for implementation of the Government covid policies.²⁴ This again was a fact not lost on those clinicians who could see how health consumers' needs were puzzlingly not given priority during this time.

“This period allowed those nurses who chose to investigate, an insight into alternatives to the novel injections; given the valid concern about the rapid development of the vaccines and the governance of MBIE we think this was justifiable.”

Nurses Collective NZ

NZ Nurses were not alone in raising concerns. Many reviews and reports suggest that worldwide, among all HCP's, nurses had one of the highest hesitancy rates for the covid-19 vaccination.²⁵ By the last quarter of 2021, when globally, just under a fifth of nurses ($n= 41,098$ nurses) interviewed in 51 studies from 36 countries refused to be vaccinated, the New Zealand Government chose to mandate nurses. This ended any opportunity unvaccinated nurses had to continue supporting long standing patients and colleagues. By doing so, and with a blatant disregard for what was happening in other jurisdictions, the New Zealand public health service, which already had a shortfall of well over two thousand nurses, was plunged into chaos.²⁶

²⁴ MBIE, 'Covid Guidelines from the Lead Agency: Ministry for Business Innovation and Employment'.

²⁵ Chaufan et al., 'The Risk-Benefit Balance in the COVID-19 "Vaccine Hesitancy" Literature: An Umbrella Review Protocol'.

²⁶ Dewar et al., 'Hidden behind a Cloak of Silence and Exclusion: A Qualitative Study of Healthcare Professionals and Mandated COVID-19 Vaccinations.'

*“My colleague and I left our office at 2pm and worked from home covering our service 24/7 for weeks during the first lockdown. My husband and son were also working from home. Our bedrooms became offices representing different government sectors. We were proud to support our patients unconditionally during this frightening time.” **Mandated Clinical Nurse Specialist of 43 years’ experience.***

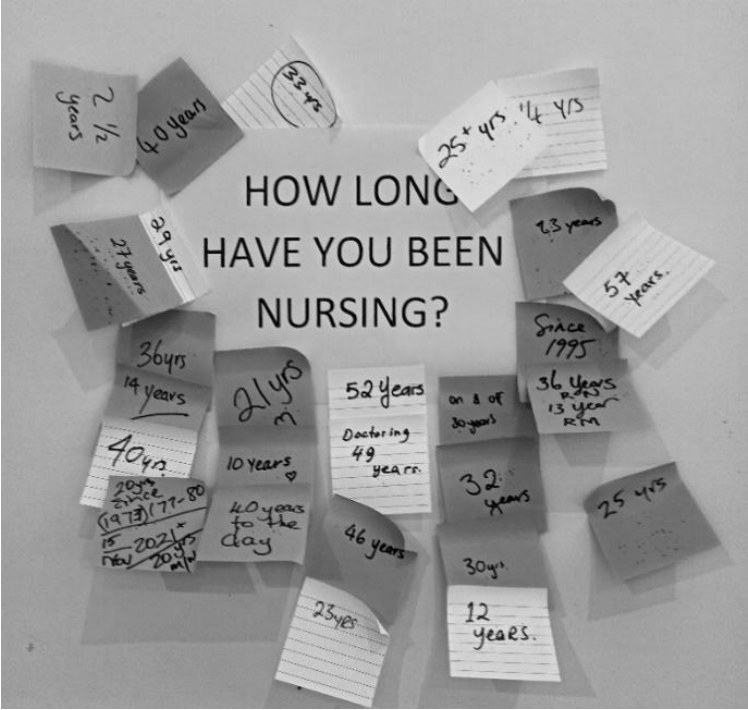


Image from a meeting: as evidenced in Graphs 6 & 7 above, many of the mandated nurses had decades of work experience.

The first batch of Covid-19 vaccines arrived in NZ in February 2021, available first to vaccinators and managed isolation workers and those they lived with, followed soon after by frontline HCP's. *"Clearly the wish of the government - and I think everyone in the system - is for the maximum number of people to be vaccinated ... there is not a standing provision that enables employers to terminate employees' employment outside of the order."* Workplace Relations and Safety Minister, Michael Wood told the Education and Workforce Select Committee.²⁷ Yet, despite the government previously and repeatedly, publicly ruling out the possibility of vaccine mandates, in October 2021, mandates were extended to cover all nurses, carers and midwives.

²⁷ Radio New Zealand, 'Minister Rejects Mandatory Worker Vaccines for Wider New Zealand: RNZ 26/08/21':

“No unvaccinated nurse will ever work for Te Whatu Ora again”

Sueanne McGlashan, HR, Te Whatu Ora Wairarapa, October 2021

Many legal and academic voices were also later that year voicing alarm at the Human Rights issues being eroded by these mandates.²⁸ This **did not** include the Nursing or Midwifery Councils of New Zealand or unions. At this time there also remained no widespread awareness of the intense censorship and propaganda being employed in New Zealand and elsewhere (more on this in [Section 8](#)).

Most nurses who failed to comply were stood down from **16th November 2021**. As discussed earlier, few exemptions were granted on medical grounds, *even for those with serious reactions to previous vaccines*, contradicting the first tenet of healthcare to *first, do no harm*. To the best of our knowledge, no exemptions were allowed on religious or human rights grounds, despite numerous appeals for discussion and options especially relating to the role of human rights in an emergency scenario. For many mandated nurses these discussions took place with managers and HR staff in local hospitals, that is, until they were told they could no longer attend these meetings in person and were threatened with trespass orders. Despite medical conditions, human rights or faith-based objections, hundreds of nurses could not save their jobs and support public health measures. RAT, PPE were deemed insufficient to deter the ‘clever’ virus. For the first time in their professional careers these nurses and midwives were under threat of being reported to their regulatory bodies simply for saying no. To date, and despite several requests attempting to unravel different aspects of the seemingly illogical actions taken by those in authority, the authors of this report, members of the Nurses Collective and numerous other researchers have been unable to obtain health and safety risk assessment data or a health and safety matrix that adequately explained this scenario and the ongoing exclusions. The blunt ultimatum that New Zealand healthcare workers faced was made clear in this quote:

²⁸ Claire Breen and Alexander Gillespie, ‘Vaccine Mandates for NZ’s Health and Education Workers Are Now in Force – but Has the Law Got the Balance Right?’, *The Conversation/University of Warwick*, 16 November 2021, <https://www.waikato.ac.nz/news-events/news/vaccine-mandates-for-nzs-health-and-education-workers-are-now-in-force-but-has-the-law-got-the-balance-right/>

“It is NZNO's view that members who are covered by the Order and decline the vaccine are potentially putting their jobs at risk. Being vaccinated has become a legal expectation of health care workers. Based on recent case law, NZNO does not see a wide range of options for members who choose not to be vaccinated for reasons other than any legal exemption.” NZNO 2021

*“I worked as a covid vaccinator and now suffer from profound guilt and anxiety in case I caused any injury to children or pregnant women. I was told it was safe and effective despite me questioning it all the way through. I feel absolutely terrible”. **Mandated Vaccinator***

*“The mandates may have eroded trust in the government. Even after the mandates were lifted, the employment and earnings of unvaccinated workers never fully recovered” **Mandated Carer**
5 years*

*“Colleagues treated me like a criminal or just with apathy, like we had personally offended them. We were told the private hospital we worked at wouldn't apply for exemptions as it wasn't a "good look". The day we left they were putting up "100% vaccinated" stickers on the doors. Worked there for 7 years, no leaving tea, no thank you for working so hard. Kicked out, leave your swipe [card], clean out your locker like a bad secret, like I had done something awful like harm a patient. One day I was in charge on the ward, a well-respected nurse with many years of experience and not so much as a patient complaint - the next day I was told if I returned to my hospital I would be trespassed, and the police would be called. No one reached out and asked how I was, how I was going to pay my mortgage, send my children to school. It was just like I was banished.” **Mandated RN 10 years***

Uncertainty relating to employment law and subsequent exclusions in relation to human rights and health and safety remain, as do questions relating to the ethics of the ‘no jab, no job’ mandate on nurses, carers and midwives and the impact on patient care by a workforce under extreme pressure. The NCNZ and unions remained silent as the very cohort they were meant to support had to make life and death decisions whilst supporting their charges. In the week prior

to the mandates NZNO fielded **up to 20 calls a day** from nurses still deciding what to do and to manage the consequences of that decision.²⁹

Although unknown at that time, OIAs (E.g. Refs HNZ00043708 and HNZ00044892) revealed many of New Zealand's large commercial companies, including Fonterra and The Warehouse Group, had already liaised with Government during a short 'pilot scheme' that experimented with incentives and coercion that forced as many staff as possible to get vaccinated, prior to the introduction of the mandates for public sectors.³⁰ The ethics and morality of this project on a vulnerable stressed workforce cannot be justified. Nurses, carers and midwives found themselves part of a different 'pilot scheme' but in this instance, keeping their job was the incentive.

²⁹ Quinn, "“Right to the Wire”: Hospitals Reach out to Unvaccinated Workers’.

³⁰ Edgington, U. 'Covid Nudging through Subliminal Messaging', *Propaganda in Focus*, 17 February 2025.

"My shift ended at 11pm. At 11.05pm I walked off the ward. I didn't turn back; I couldn't turn back. I knew no-one was there to say goodbye. No cards, no flowers, no cake. Just a general feeling they were glad to see the back of me. To them I represented someone to be fearful of." **Mandated surgical nurse of 8 years**

The tactics applied to nurses were confirmed by retrospective OIR's revealing that Government-also funded law firms which corresponded with public sector senior managers and HR depts, providing legally convincing language within a template letter to send to staff who would soon have their employment contract terminated for non-compliance.³¹ Little, if any consideration was given by those in positions of power to Employment Law, due process in finding alternative roles or reaching satisfactory compromises for their staff. Unaccustomed to dealing with HR nurses found themselves nodding in agreement when HR told them no other suitable employment existed. Few thought they had any rights to ask for proof. Nurses have told us it took all their strength to hold their composure and not break down under extreme duress. Fear and uncertainty persisted as the media continued to report 'Making concessions', 'tough time not to have a job' 'will go right to the wire' 'About 2000 district health board workers unvaccinated 15 hours before the deadline.'³²

"My young patients type one diabetes patients were transferred to out of area services as there was no-one to provide the expert care they needed. Why was I not afforded an SSD?" **Mandated Clinical Nurse Specialist (Diabetes)**

We understand that under Section 12a SSD were granted to 1,984 nurses/midwives and 3,935 care and support workers. Only one exempted nurse, a participant in a [different] vaccine trial accepted our invitation to respond. It is unclear what criteria justified the exemptions awarded, given that some of our respondents had life threatening conditions and ethical principles (under normal circumstances) would have precluded them from vaccination. Mandated nurses provide

³¹ See the various sources of evidence and archived websites, detailed here:

<https://informedheart.substack.com/p/lawyers-who-work-for-government-how>

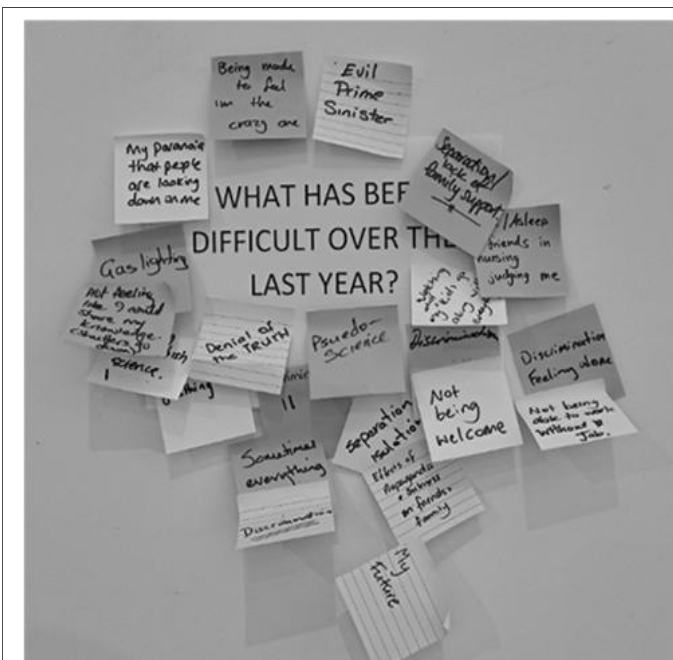
³² Quinn, 'Covid-19 Vaccine Mandate: Hospitals Reach out to Unvaccinated Workers as Deadline Looms'; Quinn, 'Hundreds of Health Workers Unvaccinated Heading into Mandate Deadline'.

mixed responses to this anomaly; some were happy *‘those nurses did not suffer in the same way they had,’* but many felt angry their lives had irrevocably changed whilst others had been allowed to keep working.³³ Others felt those who had been granted SSD’s probably suffered in other ways. For example, this quote shows how this discrimination added to the division:

‘How could they look down on us whilst knowing they had been thrown a life-line?’

[Mandated EN].

Alongside thousands of other New Zealanders, representing hundreds of diverse professions, many nurses, carers and midwives did not have a choice despite Professor Micheal Baker stating *‘vaccination was not compulsory for HCP’s;’* this statement was confusing, confronting and challenging for those faced with the stark choice of taking the vaccine (perhaps against the advice of their own GP) or having their employment terminated.



As discussed above, tragically, research by international researchers, backed up in a NZ context by AUT, concludes mandates had a limited effect on increasing vaccine uptake. Yet still the Government persisted in mandating, refusing exemptions and denying employment rights to nurses, carers and midwives who applied their nursing and midwifery competencies and were resilient to coercive tactics from Government and media.

³³ RNZ staff, ‘8000 Unvaccinated or Partly Vaccinated Health Workers Were Allowed to Keep Working’, 4 April 2024, <https://www.nzdoctor.co.nz/article/news/8000-unvaccinated-or-partly-vaccinated-health-workers-were-allowed-keep-working>



Above and below images: Supportive advice and a cake that was shared amongst members of The Nurses Collective/ Nurses for Freedom meeting during the mandates, many of whom had travelled long distances to attend.

unvaccinated nurses has also proved to be limited, especially for those over 55. As of the time of the AUT research, many still reported bias or blatant advertising for only 'vaccinated' nurses.³⁴ Sadly this persists into 2025 as many private employers continue to advertise for vaccinated nurses. This, despite efforts by NZ First Coalition Party MPs to address the discrimination. This, despite the lack of leadership from the Ministry of Health, *Te Whatu Ora* and Nursing/Midwifery Councils.

3. Vaccination:

All DHB employees are required to be fully vaccinated for Covid-19 due to the Government Mandated Health Order. Have you been vaccinated for Covid-19 Help Tip

☐ Yes

☐ No

4. Consent :

Do you consent to the Wairarapa DHB accessing your vaccination records? In relation to the Government mandated Covid-19 Vaccination order for all Health Care workers. This will usually be conducted at the preferred candidate stage.

☐ Yes

☐ No

☐ I would like to discuss this before it is undertaken

5. Ethnicity - Other:

If you answered "Other" to the above question please write what ethnic group you identify as below. If you have already stated your ethnicity above please write "n/a" to proceed.

6. Qualification:

Do you meet the essential qualifications as mentioned in the position description (if applicable, including the requirement to hold a current APC)?

☐ YES

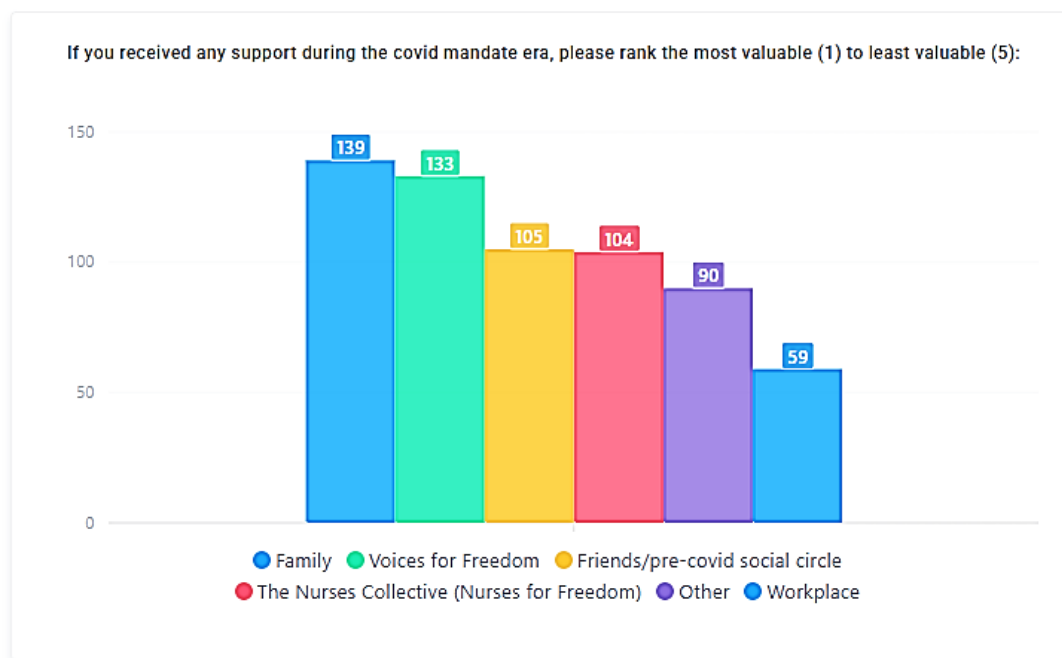
☐ NO

Image above: a healthcare job vacancy online application dated Nov 2022, which still required declaration of covid19 vaccine status. This often persists in vacancies today.

³⁴ Dewar et al., 'Hidden behind a Cloak of Silence and Exclusion: A Qualitative Study of Healthcare Professionals and Mandated COVID-19 Vaccinations.'; Meehan, Mitchell, and Pacheco, 'Workforce Vaccine Mandates: The Effect on Vaccine Uptake and Healthcare Workers' Labour Market Outcomes'.

7. The Role of Nursing Council, Professional Organisations and Unions

The New Zealand Nursing and Midwifery Councils, New Zealand College of Midwives (NCOM), New Zealand Nurses Organisation (NZNO), Public Services Association (PSA) and the College of Nurses Aotearoa, were all aware that thousands of nurses, carers and midwives had serious concerns about the vaccine mandates. This is evident because, despite being almost impossible to obtain, over 8,000 had been awarded exemptions, yet these organisations remained silent. Reasons for their self-censorship on this important matter remain unclear, even now.



Graph 8: Sources of Support for Mandated Staff

Evidence from the survey illustrated how family formed the most valued support network amongst our members, followed by Voices for Freedom and then friends. The Nurses Collective came almost equal third in the rankings, followed by 'other' and the workplace least supportive.

Rather than supporting their members' needs, and demanding answers to countless questions about the rationale, legality and ethics of the mandates, unions and professional societies chose instead to perpetuate the narrative i.e. that 'only a few' were impacted. This confusing and frustrating snub continued, despite the inevitable impact from the mandates on the public, such as hospitals suffering even greater levels of staff shortages and early informal media polls indicating the public would in fact prefer to be cared for by an unvaccinated nurse rather than no nurse at all.³⁵

It continues to be unclear why the NCNZ continually refused to engage in any dialogue with nurses regarding the mandates. They instead bluntly stated, 'they were (simply) following the [Vaccination] Order and protecting the public; as such they were unable to comment on the vaccine or mandates.' Then as now, nurses demand a greater level of accountability from their regulatory bodies, especially when demonstrating an acceptable standard of ethics, as per their own competencies.

Furthermore, in Sept 2022, when the mandates were revoked, the NCNZ 'which governs the **practice of nurses** by setting and monitoring standards of registration ensuring safe and competent care for the public', stepped outside their jurisdiction and stated that '*vaccination was the most effective way of keeping covid-19 under control, reducing harm to the public, and minimising the impact of the disease on nursing colleagues and the health system as a whole.*'³⁶

It is unclear what relevant clinical or epidemiological expertise or qualifications the NZNC had access to, to make this claim about the 'effectiveness' of the covid vaccination? We note that some individuals on the Council and the Executive Team were unelected, had no healthcare experience and had complex conflicts of interest from (for example) financial incentives from Government for vaccinations and testing or private consultancy services.³⁷

³⁵ Newshub, 'Are We Ready for Unvaxxed Nurses?'

³⁶ Nursing Council of NZ, 'News: Changes to the COVID-19 Protection Framework'.

³⁷ Nursing Council of New Zealand, 'Annual Reports 2020-2024'.

The Nurses Collective NZ strongly recommends that the NCNZ's role in making statements relating to the effectiveness of any medical intervention is clarified. As a public body, funded by its members, it should also be able to make reference to nursing ethics and upholding the human rights of its own members. The Nurses Collective

Considering the above facts, it is unsurprising that the narrative responses from our members in this survey, evidence intense anger and distrust of these organisations, for example:

"I have lost faith in NZNO for not supporting our right to choose or deny a medical intervention. It feels like society is divided into two groups who have an opposing opinion regarding the covid vaccinations." **Ex NZNO Member**

"I lost my job for refusing the vaccination, I felt my rights were violated I felt helpless to do anything about it, NZNO was appalling. I felt coerced and then betrayed by them, I had to fight to get representation from them when I was to be served my dismissal, when in a vulnerable and grief-stricken state", **Ex NZNO Member**

"I was aware of many colleagues who were not allowed to return to work, they were effectively fired with immediate effect. Conversations in the workplace were tense, covid discussions took place frequently but there were many opinions and some people who became aggressive and bullying to get their point across. My husband and I had similar viewpoints but I was bullied and belittled by him in order to toe the line and get the vaccine so we could pay our mortgage, even though neither of us wanted it. Some friends and family didn't want to know me after I had it. I felt that I could not freely make my own decision about whether or not to vaccinate, and I felt my privacy was breached by having to share my vaccination status with all and sundry. I was damned if I did, and I was damned if I didn't."
(Vaccinated nurse, 25 years' experience)

Throughout 2022 and 2023 The Nurses Collective NZ repeatedly asked that mandated-out nurses, carers and midwives be allowed to return to support a failing workforce.³⁸ It is unclear why, like other countries with workforce shortages, New Zealand's zero-covid elimination strategy, which forged ahead and mandated hundreds of nurses, midwives and carers, refused

³⁸ Wrigley, 'Call for Return of Unvaxxed Staff to Ease Hospital Crisis'.

to reinstate them once mandates were removed?³⁹ The Nurses Collective suspects this was driven by bureaucrats and computer modelling, rather than clinicians with experience and understanding of the realities of risk. We note that in countries such as the UK, also fearing healthcare workforce shortages, only 18% of nurses supported proposed mandates.⁴⁰

Although deemed to be too little, too late by midwives and LMCs, in mid-2022, the *College of Midwives Chief Executive, Alison Eddy's call for midwives to be allowed back to work mirrored efforts of The Nurses Collective:*

*"A robust evidence review ...as soon as possible..... given the **critical nature of the midwifery workforce shortages**.....This review needs to **quantify the threat posed by unvaccinated health care workers** who have access to daily pre-work RATs and PPE, against the risks posed by a lack of qualified health practitioners available to provide essential maternity care..... highlighting that the vaccination mandates "unfortunately" caused "**an exacerbation of existing workforce shortages**... the pandemic's landscape had changed since the mandate was introduced, including RATs being widely available and Omicron being the dominant Covid-19 variant as opposed to Delta, which was more likely to cause severe illness."*⁴¹(our emphasis)

Perhaps it was because of the intense propaganda and censorship (summarised in below [Section 8](#)), that Ms Eddy was apparently unaware that her reference to reviewing the assumptions of **risk versus benefit** was already a well-established topic of debate since the beginning of the covid era? In the clinical and broader, academic literature numerous examples can be provided of this. For instance, in the context of lockdowns and masks, in Oct 2020, Prof Jay Battacharya, esteemed epidemiologist of Stamford University (now Head of the US National Institutes of Health (NIH)) had co-authored *The Great Barrington Declaration*, subsequently signed by nearly one million medical and public health scientists and medical practitioners.⁴² Furthermore, Dr Malhotra,

³⁹ Ulbrichtova et al., 'Acceptance of COVID-19 Vaccination among Healthcare and Non-Healthcare Workers of Hospitals and Outpatient Clinics in the Northern Region of Slovakia.'

⁴⁰ Reuters Staff, 'Countries Making COVID-19 Vaccines Mandatory'.

⁴¹ McKee, 'Midwives Ask Officials to Justify Ongoing Covid-19 Vaccine Mandate'.

⁴² Kulldorf, Gupta, and Battacharya, 'The Great Barrington Declaration', 4 October 2020.

world-leading clinical cardiologist had published one of the most robust, peer-reviewed clinical risk assessments of the covid vaccines.⁴³

*“In the meantime, we would like to clearly state that every person in Aotearoa New Zealand is entitled to safe, competent, and respectful care. This is a key element of Principle One in our Code of Conduct: **Respect the dignity and individuality of health consumers and is also reflected in the codes of other health professions.** A person must not be refused services or care – or experience poorer care – purely on the basis that they are not vaccinated.” NCNZ Thu, Nov 11, 2021*

In view of the above statement, sadly, ‘*Respect the dignity and individuality of health consumers*’ demanded by NCNZ seemed not to extend to its own members. The largest nursing Union, NZNO and no doubt other unions were aware, 1,984 nurses and midwives had been awarded exemptions and were therefore allowed to keep working, whilst hundreds more had their exemption applications rejected out-of-hand and were mandated out of their jobs. Was Kaiwhakahaere Kerri Nuku (NZNO) being disingenuous therefore, when she stated:

“This was a really difficult time for all in the workforce. Every nurse goes to work to do the best they possibly can, and these vaccine mandates certainly posed many good people against one another, and we have to do things better.” Kaiwhakahaere Kerri Nuku (NZNO) April 2024.

In contrast to the lack of support from Nursing/Midwifery Council and unions, the results of our survey evidenced the crucial aspect of family support for our members during this stressful time. There was also significant support provided by Voices for Freedom, through a variety of mediums, local and national. We are pleased that the Nurses Collective NZ also proved to play a significant role in providing a network of supportive colleagues, including virtual/face-to-face meetings, a national hui and two days of national action the latter prompting thousands of New Zealanders to rally support for mandated nurses, carers and midwives.

⁴³ Malhotra, ‘Curing the Pandemic of Misinformation on COVID-19 mRNA Vaccines through Real Evidence-Based Medicine.’

Messaging from professional bodies during and after the covid era has done little to improve relationships between ‘vaccinated and unvaccinated’; to date and as seen on social media in 2025 the division is still problematic and remains unaddressed. Some *Te Whatu Ora* managers are still unaware they can and should be employing unvaccinated nurses. The obligation towards inclusion, professional responsibility, management of nursing care and interpersonal/interprofessional communication does not begin and end in a pandemic, especially when public health outcomes in New Zealand have been in dire straits for many years.⁴⁴

‘Our current health crisis, bureaucracy, funding and staffing difficulties and the blatant disregard of human rights gives us little reason for optimism going forward, unless radical changes are implemented, and nursing leaders take responsibility for their actions.’ **The Nurses**

Collective NZ

The actions of two Australian nurses early 2025, sacked for ‘*threatening to kill Israeli patients*’ stands in stark contrast to the lack of repercussions for tirades against unvaccinated nurses in New Zealand where application of *manaakitanga* represents culturally safe practice.⁴⁵ Has NCNZ therefore failed in its duty to protect the public from those nurses who apparently threatened to kill, hold down and inject unvaccinated colleagues or publicly undermine colleagues?

It could be argued NCNZ has brought the nursing profession into disrepute because of its failures. To follow are some of the narratives that provide insights into this extremely disturbing consequence of the Government’s covid era policy:

⁴⁴ Skegg, *The Health of the People*.

⁴⁵ Church, ‘Second Nurse Charged over Video about Harming Israeli Patients’.

"I heard from others that pharmacists were giving jabs, not providing the recipients with any information on the jab and not even asking them to wait 15 mins afterwards to ensure they had no immediate reaction. I heard discussions about intellectually challenged patients being brought into hospital for sedation to have the jab because they didn't like needles (they didn't want it)."

Unvaccinated nurse of 16 years' experience.

*"In the last days, before we were kicked out, my colleagues who were one day friends stood up against walls when you walked past them. They turned the other way when you went towards them. The fear was real for the vaccinated.... **Mandated HCA of 12 years***

*"The exemptions and mandates created a different, 'us and them' culture of power and control. It changed the healthcare atmosphere and environment forever. 'How quickly people turn on you when you make an informed decision not to get vaccinated.'" **Mandated Senior Nurse, 30 years***

*"Mandated staff were treated terribly by the DHB's; basically, we were thrown off site and told we were not allowed to return or we would be trespassed. Remaining health professionals shared horrible things online about how the 'unvaccinated should be denied healthcare and left to die in the street'. Our professional bodies were awful and had no sympathy". **Mandated DHB Nurse of 13 years***

It was clear that something unusual occurred in our healthcare workforce and in our wider society that caused individuals to act in groupthink, and resort to intense hate speech against those who had been mandated out of the jobs for not taking one or more doses of the vaccine.

We now turn to some reasons *behind* this disturbing behaviour that may not have been evident to the public, or the Commissioners, until recently.

8. Behavioural Science and the Nudge Unit

Propaganda is often dismissed as an historical wartime artefact, perhaps because it's not in our national curriculum. Similarly, behavioural psychology is viewed as a specialist subject, perhaps applicable mainly for those HCPs with occupations that include fitness training, mental health or counselling.

The reality is, many commercial sectors, particularly the pharmaceutical industry, invest significant funds into researching marketing techniques which could be termed propaganda, to obtain a deeper understanding of what motivates consumers' responses to different marketing methods.⁴⁶ Their aim is to increase profits for company shareholders. Effective propaganda creates a strong emotional attachment between the product and the customer, sometimes hidden through comedy or entertainment.⁴⁷ In recent decades, the internet has provided additional power for targetted propaganda by harvesting, presenting and manipulating global data, invisibly and without our informed consent.



Photo by Luke Chesser on Unsplash CC

Drawing on these contemporary understandings of citizens' decision-making, the Behavioural Insights Team (BIT) published a report in 2010 for the UK Government entitled *MINDSPACE: Influencing behaviour through public policy*.⁴⁸ The report presented nine ways to influence and change public behaviour, based on outcomes from well-established psychological experiments. With the assistance of its chief academic advisor, Richard Thaler, Professor of Behavioral

⁴⁶ Hughes, 'Covid-19,' *Psychological Operations, and the War for Technocracy, Volume 1*.

⁴⁷ Bernays, *Propaganda*.

⁴⁸ Dolan et al., 'Mindspace: Influencing Behaviour through Public Policy'.

Science and Economics at the University of Chicago Booth School of Business, BIT expanded its influence in many international academic circles and think tanks. BIT became widely known as the 'Nudge Unit'. However, as the authors of *MINDSPACE* pointed out (pg 73), without informed consent, implementing 'nudge' strategies on ingenuous citizens is entirely unethical.

No such public approval was ever sought or given. Nevertheless, seemingly dismissing the need for ethical approval, BIT expanded its reach and inevitably attracted significant commercial funding through Public Private Philanthropic Partnerships (PPPPs). The Nudge Unit established hundreds of formal contracts; prior to the covid era over 200 offices had opened worldwide, as part of NGOs, governments and corporate entities.⁴⁹ The Australian Government contract was formalized in 2012.⁵⁰ Here in New Zealand, a Nudge Unit was established in 2014.⁵¹ Hence 'nudge' techniques were implemented and scaled-up in a variety of NZ policies, for instance in improving school attendance, environmental management or energy use.

Image below: Example of covid era subliminal messaging on a pavement in Ōtorohanga. Credit: authors.



⁴⁹ Cavassini, Cameron, and Gauri, 'BX2018 Journey 1: Behavioural Insights from Around the World.'

⁵⁰ Initially with the NSW Department of Premier and Cabinet and then with Victoria's in 2015. The Australian government later established a *national* BIT unit in the Department of Prime Minister and Cabinet (DPMC) in 2016, called [BETA 'Behavioural Economics Team Australia'](#) co-funding project costs with other federal government partners.

⁵¹ Dept of the Prime Minister and Cabinet, 'Behavioural Insights'; The Australia and New Zealand School of Government, 'Behavioural Insights Teams in Australia and Aotearoa - New Zealand'.

Globally, BIT's 'Nudges' were widely used during the covid era, and no-one was immune, including nurses, carers and midwives. Regrettably, many HCP's not only allowed themselves to be influenced but encouraged their patients to respond likewise, despite basic principles such as ethics, informed consent and the right of autonomous individuals to make rational decisions free from coercion. The result of 'nudge' tactics in New Zealand went over and above ensuring Kiwis bought into the narrative but also damaged reputations of those who dared to point out the seemingly obvious manipulation.

"... I was constantly being told to take the vaccine which constitutes extreme coercion & psychological pressure - through work & personal emails, people talking to me, the radio, the tv, mailers etc. I watched others being coerced and giving-in to the pressure or threat of losing their job. One person told me that getting the vaccine made them feel like they were assaulted as they did not want to consent but felt they had no choice."

Midwife of 11 years

Pro-vaccine messages (explicit and subliminal) were all-pervasive from social media influencers, celebrities and 'experts' many of whom of course had no more expertise than the ordinary Kiwi.⁵² 'Respected' clinicians in white coats, offered vouchers to impoverished communities, removed healthy alternatives and normalised what was, in fact, far from normal. Nurses, midwives and carers alike were misled into believing they were doing the right thing, even though, in most cases, this was tremendously at odds with our professional Code of Conduct and Competencies. For example:

"Intense pressure was placed on me to have an injection. The doctors I worked with were saying to patients within my [range of] hearing, that the unvaccinated should be rounded up by the police. One staff member suggested jabbing people as they walked past..." **Nurse with 15 years' experience.**

⁵² C.H. Klotz, ed., *Canary in a Covid World: How Propaganda and Censorship Changed Our World* (Canary House Publishing, 2023).

*“...The scaremongering of media was to blame the behaviours. I was bullied by my doctor and nurse about getting the jab. I felt discrimination from the health services when using A & E about wearing a mask and refusing to put one on.” **Unvaccinated Carer***

Ongoing media messaging, sponsored and controlled by the same corporate entities such as Pfizer’s partnership with the BBC and Google News Initiative, played into the beliefs of many nurses in relation to the vaccine. One participant of the survey whose views ran counter to all the other findings, indicates how clearly s/he was unaware of the extent of the censorship and propaganda.⁵³ Many individuals understandably lacked the knowledge, technical skills or support needed to circumvent the censorship and propaganda, as this quote from our survey illustrates:

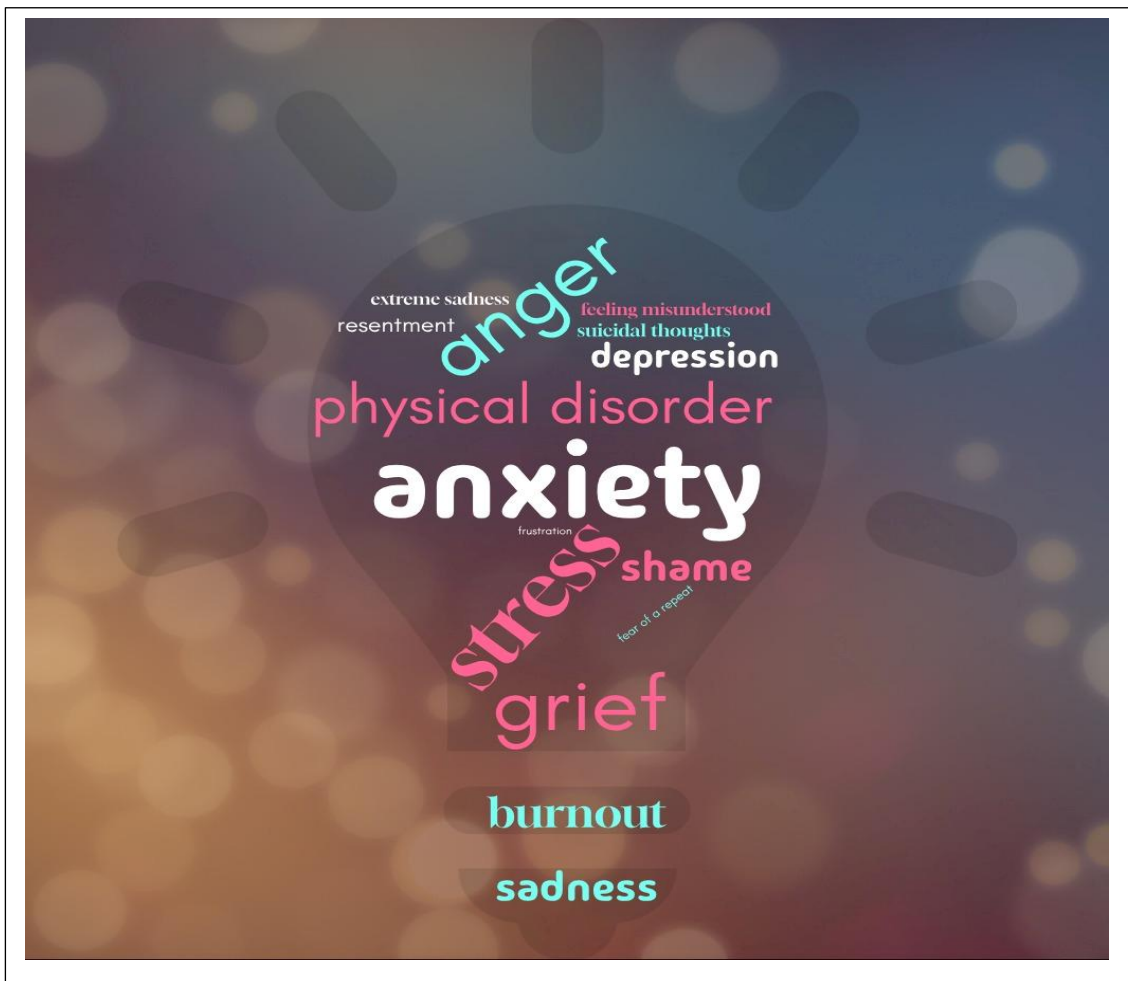
“I did my own homework and was quite prepared to have the vax especially as my sister worked in a group of 6 hospitals in UK that had over 500 people die of Covid BEFORE the covid vaccine became available. Most anti vaxxers in my family started harassing me for my decision and it very nearly caused a divorce. I wasn't pushing my agenda on them. But they felt compelled to keep telling me "the truth" (their version of it). Any pushback I had was not looked at or mocked without really delving into facts.
Vaccinated Nurse

As the MINDSPACE report states, when we are constantly told by those in positions of authority what is ‘truth’ and what is ‘fake news’, it is human nature to take the path of least resistance and associate our views with what perceive to be the ‘consensus’. Everyone is at risk of making poor decisions when in a state of fear, so it is understandable how, rather than using the critical reasoning skills our profession is renowned for, many chose to believe the prevailing narrative rather than consider why any questioning of the consensus was immediately closed down. For instance, there could have been other reasons for patients’ early death during the covid era, such as absent or inappropriate early treatment regimens or the possibility that treatments other than the vaccine, may help patients recover from any infection.

⁵³ Martin, ‘Covid Cover-up: Secrecy, Censorship and Suppression during the Pandemic.’

9. The Personal and Professional Costs of the Mandates

Mandated nurses, midwives and carers entered 2022 with little hope. Having lost their jobs and income and with no support from their regulatory bodies or unions, they'd also had little, if any, contact from ex-colleagues and employers since being forced to leave a job they loved. In addition to the combined loss associated with losing jobs and professional identities, this cohort were also unable to enter into the collective loss and grief New Zealanders experienced during this time; trying to circumnavigate post-covid challenges and make sense of what had happened during this period.



Word Cloud: above visual presents commonly reported emotions articulated by our members in the survey, since the mandates.

The following quotes from the survey illustrate the extent of the trauma they experienced as a result of the mandates:

“Many nurses, having lost their professional identity on the 15th November 2021 are [still] unable to move forward as clinicians. Lack of clear nursing leadership means they are still experiencing ongoing prejudice. Older, often senior nurses and mentors for less experienced nurses, are unlikely to return to the workforce as one year out of practice represents too many changes. New Zealand has lost hundreds of wonderful nurses who did not deserve to be mandated.” – Deborah Cunliffe, The Nurses Collective NZ

“I was forced to take a job in aged care but my background was in high risk maternity. I haven't been able to return to that environment since 2022 because I'm "out of practice" according to my recruiters”.

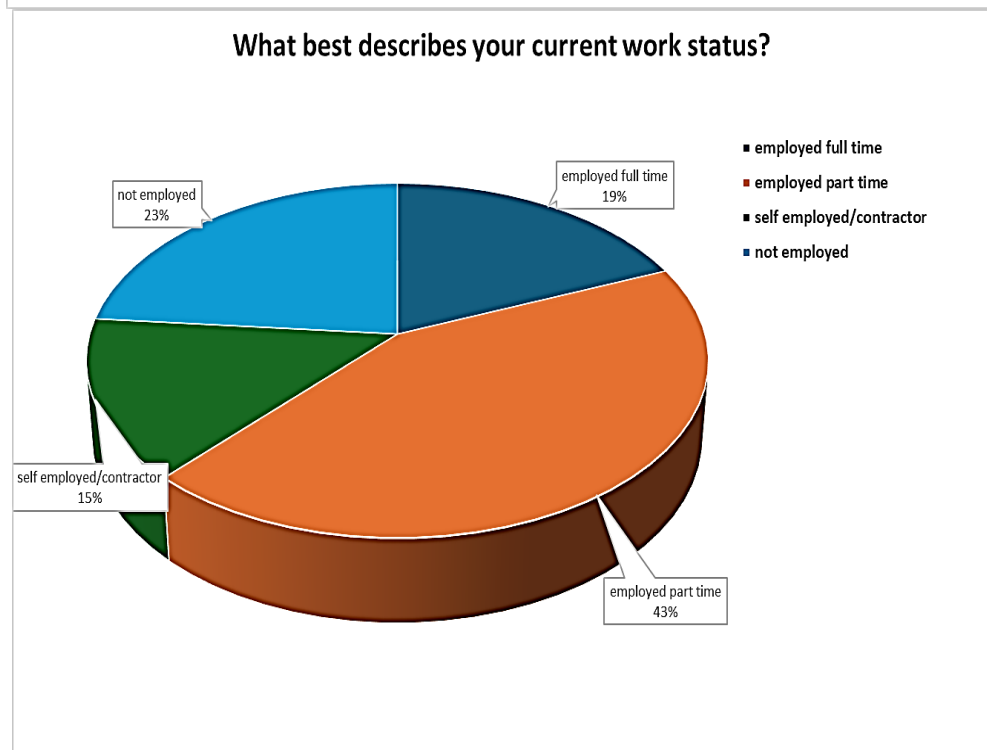
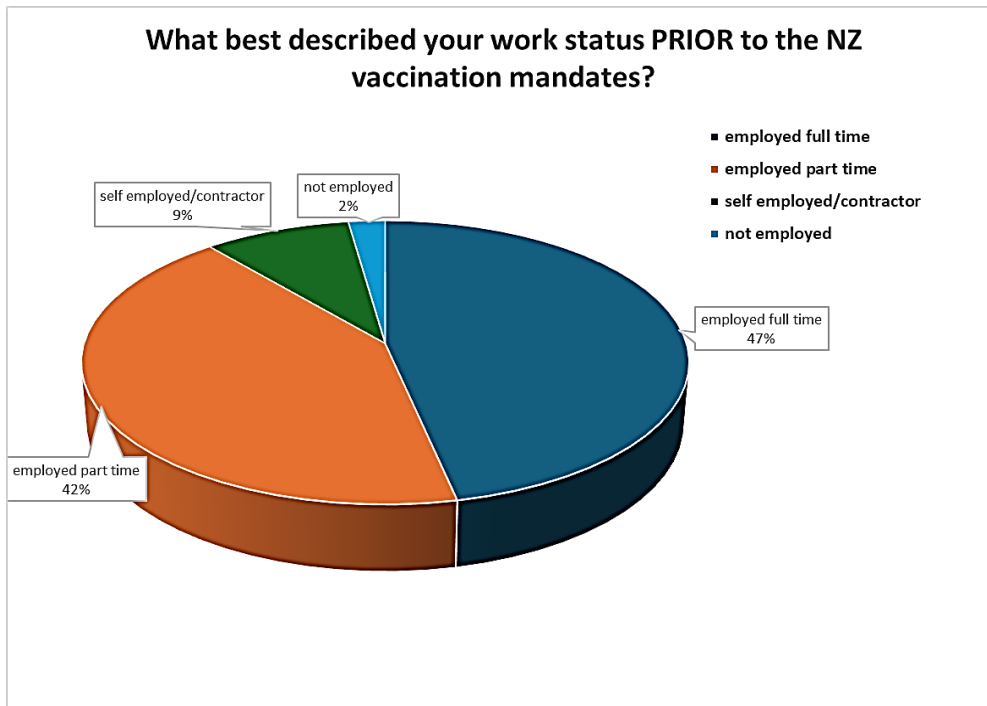
Retired Midwife

I was working as a Medical Transcriptionist, Registered Nurse and lost my job due to the mandates. As I had no income and was unable to support myself, I applied for other roles and was offered a job as a caregiver providing daily home care for a disabled young adult who had been vaccine injured as a baby. The parents were happy for me to support their unvaccinated son, however ACC threatened to cut all their funding if they employed an unvaccinated person – this despite the family being unvaccinated. Whilst I am devastated that I was no longer able to work in a role I loved, it is beyond understanding that a family could not employ a carer of their choosing without facing financial penalty. We are supposed to support patient rights and be a caring profession, but it seems covid had the ability to remove these traits of human kindness. **Mandated RN Nurse of 25 years.**

After almost 5 years of ongoing challenges, participants identified diverse crises in their lives, including breaking up with long-term partners or family members, losing homes due to lack of income and ongoing health problems due to stress. At this stage, whilst most have adapted to a 'plan B', many still reflect on the trauma and loss associated with being mandated. It is extremely concerning for The Nurses Collective, as it should be for the RCIO, Government and regulatory bodies to see the levels of anxiety, anger, depression and suicidal thoughts felt by mandated nurses, carers and midwives during this period and since. It is vital that these harms be acknowledged and addressed as a long-term consequence of the covid era decisions implemented by the Government. Acknowledgement is particularly needed for the harms caused by the vaccination mandate, which forced these experienced and highly trained nurses, carers and midwives out of their roles.

The Graphs that follow illustrate the different types of work our members are now engaged with, and how they feel about those roles, compared to their professional healthcare roles **prior to the covid era mandates**. As we illustrate, many participants are now working outside of the healthcare sector which is a significant problem that needs addressing urgently because New Zealanders need these highly qualified, experienced and caring nurses, carers and midwives back in the workplace.

Graphs 9 & 10: Work status of participants before and after the vaccination mandates

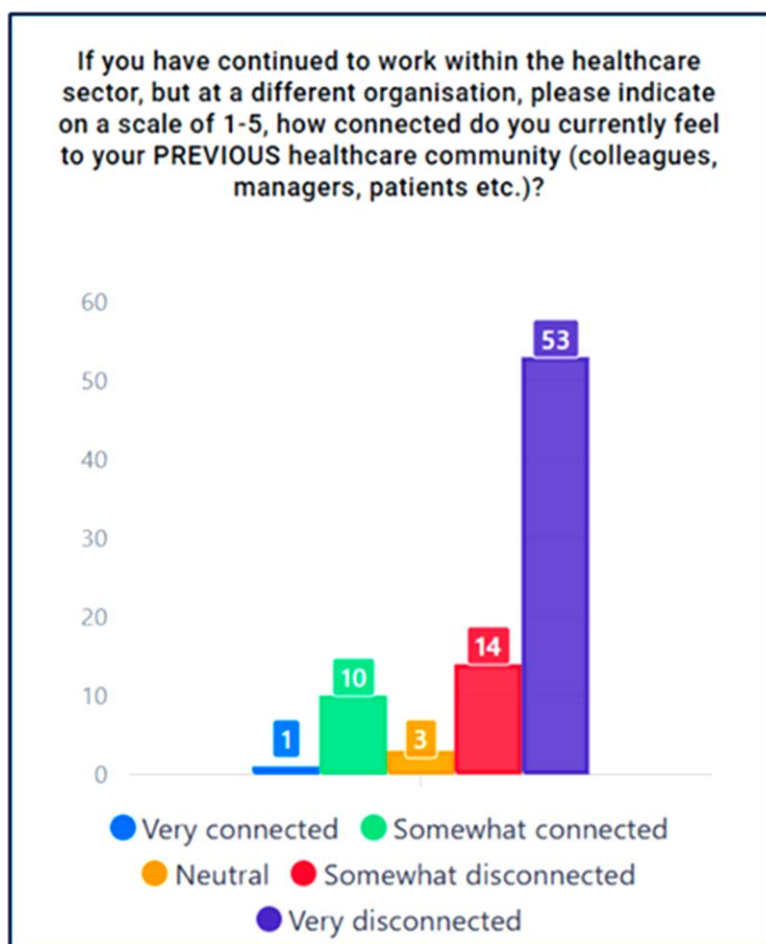


The two graphs above (9 & 10) show a significant change in the lived experiences of the survey participants. Prior to the vaccination mandates, **most (%) n=63 were in full time employment**, however in contrast to the current (very diverse) employment status of our members, **only 19% (n=23) were in full time employment** with many in casual, contract or looking for work. Survey participants now work in many different sectors (see [Graph 12](#)) and many are sadly **unemployed (23%)**. Note that Graph 10 above includes those who reported being retired as 'not employed' because many were forced by the mandates into taking *early* retirement when this wasn't necessarily through personal choice at that time.

Taken together, assuming this survey is a representative sample of those impacted by the vaccine mandates, these graphs perhaps are the most symbolic evidence of the extent of the damage to our NZ health system caused by the vaccine mandates over the last four years, including up to the current day. It indicates many of our highest qualified and longest experienced healthcare staff are still, **more than five years after the covid era began**, unable or unwilling to return to their vocation.

Chart 11: Connectedness to previous healthcare communities

Building on the above evidence, the bar chart below shows how, three years after the mandates were ended, the majority of nurses still felt ‘very disconnected’ from their healthcare sector. Graph 9 and Graph 10 are concerning on a number of levels – not only for the healthcare sector, which has lost valuable, experienced professionals, who are still discriminated and excluded from updating their professional practice. But also for all our patients who are in need of our expertise. To add meaning to these reports, we asked participants who were currently working in healthcare, how connected they felt to their healthcare communities:

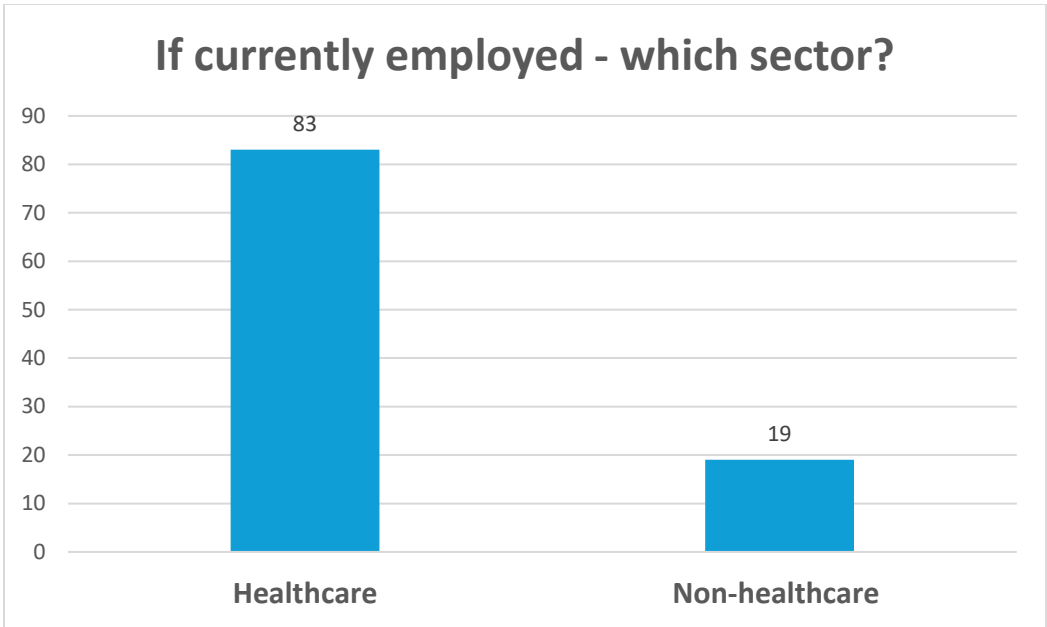


Graph 12: Current employment health vs other sectors

Below is a consolidated graphic (to protect members' identities) that shows those currently employed in healthcare and those employed in other sectors. Of those who answered nearly **19% reported that they were not currently employed in the healthcare sector**. This

emphasises the loss to the NZ workforce of these highly qualified and experienced nurses, carers and midwives, some of whom, as the extracts from the narratives have shown, are now forced to work in low-skilled jobs such as agriculture and retail.

[Graph 12]



Below are some extracts from the Survey participants’ responses regarding their employment situation, which highlight the lived realities of the context of the above graph. For instance, some nurses were forced to sell their homes, rely on donations of food and could not obtain financial assistance from any of the expected entities like ACC. They experience severe discrimination and trauma, which has been exacerbated by ongoing injustice.

"We're supposed to be a caring profession. Nothing about this is caring. Due to no fault of my own, I have now been labelled an 'anti-vaxxer' and 'anti-science', and in some people's opinion, not worthy of calling myself a nurse. This hurts me immensely. This is what mandates have done.

There is no room for individual circumstances." **Mandated Nurse**

"I lost friends my business the home I rented. I lived in a concrete garage with no money no support. I went into major depression. I was isolated, mentally hurt, insulted by other health professionals, discriminated against, discriminated included. The head of our college still talks of the unvaccinated as 'law breakers' and 'not being part of a team', how we 'let down the profession'. I have lost faith in the health system, mainstream media, government, hospital systems. I feel lied to and misled. I was shut out of the hospital told I would be criminally prosecuted; I was now of no value and had no rights of my own. I had no financial support lived from donations of fish from the boat I worked on and food from the garden. I was denied government support and ACC when I injured myself and broke a bone in plaster".

Mandated Midwife

"I asked at a meeting "If the mandates get rescinded do we get our jobs back?" He replied "No. I have two new nurses coming down from the ward to replace you. Just be glad I didn't make you train them!!" That cut me like a knife" **Mandated Medical Nurse**

"I was forced to leave my job as an RN which I enjoyed and found fulfilling. Due to this I lost contact with most of those connections. I grieve not being able to continue as a nurse. I struggle with a loss of my income as now I work on a very low pay. Due to this I have had to restructure my life and sell property etc. I miss the contact with my clients and feeling I was making a difference. Now I am set up to work from home and isolation is hard at times." **Mandated Nurse**

in Private Practice 30+ years

"General society treated those mandated out of jobs as undeserving of any sympathy or support, and I became part of a sector of society that was fair game for discrimination and general derision" **Mandated Carer**

"It's like once I was mandated out of my job everyone I ever worked with forgot I existed. Certainly, no concern for what I was going through." **Mandated RN 10 years**

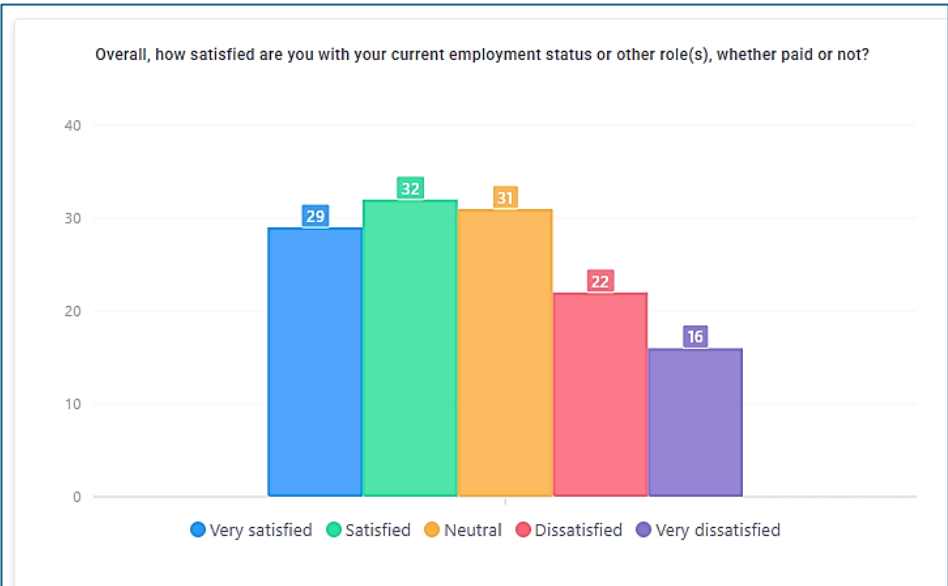
"I went from being a respected member of society to being on the end of abuse and discrimination". **Mandated Midwife**

"The financial, physical and emotional impacts on me have been profound and ongoing. Given my age, I am not optimistic about employment opportunities for me now or in the future. The mandates robbed me of KiwiSaver retirement that I had worked for and needed." **Mandated Specialist**

Nurse 45 years

The extracts presented above represent a constant theme from the survey findings. Participants report how their lives had been turned upside down by the vaccine mandates and related policy decisions during the covid era. Those lives remain so today: dismissed, ignored and gaslit by those in authority, including the Government, media and their professional bodies such as the NCNZ. In the following section we will present some summary findings and recommendations for the Commissioners to consider to start addressing the needs of our members and in turn, patients’ needs. Finally, the last graph from our survey (below) shows some of the emotions from the participants who completed the survey regarding their current employment:

Graph 13: Participants current feelings about their existing work roles



As we explained above, some participants may be currently employed within healthcare, but many have left healthcare to work in other sectors. We understand from Graphs 9, 10 and 11 illustrating members’ work experiences prior to and post the vaccine mandates, that many individuals have taken different pathways. Some have returned to the healthcare sector for work, but many remain disenchanted and distrusting of their colleagues and employers. Other members have been forced into (or opted for) a new career, either in something completely different, such as retail or agriculture, or moved overseas. **In Graph 13 above**, we can see the outcomes from these diverse pathways: **just under 50% [n= 61] of respondents to this question**

about ‘how satisfied are you with your current role?’ answered either ‘satisfied’ or ‘very satisfied’. However, 53% [n=69] answered either ‘neutral’ or ‘dissatisfied’. Of those who are neutral or dissatisfied, it is concerning to see that 12% [n=16] responded ‘very dissatisfied’.

Our roles as nurses, carers and midwives are integral to professional identity and therefore our sense of self-worth. It is understandable, but concerning that these nurses, carers and midwives, who have undertaken significant training now feel undervalued and even disrespected in their current roles; not one participant expected or planned to be in this situation when they undertook their respective original training, for many members, that was a long time ago, as illustrated in [Graphs 6 & 7](#).

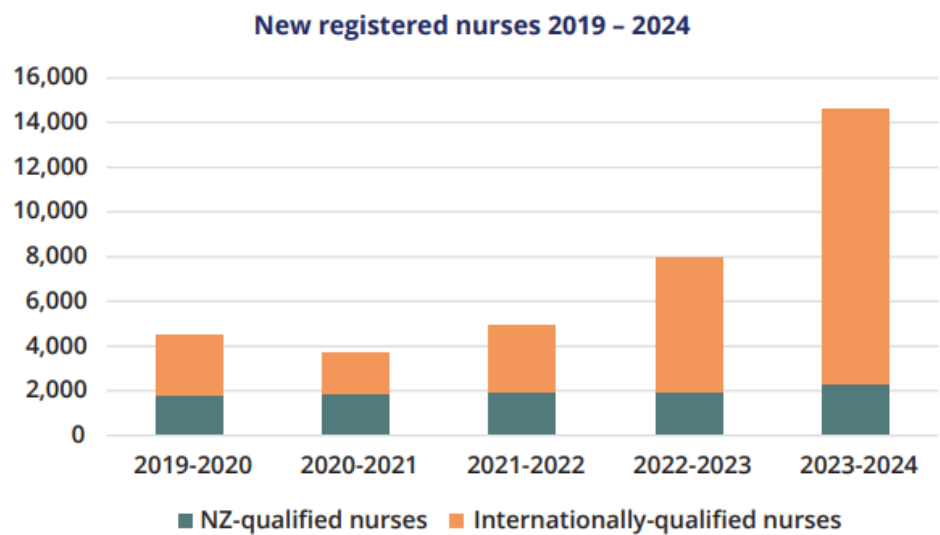
Before turning to summarise and add our recommendations, we present some further consequences of the mandates on delivery of nursing care to healthcare consumers. Sadly, healthcare consumers were and continue to be negatively affected by the mandates as overseas nurses, carers and midwives were brought in to support an overwhelmed workforce.

New Zealand has for a long time had a very high proportion of internationally qualified nurses (IQNs) compared to other OECD nations. It is well documented that this scenario under-represents Māori (7.3%) and Pacific peoples (3.6%) and is problematic for patient care. Many Overseas Nurses (OSN) may not fully understand or incorporate cultural competences into their practice. This is especially relevant as many IQNs care for vulnerable older people in aged care.⁵⁴

“The use of nurses who understand and support frameworks supporting minority populations facing discrimination is even more appropriate during a pandemic. A pandemic is the time we need more Kiwi Nurses, not less.” **The Nurses Collective NZ**

⁵⁴ Health New Zealand (2023) Health Workforce Plan 2023/4 available at: <https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324>

Since 2019, 3,900 new OSN have been granted Annual Practicing Certificates (APCs) by the NCNZ annually. The growth in the current NZ workforce, including the period represented by this submission, is driven by international recruitment, which peaked at over 6,000 IQNs in the year to 30 March 2023. This graph (below) shows the significant increase in internationally qualified, newly registered nurses over recent years: ⁵⁵



Deficits in the midwifery workforce, unlike those in nursing, have been formally attributed to the mandates. This is likely because OSNs can be used to increase the nursing workforce and overlook the fact thousands of nurses were potentially mandated, resigned or walked away. However, it is difficult for midwives from most other countries to practice in New Zealand without fully retraining. Sadly, this did not prevent the mandating of over 200 valuable and experienced LMC's and Midwives, as explained above.

In March 2022, and whilst mandated, NZ Nurses were **prevented from working**, despite covid era policies disrupting the supply of overseas nurses, 734 IQNs were granted practicing

⁵⁵ Nursing Council of New Zealand, 'Annual Reports 2020-2024'.

certificates.⁵⁶ Whilst it is unclear if these nurses obtained employment, 250 did complete Nursing Council-accredited short programmes that directly assess the ability of a nurse to practice safely in Aotearoa NZ during that time. Hence it is highly likely they were employed in Aged Care to cover the deficit caused by mandated Kiwi nurses.⁵⁷ This table (below) from the most recent NCNZ Annual Report, shows the significant increase in the numbers of overseas nurses over recent years, from 2,768 in the run-up to the covid era, to 12,346 this year, including 142% increase from India alone. **Overall, the increase of overseas nurses to New Zealand over the past five years is a staggering 346%:**

Table 2: Internationally qualified nurses registered by country of qualification 2019 – 2024

Country	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Australia	194	138	155	150	118
Canada	32	15	23	33	18
India	923	784	1,235	3,641	8,814
Ireland	29	11	17	19	24
Philippines	1,108	630	1,084	1,450	2,079
Singapore	20	11	43	187	199
South Africa	37	24	32	31	45
United Kingdom	266	112	186	178	225
United States	53	56	77	80	107
Other	106	70	161	310	717
Totals	2,768	1,851	3,013	6,079	12,346

An OIA (DOIA 2324-0015) from MBIE indicates that between 4 July 2022 to 30 June 2023 - 3,274 nurses, carers or midwives (including over 1,000 carers) were granted Accredited Employer Work Visas and Straight to Residence Visas. To fall within this category a job offer is paramount, therefore we can presume this cohort were employed whilst mandated Kiwi nurses continued to be prevented from working. 1,040 of these OSNs were employed by *Te Whatu Ora* whose informal 'mandates' were in place until well into 2023. This evidence weighs heavily on our

⁵⁶ Nursing Council of NZ, 'Nursing Council Quarterly Data Report MARCH 2023 QUARTER'.

⁵⁷ Nursing Council of New Zealand, 'Annual Reports 2020-2024'.

Nurses Collective members, many of whom are enthusiastic to return to work, but for reasons explained earlier in this report, are prevented from doing so.

New Zealand relies heavily on the use of OSN to support both public and private healthcare sectors; without the support of OSN the health system would collapse. There are several well-documented issues, however, relating to the use of OSN which are outside the scope of this Submission. These include (1) Issues relating to English to speakers of other languages (ESOL), (2) Limited understanding of Māori worldview such as tikanga and whakapapa (3) Historically a compliant workforce because they are subject to strict visa criteria and employment contracts. These staff are unlikely to speak out against experiences of poor workforce practices and are more likely to be subject to coercion.

“At the time of the mandates, it was known that New Zealand had a deficit of ~2,500 nurses. A further 2,000 nurses and carers were mandated from both public and private settings. Today, New Zealand has a nursing workforce deficit of ~4,800. The cost therefore of keeping mandated Kiwi nurses out of the workforce and employing overseas nurses has ramifications that exist far beyond simply financial ones.”

The Nurses Collective NZ

As part of its 2023/24 Workforce Development plan to encourage *kaimahi* back into health, the MOH promises to make it as easy as possible for our people to come back into work in health. They promised to make use of the workforce we have available to include a 'Return to Health' project focused on flexible opportunities for those with health qualifications to return to work.

“To date, no mandated nurses, carers or midwives have been formally approached by the MOH/Te Whatu Ora and enabled back into work. In fact, many have faced obstacles and have resigned themselves to the fact they will never return.” ***The Nurses Collective***

To follow are extracts from the survey participants which add context to the above facts. The lives experiences of our members reinforce the complex difficulties that must be identified and addressed, before many of our members can return to their workplaces.

"It seems crazy that we were tarred with the accusation of being selfish by not taking the job, when standing up for our colleagues, for vulnerable mothers and babies by giving informed consent and jeopardizing our own jobs and income was actually the least selfish and most costly thing to do"

Mandated Midwife

"After this experience and concerns over where the medical and nursing profession were heading with their blind acceptance of media/ politically driven truth plus, the lack of questioning/ critique of the 'science', I was pretty sure I wouldn't return to nursing. It took 2 years to find another nursing job that I could do with some pride. A job where I was accepted despite my medical choices without question." **Mandated RN**

"I lost the one thing I have wanted to be (midwife) since I was a young child. I had a Masters degree (whatever good that is now)". **Mandated LMC**

"My colleagues have no clue if they hadn't been through this gut-wrenching experience, I still feel lost after all this time, disillusioned by the health profession now, feel out of place and lost"

Mandated RN

"Found my tribe. Was surprised at the amount of staff sacked who were actually some of the best staff working, the critical thinkers, the ones that research and improve practice as a whole generally." **Mandated RN**

"Loss of career progression. Loss of identity and enjoyment in my job" **Mandated RN**

"I felt discriminated against, segregated, the worst piece of filth that roamed the earth as well as being a granny killer! My faith in God kept me going." **Mandated Practice Nurse 26 years**

"I have pretty much dropped out of polite society, I haven't seen my old work colleagues for over 2 years now. My university friend group (=/-12 women) I have thus far caught up with once a year rather than every couple of months. I am no longer a local nurse with a wide variety of professional contacts built up over years." **Mandated Surgical Nurse 19 years**

"It has revealed to me the nature of human beings when psychologically influenced through a mass media campaign of fear. i have amazing boundaries now and so much resilience and trust my instincts as to right and wrong more than ever. I have a supportive community of wonderful humans that i would not have connected with if "mandates" /lockup had not occurred. Professionally I would never encourage anyone to pursue mainstream medical training." **Mandated RN**

"I was very committed and invested in my workplace prior to the mandates. I would easily work unpaid 4 hours a week at the DHB to ensure all prep was up to date and ahead of time. I have since returned but hold it very lightly knowing that I was easily disposable to the organisation and pushed aside with no regard and no apology since". **Mandated Hospital RN**

11. Summary and Recommendations

“Nurses are generally a resilient cohort but covid pushed strong, experienced and highly qualified nurses beyond their limits. Rather than becoming dependent on the state and victims to the Covid-19 Order however, this group proved they are in fact resilient and responsible, able to learn and grow from their experiences. But this has not come without a cost” Deborah Cunliffe, The Nurses Collective NZ

As discussed, much research exists around the effect of the covid era on frontline nurses and healthcare systems. To date, other than those referenced above, little literature exists in the New Zealand context regarding the ongoing professional and emotional impact on nurses, carers and midwives affected by the mandates, especially in relation to the impact on nursing/midwifery and caring workforces, which continue to suffer from shortages. This cohort, shunned by professional bodies, unsupported by colleagues and prevented from supporting New Zealand at a crucial point in history made the ‘error’ of simply applying their training in the form of professional competencies and Codes of Conduct. Unlike colleagues who did not apply critical reasoning and publicly ridiculed mandated colleagues it was the mandated nurses, carers and midwives who lost their jobs, professional integrity and were reported to NCNZ by overzealous HR departments. The two narratives below are a snapshot of the large volume of narratives where members expressed their confusion and frustration at the unfair situation:

“As I have been out of nursing for over 3 years now, my Annual Practicing Certificate has expired. I fully expect that I will never be able to nurse again. I gave my life to nursing. I worked long hours. I took on extra roles and duties. I was a popular staff member and undertook senior roles. I have a huge range of experience, and my references are impeccable. However, the medical system/government has decided (through its mandates), that I can no longer contribute to the failing understaffed profession that I loved”.

Mandated palliative care nurse of 40 years

“My two managers and close friends from work were devastated that I got terminated. When I see my ex-colleagues, there is no animosity at all, it's rather pleasant, we give each other a big hug. They tell me that it's way busier then when I was still there.” Ex Nurse Skin Clinic

Despite numerous OIA requests, it has proved difficult to obtain reliable and trustworthy data relating to the numbers of public health nurses, carers and midwives who chose not to have one or more doses of the vaccine, to comply with the mandate. Likewise, it has been impossible to obtain clear information about how many applied for an exemption and were declined, or who were mandated and/or left/resigned/retired because of the Vaccination Order. Several OIA responses have been obtained, however these have contained inconsistencies, and are exacerbated by the recent upheaval and changes in the regional to centralised healthcare structure.

*“Nurses, like any other population groups had the right to refuse medical treatment- period! The fact prejudice occurred and continued into 2023, despite questions around the ability of the vaccine to prevent transmission is inexcusable. If the Covid-19 Protection Framework was effective and prevented the health system from being overwhelmed why were unvaccinated nurses not reinstated and allowed to support community efforts? **The Nurses Collective NZ***

We remind the Commissioners that like many other New Zealanders, even nurses that were pregnant or breast-feeding were not granted an exemption and felt forced to take the vaccine. Those who had specific medical conditions, where introducing any new intervention would ordinarily call for extreme caution, were told to report to the Emergency Department and prepare to be resuscitated if needed. This inhumane policy ran counter to every aspect of nurses’ ethical, professional competencies and basic human compassion. How did our developed, democratic society allow this to happen?

Unfortunately, organizations such as Aged Care, Primary Health Care (GP practices etc.) and Private Health Care Facilities (Private Clinics and Hospitals) are not subject to OIA. Without whistleblowers’ evidence or other intervention then, it is impossible to ascertain the total number of nurses/carers/midwives who were mandated, stood down, resigned or simply walked away from their roles due to the Order. It is also impossible to measure the full financial and human cost we face because of the mandates.

However, this report has attempted to provide the RCOI Commissioners with a comprehensive overview of the main facts, alongside the experiences of nurses, carers and midwives who have been, and continue to be excluded and silenced.

We do know that 621 nurses and midwives were mandated, stood down or resigned from *Te Whatu Ora* with a healthcare workforce totalling ~90,000. Considering that the health workforce outside of *Te Whatu Ora* has a population of ~160,000 we can extrapolate that figure to estimate that at least a similar number of nurses, carers and midwives lost their livelihoods, if not more, from private settings. It is therefore likely that in total, considering mandates, SSD's etc that over 10,000 nurses, carers and midwives were impacted by the covid era decisions and policies. To date, no acknowledgement has been made publicly regarding the cost this group paid for having the courage to stand by their convictions nor has reparation or apology taken place.⁵⁸

In overall terms, as we described [in Sections 6 and 7](#), if the mandates were deemed a valid public health policy, we would have expected the refusal rates for Covid-19 vaccines to have been much lower for nurses compared to other groups of individuals. Clearly, and despite rhetoric to the contrary, this is not the case when we consider that approx. 10,000 nurses, carers and midwives in New Zealand were labelled 'vaccine hesitant'. This fact raises important questions that cannot be ignored, because these are the largest occupational grouping in New Zealand who were (and remain) unwilling or unable to comply with these policies.

As competent practitioners, The Nurses Collective NZ and its members support the use of evidence-based medicine and intervention strategies to prevent and manage healthcare needs. Equally the Nurses Collective NZ supports the right to informed consent and the tenet '**First, do no harm**' and therefore to work without prejudice, for those who choose to apply their training and decline forced vaccination. This is a point confirmed by legal challenges to include the unjustifiable limitation on the right to refuse medical treatment in the case of New Zealand

⁵⁸ Te Whatu Ora, 'Immunisation in New Zealand'.

Defence Force and police staff and other qualitative literature, suggesting for complex reasons, support is limited for vaccine mandates in general.⁵⁹

*Nurses, by definition, cannot be 'anti-vaxxers'; to practice they are required to provide proof of immunity or have vaccinations. We do this willingly where risk and safety have been historically well described. I am therefore not an anti-vaxxer, a label liberally applied by my colleagues. I am critical thinker when further research is required I undertake that challenge with open-minded curiosity... **Mandated Nurse***

Summary of Submission

This report has presented evidence from a survey of the members of The Nurses Collective NZ. Participants of the survey represent only a snapshot of the wider implications of the impact of the covid era policy decisions on healthcare staff and their patients, families, colleagues and friends. As volunteers, with no funding, the outcomes clearly point to an urgent need for more comprehensive, in-depth independent investigation into the themes we have uncovered. Our Submission provides some valuable insights for the RCOI, that have not previously been investigated or reported. Namely the censored stories of those who did not comply with the mandates, or those who did, but later regretted their decision, for a variety of complex reasons. In summary, we have shown...

- The ways in which nurses, carers and midwives were unfairly discriminated against, shunned, censored, shamed and bullied by their colleagues and others.
- Examples of how the previous conventions of informed consent were ignored and the procedures for attempting to obtain an exemption from the mandates were flawed, corrupt or completely absent.
- An overview of the facts around the unethical manipulation and coercion that was deployed by the Government's 'Nudge Unit', which used behavioural science techniques

⁵⁹ Hughes, 'Covid-19,' *Psychological Operations, and the War for Technocracy, Volume 1*; Wolf, *The Bodies of Others: The New Authoritarians, Covid-19 and the War Against the Human.*; Hopkins, *The Rise of the New Normal* Reich: *Consent Factory Essays*.

of propaganda, censorship and subliminal messaging to scare the population and force compliance.

- How the majority of participants in our survey negatively impacted by the vaccine mandates were highly-qualified and experienced healthcare professionals, and therefore their absence was (and remains) a significant loss to the local communities they served.
- Many of the healthcare workers mandated out of their work have still not been able to return to that work. The qualitative and quantitative data presented here have shown this could be because of ill health, continued vaccine policies in some roles, a sense of distrust, shame or fear of a repeat of the traumatic experiences they lived through.
- The immense personal and professional costs of the Government's covid era policy decisions, where individuals have been bereaved or physically harmed, families divided, colleagues lost valuable expertise and people have suffered trauma that remains unacknowledged and unaddressed.
- Our healthcare system is in crisis with considerable damage ongoing as a result of the covid era decisions and policies. Indeed, New Zealand society in general remains extremely divided and traumatised because of the unfair, unjust and unethical vaccine mandates.
- Nurses Collective NZ can identify and explain the many complex challenges experienced by member participants as highlighted in this report and despite the themes summarised above, a spirit of resilience and transformation continues to inspire us to have hope in positive outcomes.

The Nurses Collective Recommendations

The Nurses Collective NZ believes the covid era highlighted existing challenges in the NZ health systems. Our findings presented here furthermore underscores the need for structural and systemic change and adaptations in healthcare delivery and nursing strategy in general. We therefore suggest to the RCOI and regulatory bodies the following ten recommendations for immediate action, closer analysis, future research and review:

1. A formal Government apology needs to be published for the nurses, carers and midwives who were negatively impacted by the mandates, and full unconditional reinstatement offered for their prior roles without prejudice.
2. A formal non-discriminatory policy could be provided regarding the role of unvaccinated nurses, carers and midwives in supporting any future health requirements.
3. A comprehensive, independent review is required of the role of the Nursing Council and any future workforce status requirements such as vaccination policy.
4. The Nursing Council could work in partnership with other research entities to investigate the adverse event reporting from the nurses, carers and midwives who received one or more doses of the vaccine.
5. A confirmation of the respect of informed consent protocols when aiming to communicate health interventions within the workforce.
6. The rights of nurses, carers and midwives to prescribe to freedom of thought, speech, opinion, conscience and religion regarding vaccinations.
7. A full review of the ethics of interventions via national and international Behavioural Insights Teams, including private consultants.
8. Health workforce analysis and review relating to the use of mandates in general.
9. Accountability measures for the failed duty of care towards unvaccinated healthcare staff by regulatory bodies.
10. The role of *Te Whatu Ora* in taking reasonable steps in accommodating unvaccinated nurses, carers and midwives once the mandates were lifted.

Thank you for reading this submission. This report has presented qualitative and quantitative data from findings of an online survey from our members within the Nurses Collective NZ. We have sought to avoid pursuing hypothetical based narratives underpinned by assumptions, wishful thinking and hope. Instead, we have presented evidence from our survey, together with the recorded lived experiences of our members. These details add context to the experiences of all New Zealanders that are affected by the direct result of the covid era policy decisions, as per the Terms of Reference for the Covid Inquiry Commissioners.

Our survey purposely avoided questions regarding the role of the mRNA vaccine in the mandates, the lack of scrutiny around the isolation, purification and verification of the SARS-Cov 2 viruses (e.g. OIA ref H202009383) and the numbers of those reporting adverse events relating to the vaccine. We have however made comment on these topics during our previous submission under Phase One. We also understand that many of our colleagues, and supportive groups, such as the New Zealand Health Forum, New Zealand Teachers Speaking out with Science (NZTSOS) and NZ Doctors Speaking Out with Science (NZDSOS) are submitting evidence regarding these topics for the RCOI's consideration.

We hope this submission, relating to the negative impact of the New Zealand Government and health care leaders' statement and policy decisions, informs the RCOI. We are happy to make ourselves available for further comment on this Submission, including an interview if this is required.

The final word for our Submission goes to our brave nurses, midwives and carers:

"I am fine now, this experience has taught me not to worry so much, and not to define myself by my profession. I am so much more. I just wanted to relay to the [RCOI] enquiry how awful it was at the time. My experience is quite minor compared to what some others have suffered." **Mandated RN**

"I've learned to hold my space with good intention. I've met lovely people and continue to learn" **Mandated Midwife**

"The Charge Nurse came into the room and asked if I would consider nursing again after what had happened. My answer was "of course I would as I am meant to be in service." This happened on a Friday and by Monday I was offered employment despite them still 'mandating' staff. Two weeks later they dropped the mandates." **Mandated Practice Nurse of 30 years**

"I'm a deeply resourceful person and created a new life. I will never be a victim again." **Ex Nurse**

"Sad for patients and family that lost their lives to covid/vaccine. Sad that relationships, both personal and professional have either been strained if there was a difference of opinion, or a strengthening when finding out a common value." **Ex Midwife**


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Appendix 1: Screenshots of the online survey questions

 **Participants' Informed Consent** This survey asks the following question of nurses, midwives and carers: what were/are your lived experiences of the covid era 'Vaccination Order' mandates? Why is this information important? This independent survey managed by The Nurses Collective NZ provides a valuable opportunity for NZ nurses to provide feedback to the Royal Commission of Inquiry (RCOI) into COVID-19 Lessons Learned Te Tira Ārai Urutā - Phase Two. It is crucial to collect, summarise and articulate these lived experiences because many nurses have been silenced and/or vilified and do not feel they have a voice. If you have any queries about this survey, please email: thenursescollectivenz@gmail.com

What does completing this survey involve? You have been invited to complete this short, online, anonymous survey regarding the period February 2021 and October 2022. There is no obligation to answer any of the questions. There will be no disadvantage if you decline to respond to any part of this survey. **Withdrawing from the Survey** You can withdraw from the survey at any time during the survey questions by clicking 'exit survey'. Note that it will be difficult, if not impossible, to delete any data you provide to the survey if you decide to withdraw after completing and submitting the survey. **Your privacy and confidentiality** The survey is being conducted via the online research platform Tandem: please check Tandem's Terms and Conditions for details of their privacy policy. Our survey does not collect your name or any personal details. All data is anonymous, and outcomes are summarised for the project team with no identifying names or markers. **Publishing of the Survey's Findings** After the survey has been closed and the results analysed, the findings will be written into a short report and presented to The Nurses Collective NZ team before a summary report is forwarded to the RCOI. It is possible that further research will be undertaken building on findings from this and other relevant projects.

Participant's Consent Form: What do I do next? If you agree to participate in this survey, please proceed to the next page. Thank you once again for being interested in our survey, we very much appreciate your time and support. Please read through the following, and click to continue: I have seen and understood this Information about the survey and have had it explained to me, if necessary. I understand that it's my choice to take part in this survey, and it's also my right to say 'no' to taking part if I don't want to do it. If I do start the survey, I know that I can skip and/or stop answering questions at any time, and I can withdraw my participation up to the time of submitting the online survey. I have had a chance to ask questions, and I know who to contact if I want to know more about this survey. I have had time to think about whether I want to take part. I understand that my name will not appear on any written records. By continuing to the survey, I consent to voluntary participation and understand the above terms.

📖 Welcome to this short, anonymous survey from The Nurses Collective NZ. It is open to nurses, midwives and carers, members and non-members, but please use your discretion if you choose to forward the online link to others. It's over three years since the Vaccination Order was imposed, when so many peoples' lives were changed so dramatically, in different ways. We have created this survey in good faith for the benefit of nurses and their patients in New Zealand and to provide feedback to the RCOI. Any responses are anonymous and will be treated with respect for participants' privacy and confidentiality. We remain focused on obtaining acknowledgment and accountability for the complex harms caused by the vaccine mandate - psychological, social, economic and physical, and hope the RCOI can address these issues adequately. We are therefore interested in your experiences. We understand that reflecting on these feelings may be traumatic; this survey, and each of its questions, are entirely optional but we fundamentally believe all our voices should be heard and recorded. Be assured all the data collected in this survey is anonymous and any analysis will be conducted under the expertise of qualified, professional researchers. We welcome any questions regarding this survey at any point. Results from the analysis will be published to the members in due course.

== What is your gender?

== Your current age is within which range?

≡ How would you describe your ethnicity?

== Where are you CURRENTLY living?

== During February 2021 and October 2022 where were you living (if different from where you are currently based)?

== What is your highest level of qualification?

== How many years experience in the healthcare sector do you have?

== What best described your work status PRIOR to the NZ vaccination mandate?

T BEFORE the vaccination mandate, please state your job title:

= What best describes your CURRENT work status?

= If currently working, what best describes your sector?

T If CURRENTLY working, please state your job title:

◇ On a scale of 1-5, how would you rate your current financial situation NOW, compared to before the vaccination mandate?

◇ On a scale of 1-5, how do you remember feeling during your worklife experience of the vaccination mandate?

◇ Please rate your overall current physical health NOW, compared to BEFORE the vaccination mandate

◇ Please rate your overall current mental health and well-being NOW, compared to BEFORE the vaccination mandate

◇ Reflecting on the vaccination mandate, on a scale of 1-5, how well do you feel you managed the impact of any consequences on yourself, personally?

= What support (if any) did you receive during and/or after the vaccination mandate?

= On a scale of 1-5, how supported did you feel during the covid era mandates?

≡ If you received any support during the covid mandate era, please rank the most valuable (1) to least valuable (5):

= Overall, how satisfied are you with your current employment status or other role(s), whether paid or not?

T If you are not currently in a role in the healthcare sector, would you consider returning to healthcare in the future?
Please explain why/why not.

🔗 On scale of 1-5 how would you rate your current attitude towards your personal life?

≡ Have you experienced any of the following since the vaccine mandate?

= If you have continued to work within the healthcare sector, but at a different organisation, please indicate on a scale of 1-5, how connected do you currently feel to your PREVIOUS healthcare community (colleagues, managers, patients etc.)?

🔗 On a scale of 1-5 how would you rate your current attitude to your work and career?

🔗 On a scale of 1-5 how connected do you feel with any CURRENT healthcare community?

T Thinking about your connections, networks and social circles, both personally and professionally, please share in one or two sentences, what (if any) significant changes have you experienced since the vaccination mandates?

T Briefly, please share how the vaccination mandate experience has impacted on your personal life. For instance, how did your patients, friends, colleagues or managers react during that time? What kind of interactions did you have? Did the mandate impact your lifestyle and personal relationships, if so in what ways? Did you witness or experience bullying, discrimination, health & safety violations, rights violations? [All answers will be anonymised]

📖 Finally: Thank you very much for completing our short survey about nurses' experiences of the vaccine mandate. We understand that revisiting these lived experiences of the covid era could be upsetting. There are sources of professional help available, for example: Lifeline 0800 543 354 Samaritans 0800 726 666 Suicide Crisis Helpline 0508 828 865 Betterhelp - betterhelp.com The Nurses Collective Telegram channel To protect the integrity of this survey, please DO NOT share the link to this survey publicly. However, if you have a trusted family member, friend or colleague who was/is a nurse/midwife or carer and may be interested in completing this survey and/or learning more about The Nurses Collective NZ, please forward your invitation to them personally. Alternatively, we suggest they contact The Nurses Collective directly. Thank you!

Appendix 2: The Vaccination Order & Related Statements

NZNO Position Statement: COVID-19 (mate korona) Vaccinations, 2021

- NZ Nursing Council Guidance Statement: COVID-19 vaccine and your professional responsibility
- NZ Nursing Council FAQs on the new government policy on Covid-19 vaccination
- Midwifery Council position on mandatory COVID-19 vaccination for midwives
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8876951/>
- Mandatory Vaccination Order for Nurses - NZ Nursing Council Guidance Statement: COVID-19 vaccine and your professional responsibility

Mandatory Vaccination Order for Nurses -

Under the COVID-19 Public Health Response (Vaccinations) Order 2021, most nurses practising in Aotearoa New Zealand must be vaccinated against COVID-19. The original deadlines for vaccination were that a nurse covered by the Order must:

- receive their first vaccine dose by 15 November 2021, and
- receive their second vaccine dose by 1 January 2022.

Some exemptions are available, such as for those who cannot be vaccinated for personal health reasons. Otherwise, nurses must now be vaccinated to work in most settings and areas. If you are unsure whether the Order applies to you, please discuss this with your employer.

In May 2022, the government amended the Order to allow a temporary exemption for nurses who contracted COVID-19 from May 16th onwards. Under [clause 7A](#), an unvaccinated and/or unboosted nurse who is not otherwise exempt from the Order can now practice for 100 days after testing positive.

The following points apply to this exemption:

- You must have a positive result for COVID-19 from an authorised laboratory or authorised Rapid Antigen Test (RAT).
- You must have received this result on or after 11:59pm on May 15th, 2022. Older results do not qualify you for an exemption.
- You must provide your employer or place of work with evidence of the positive laboratory or RAT result. Your employer must also provide information to the Ministry of Health on how many staff are working under this exemption.
- The exemption lasts for 100 days from when you received your positive result, not 100 days from when you first displayed symptoms or from when you provided evidence of this result to your employer.

Once the 100-day exemption period is over, the normal provisions of the Order will again apply to you. This means that after the exemption, in most cases you will need to receive your initial and booster vaccines to work as a nurse in Aotearoa New Zealand.

‘Booster’ Vaccinations

In January 2022 this Order was amended to include ‘booster’ vaccinations. Nurses covered by the Order must now also receive a booster dose of an approved vaccine either:

- before 25 February 2022, or
- before the close of the date that is 183 days after the date on which they were vaccinated (i.e. received their second dose of an approved COVID vaccine).

This means that if you received your second vaccine dose on or before Thursday 26th of August 2021, you must receive a booster by Friday February 25th 2022. Otherwise, you must be boosted by 183 days after the date you received your second dose. This is around 26 weeks or approximately six months after you received Dose 2; some examples are shown as a guide in the Table below. Your employer will be able to help you identify the specific date by which you must receive your booster.

COVID-19 Public Health Response (Vaccinations) Order 2021

On 23 January 2022, the Government [updated](#) the [COVID-19 Public Health Response \(Vaccinations\) Order](#) to require people working in a variety of settings to receive booster doses of a COVID-19 vaccine (i.e. three doses in total for most people).

The following groups of NZNO members are covered by the Order:

- Members working in managed isolation and quarantine facilities (MIQ),
- Members working in the health and disability sector,
- Members working in prisons,
- Members working at the border (e.g. ports and airports),
- Members working in the education sector (e.g. schools).

Members working in MIQ, in the health and disability sector or at the border must receive their booster dose before the later of either:

- 25 February 2022, or,
- The date 183 days after the date on which they were fully vaccinated (for most people, when they received their second dose).

Members working in prisons and the education sector must receive their booster dose before the later of either

- 1 March 2022, or,
- The date 183 days after the date on which they were fully vaccinated (for most people, when they received their second dose).

All NZNO members covered by the Order should have been fully vaccinated (two doses for most people) by 1 January 2022.

NZNO supports the Government's policy of requiring health care workers to be vaccinated. Most health care workers are already vaccinated, and this Order provides reassurance and certainty to both health care workers and the public accessing health care services.

The safety and wellbeing of health care workers is the key to overcoming the Covid-19 crisis and high levels of community vaccination help keep NZNO members safe.

21 September 2022: Revocation of Health and Disability Vaccination Mandate

As announced by the [Government on Monday 12 September](#), the COVID-19 protection framework has been 'retired'. Of relevance to you is the revocation of the vaccination mandate for the health and disability sector workers (which includes workers in aged care and residential) – that will take effect next week at 11.59pm, Monday 26 September.

The mandate was introduced to protect workers in high-risk settings from COVID-19 and help prevent transmission between workers and vulnerable people. The mandate is no longer needed now the affected workforce has a very high vaccination rate (estimated to be greater than 95 percent), and vaccination has a reduced overall efficacy against Omicron transmission.

The revocation of the order applies to the remaining health and disability workers in the following settings:

- Health practitioners dealing with patients in person, such as doctors, nurses and dentists
- Workers in medical centres/GP practices, pharmacies (such as receptionists or assistants)
- Workers employed or engaged by certified providers – which includes hospitals, rest homes, or residential disability care facilities
- Care and support workers - workers employed or engaged to provide care and support services within a home or place of residence.

All exemptions previously granted will expire at 11:59pm on 26 September. This includes both Temporary Medical Exemptions and Temporary Serious Service Disruption Exemptions.

No exemption applications will be accepted after 11:59pm on 26 September.

Appendix 3: The Professional Competences

Domain one: Professional responsibility

This domain contains competencies that relate to professional, legal, and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health:

I accompanied my unvaccinated daughter who underwent a PV exam and smear in a garage next to a boat

How did New Zealand clinicians reach the conclusion that acquiring proper informed consent was no longer a necessary requirement?

I was stalked by a man who had eavesdropped a conversation I had had with a friend. Unbeknown to me he had followed me out to the carpark, got into his car and slowly followed behind me. Once he was next to me he called me a stupid fucking cunt

The mandates seriously impacted all parts of my life. I've lost friends, family and work mates. I experienced bullying and coercion from HR and even though my work colleagues mostly supported me I've never been offered my job back.

The nursing council and union were bullies and totally abused our human rights and I was very reluctant to nurse again as a result.

Due to loss of income when fired lost our home. Ended up living in a caravan. Ostracised by colleagues and friends. Bullied by manager with threats to withhold holiday pay. Forced to return work equipment over Christmas standing in a public car park. Excluded from dentist for over 18 months. Doctor only saw me in car park or via telephone

I received bullying, manipulative, threatening emails. No alternate view was allowed. I worked out in community through lockdowns then when mandated it felt like being unappreciated, no thanks - take the jab or you have no job

My manager cried & could not look me in the eye. Some colleagues cried. It caused them distress. Others made their position on my choice very clear in unfriendly terms. Others would not talk to me & I was shunned.

I felt very isolated as was at a private hospital where I did not know of anyone else that had been mandated. I was also blocked from the work Facebook group I felt like an outcast not something I ever want to experience again even writing this is bringing the emotions back for me.

Why has Pfizer not been held accountable for falsely representing the benefits of its Pfizer mRNA vaccine, and for suppressing the truth about the vaccines known risks, and its inability to prevent transmission and waning protective effectiveness?

I felt obliged to explain that I wasn't an anti vaxxer, I was pro-choice.

I received an exemption from my GP, for health reasons I did not want the injection. When I gave this to [manager] she tried to hand it back to me, I told her she must take it. The following week I was required to attend a meeting, there I was told to see another GP for a second option, I replied I have already seen one of your GP's. By this time the GP's had received a letter stating that only Ashley Bloomfield could give exemptions. I was terminated, and the DHB slapped a \$6000 trespass notice on me. I gave my best to this DHB, a theatre nurse of 9 yrs service.

The last day of my employment, I arrived to pick up my belongings, and could not get in, (XXX) had cancelled my swipe card.

My colleagues/friends who took the injection could not understand why I would not take it, this put a strain on our working relationship. Even to this day I have received no support from the hospital, or the NZNC or NZNO.

Nurses by definition cannot be anti-vaxxers; to practice they are required to provide proof of immunity or have vaccinations. We do this willingly where risk and safety have been historically well described. I am therefore not an anti-vaxxer, a label liberally applied by my colleagues. I am a critical thinker.

A huge impact, I lost my job, I worked so hard for, I have 5 children to pay for and look after and we had to move and sell our home. Lost my best mate due to heart attack after having the vaccine. My rights to make an informed decision was taken away. I had no choice but to leave my job even though my heart was always in the best interest of my patients. I was laughed at and mocked, looked at by a leper. It was heartbreaking

I was called deep in my soul to go & stood up for bodily autonomy, informed consent, right to say NO to any medical practices or substances being coerced, forced, blackmailed & held hostage over our jobs. These mandates made us defiant of our core beliefs, our Code of Conduct, our ethics that underpinned our careers.

Do no harm (Non-Maleficence), do good (Beneficence), the right to "informed" consent and, under the drug administration act - the right 'to say no. For many of us this was core to ourselves, our soul purposes as healers, connectors, empaths, social workers, physios, educators, first responders, protectors, advocates & so much more.

Lost my job, my professional relationship with my colleagues and support systems. Losing skills due to being out of that clinical area. Decrease in confidence and self-worth. Isolation due to working from home, rather than in the community / hands on since the mandate.

I have tried to still meet with some of my colleagues, we have morning tea every couple of months, there were some who didn't want to be around me initially and my leaving function was cancelled after 36 years' service, that hurt

Our love of our "calling" & genuine need to pursue the best for everyone made it impossible for us to work under those draconian, tyrannical ways for a very, very long time....

Barely in touch with any of my previous work circle. We were such a tight knit family and it hurts to have lost that. I constantly feel like an outsider when I must step into the hospital. My family is unchanged, my friends are somewhat more distant but are beginning to realize how crazy the whole thing was. Most of my current colleagues were affected by the mandate. We are all such incredible nurses who give our ALL to our organization and clients. The DHB has fallen incredibly short since it all happened.

At the time of the mandates, speaking of my decision to remain unvaccinated provoked strong reactions from others such as disgust, exasperation, and avoidance of any contact with me. Although I am a little more open now, I am still very hesitant to meet up with previous health professional colleagues or mention the reason I stopped nursing without knowing people's feelings about the vaccines and mandates. It has created a distance and hesitancy in being open and transparent about my current unemployed status. I feel like the experience of being mandated forever changed many of my social relationships and has created a barrier to me in forming new relationships.

I was disconnected from my workplace and peers overnight, when mandates were implemented on my ward. Very confused; no goodbyes, closure or opportunity to organise a reference for future work. I was treated as an outcast and told I was "an antivaxxer" and "putting colleagues at risk" by not accepting the provisionally approved, experimental vaccine, despite raising concerns about my own pre-existing health conditions. To this day no colleagues out of the 20 on my ward have made contact with me.

Most of my former friends, family and colleagues no longer speak to me and have previously called me a conspiracy theorist. They will not now look me in the eye and have silenced me completely. Whilst my brothers and sisters now speak to me, they have forbidden me to discuss anything to do with Covid. A previously dear friend who was my case study during my midwifery training (I delivered her first born 45 years ago) has recently asked me "How's the forgiveness going?" I wanted to say, "How's the apologies going?" But I stayed silent. The rest of my family treated me like a leper. Despite there being other registered nurses and doctors in our extended family, I do not feel I could pass this survey on to them.

Apart from one colleague who was super supportive, no other work colleagues ever reached out. The Manager tried, but her hands were tied; it became embarrassing when I kept asking for my job back. Now I feel it's become personal as I raised my head above the parapet and spoke out. All other professional relationships are on hold, and many remain so as I was classed as an 'undesirable.' No-one has yet proved that having the vaccine would make me a better, safer nurse.

I was not allowed to go to work. I was bullied. I was not allowed to attend the Christmas function. I was told that I would kill babies and end up on a ventilator. I was called a right winged conspiracy theorist

Felt robbed of my career especially the last day when I handed my whole caseload of clients over to 2 midwives. They were unempathetic and matter of fact. Hardnosed.

I was treated disrespectfully at work & repeatedly asked when I was going to get vaccinated. There was a list of names showing the 'unvaccinated'. I was never given a meeting to express my concerns face to face. My fellow colleagues were unsympathetic towards me losing my job & some were 'disgusted' with my health choice. We are severely financially behind due to lost income.

Impact has been huge. I am forever changed. I carry a sadness and grief below the layer of my heart and mind. I am devastated by the lack of acknowledgement by most but do not regret my choices. It is so sSad to see people impacted by potential vaccine injuries. I am able to manage and come to terms and be at peace due to my faith and support groups and mandated friends - new and old

I was told not to tell anyone I was being fired for refusing the injection.

Domain two: Management of nursing care.

This domain contains competencies related to assessment and managing health consumer care, which is responsive to the consumers' needs, and which is supported by nursing knowledge and evidence-based research.

Being mandated because I chose to opt for caution instead of reckless acceptance of the experimental Covid injectable otherwise known as the Covid vaccination was one of the most traumatic times in my life. I was too scared to tell others at work of my decision as it seemed obvious that I was the only staff member at my employment unit who declined to have the injectable. It wasn't until my final meetings with HR and the Clinical Manager that I realised there were some in the community team who were also concerned about this Covid MRNA injection. No one talked about it.

None of them admitted that the vaccine doesn't stop transmission despite real world evidence

At my manager's mandate meeting, I asked how I could be fired and struck off the NZRN register for forcing a patient to take any 'medicine' or procedure without informed consent, and yet the same courtesy or indeed human RIGHT was not available to me

My workplace was very forceful and not understanding of my wishes and was not willing to answer questions about the vaccine. They dismissed any discussion about the way we were going against the Code of Human Rights, of which the brochure was on our workplace counter.

Bullied by my medical practice with incessant phone calls to get vaccinated & fear tactics with emails saying there was a pandemic of the unvaccinated and was putting myself and others at risk. Subsequently I have managed to survive a 5-year pandemic with no death, medical practice visits or significant illness.

I was treated as a conspiracy theorist who didn't know what I was talking about (since proved I did). It was like the training I had received was thrown out the door and cautions and sources were to only come 'from the one source of truth' the govt, when we were taught to look at multiple sources. Other peer reviewed sources were ignored. People who were reluctant to be jabbed were coerced without full disclosure...some nurses saying jab them first and then tell them, if at all. I felt very isolated and alone and was unable to say much at risk of losing my registration or be taken before NZ nursing council. It was terrible seeing people treated so unfairly and went against nursing ethics when people were made/ forced to take an unproven 'emergency' medication that even nurses didn't know fully what it contained. It was a devastating time for many and made many anxious and increased decline in peoples mental health. Even colleagues who were pro mandates and jabs said their health has deteriorated since.

The doctors I worked with were saying to patients in my hearing, that the unvaccinated should be rounded up by the police. One staff member suggested jabbing people as they walked past. As far as the Code of Health and Disability Rights were concerned, my rights re Right 1, 2, 3, 6 and 7 were in my opinion, ignored or denied. My lifestyle was impacted financially. My working income was reduced from \$1730 gross per week to \$221.86 on the dole

I heard from others that pharmacists were giving jabs, not providing the recipients with any information on the jab and not even asking them to wait 15mins afterwards to ensure they had no immediate reaction!!

I heard discussions about intellectually challenged patients being brought into hospital for sedation to have the jab because they didn't like needles

A total breach of the precautionary principle especially for pregnant women, there was no safety data. The lunacy of being asked to leave a cafe table because I didn't show a vaccine pass but could shop within the same space 1.5m away! No logic in that, once again government messaging was not based on science, they changed the message re masking/ distancing in order to control us all, rather than base the pandemic management on time honoured pandemic measures that were at the governments disposal but were not put in place, i.e. isolate the sick, elderly and vulnerable but let the young and healthy population go about their lawful business.

The mandates divided our family and brought hurt due to the lack of understanding and people believing the government approved narrative. My sister lost her job, her son had a serious suicide attempt

(Cont.)

Professionally, I was threatened with losing my job while witnessing patient after patient present with obvious side effects post vaccine. It seemed so obvious to a group of us at work, whilst being pressured to take it ourselves. I witnessed my colleagues being fired and threatened with prosecution if they should dare step back into the hospital. I felt discriminated against and feel sad that even now, those who questioned the 'safe and effective' narrative are still mocked and scoffed at, because the truth is still censored from the mainstream media.

Patients were upset and didn't understand and/want (like) to be in isolation or in extended isolation because RATS were still showing positive but no symptoms

The best thing that came out of it is I stuck to my practise as an RN and was true to myself and others based on science and intuition. I am not vaccine injured like so many of my colleagues are.

Even though I have had previous anaphylaxis in response to a vaccination, I was still told to go get vaccinated. Medical professionals not following their own code of ethics. Disappointed, sad, shocked that some work colleagues would try to coerce me into 'just taking it'. Insanity

Can't really speak about why everyone is sick and babies are dying. No one "seems to know why". Frustrating.

If I had been given informed consent and informed of side effects, I would never have been bullied into this non trialled vaccine. I couldn't mention it with workmates for being labelled a conspiracy theorist even though there were doctors who had walked out

Lost my job my income and my career. My hard-earned years of study. I missed out on birthdays, Christmas and family events. I have lost faith in a carer I choose. I could not believe my colleagues could just sit back and watch it go down. Not speaking, turning their backs on those who questioned anything. Those patients who came in Injured or those who passed. The loss of ethics common sense and morals. I'm a ED Critical Care trained nurse and I along with many others was fired. Worst move ever NZ and the world.

I worked as a covid vaccinator and now suffer from profound guilt and anxiety in case I caused any injury to children or pregnant women. I was told it was safe and effective despite me questioning it all the way through. I feel absolutely terrible.

I have lost faith in the health sector basing practice on science. I avoid all previous colleagues as I still feel angry at the discrimination and judgement I felt from them.

With the knowledge I now have, I have changed my world view and understanding of the NZ Health Care system. I have changed how I relate to family and friends. The censorship of speech, by the media has affected how I communicate with others. I see the current health care system as sick care, aimed at keeping people sick.

Whilst I value true friends and family, I am careful who I share my thoughts with.

I have little faith in Government, the legal system, our policing system, our education system and world leaders. I have lost the sense of trust and security I once felt living in NZ and see corruption everywhere even by those I may have trusted once. I pray we can find trust and safety in our local communities with faith and prayers. I cannot unsee what I have seen.

My spouse experienced adverse cardiac symptoms following vaccination requiring emergency department visit and cardiology follow up. He was not in a sector mandated, however the pressure to conform in the workplace was significant and stressful. People in his workplace were hostile towards anyone not complying.

Quite a few of his work colleagues experienced cardiac issues following their vaccinations, many are now vaccine hesitant as a result of their experience. A significant number of my work colleagues and / or their spouses experienced cardiac issues immediately post or within 2 weeks of their vaccinations also and will not take any more.

My place of work were very condescending and did not want to hear why I didn't want the vaccine I did NOT take the 'vaccine'

How many words can I write. My friends and colleagues went silent. The world went dark and we couldn't go anywhere. I went into a deep depression. I'd never been truly depressed before. I got anxiety at night and couldn't sleep due to panic attacks. We thought we were going to lose the house we were building and I lost my beloved career; my marriage was on the rocks due to all the stress. Most people didn't understand/ didn't try.

Before the mandates I saw abnormal and life-threatening miscarriages and blood clots on placenta. I have photos. Now we still

have a high death rate of babies and lots of new "unexplained" medical incidences. Staff are always sick and many have died. The world is not normal. NZCOM and NZMC are bullies and not to be trusted.

I was deemed, by Chris Hipkins, a threat to public health when I was denied an exemption even though I worked in our own home as a carer for my quadriplegic husband. My workplace had no choice but to stand me down and discontinue paying me even though I might need to help my husband if no carers turned up. It was ok for me to live with my husband unvaccinated but I couldn't care for him unvaccinated. It was also deemed safer to have multiple carers coming and going daily and staying through the night than just having me as the single (unvaccinated)carer.

I got a job as a Covid vaccinator so I could learn more about the whole thing. I witnessed people being held down and forced to have the jab and kids being restrained. It was terrifying. I struggle deeply with what I saw and was a wider part of. I am unsure how I will get over it.

On a personal level, I became ill after every vaccination. In total, I contracted COVID-19 five times, with a diagnosis of long-term COVID-19. Mental Health Nursing was difficult as we needed to follow up with clients under the MHA to people who were paranoid and unvaccinated. It was a difficult time, staff often came to work sick, and with no obvious checks carried out as we were expected to self-swab.

Many in our workplaces are not so keen for any more vaccines because they experienced adverse effects and no longer trust what the authorities say.

Most nursing staff thought I was nuts – but I just couldn't do it- it felt so wrong to ignore individual allergies, past medical history, comorbidities, current medications etc

I was told that the directions were coming from higher up and they had no control. So, I asked why they wouldn't stick up for us? I presented a very long document from Pfizer with all the documented side effects and asked if I had their word that none of them would happen to me? I asked if they would offer compensation if any of the side effects did happen after they were literally forcing me to take the vaccine against my will. They couldn't offer any assurance or promises.

Their belief is that I must be a terrible nurse, when all I did was question the unknown long term risks.

I was bullied at work by a GP who didn't want me there before I was mandated. I was made to do a PCR test at work every day, I was following what was happening overseas and knew that it wasn't stopping people catching covid but was told I was lying even when I showed published papers. I saw patients that had got covid shots with so many side effects; patients and I were gaslit.

Domain three: Interpersonal relationships

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and interprofessional communication and documentation.

Terminated from my Plunket nurse job of 27 years. Families felt abandoned but had to be faced at local shops, supermarkets etc. They didn't know why I was not contacting them. Left without formal farewell or contact with up co-workers I felt dumped.

My patients were sent out of the area to other DHB's as there was no nurse in my role for 2 years. The role was eventually disestablished as they could not find another nurse specialist

Superiors wanted me to take the vaccine so that I could continue in my position serving my community, no understanding of my reservations. Due to location, I was not "replaced" for 15 months, and the position is again vacant.

At times I felt scared that I would be forced to have the vaccine against my will.

I was bullied, harassed, felt very unsafe. I put a psychological harm report into safety first... which was not investigated. I overheard colleagues from discussing what should happen to the unjabbed i.e. 'we should hold them down and inject them' - I felt unsafe and could not trust them. I had nightmares for a couple nights following their statements. Manager [X] harassed me every day to declare my vaccine status. She would pull me aside and verbally attempt to put me down, shouting at me. A month before I was terminated, I was in the packed hospital foyer, the head of my department looked over at me and said out loud "there is the dangerous one". I was taken aback; he was a trusted colleague.

I was severely ostracised at work. I'd been working in that one department for 8 years, then was mandated and trespassed from the very place I had poured my life in to. One Dr called me out in front of my patient, my student nurse, and all my colleagues telling me to get the vaccination. At that stage I'd kept my vax status to myself. It was mortifying. The most important point of nursing is patient inclusion in their treatment choices. Treaty Principles are also drummed into us i.e. the patient always has the right to make informed choices around their health care. I have always supported patients from this very place but was not afforded the same grace or treatment from my workplace OR the Ministry of Health, or the Government.

Ostracised from professional groups and made to look like an uncaring person.

Managers agreed with me but sat back and did what the blue collars said. This feels heavy 4 years on.

Discrimination of the unvaccinated was very sad and disheartening. The mandate and loss of personal autonomy was stressful and upsetting. Violation of my right to choose whether I had a vaccination and keep my job. Discrimination and bullying and slander of those nurses and midwives who chose not to get vaccinated. The peer/social pressure/bullying for people to be vaccinated was atrocious and inhumane. To not allow people their freedom.

Working in the hospital during the mandates and covid restrictions was incredibly taxing and isolating for me. My family were afraid to be near me in my own home for fear of getting sick

On the lead up to the mandates I was told to eat lunch in my car as I wasn't welcome in the staff room. Once I got my first vaccination, I was again told that my presence was not welcome as I was a risk to my patients. I was often watched and was told that there was concern that I would tell patients not to get vaccinated.

Some were very judgmental. Many were sympathetic and some would like to have chosen to not have the injection but bowed to pressure.

It was a stressful time which meant low staffing with people leaving the industry over mandates. Felt like the great divide. Definitely health and Safety breaches. We didn't even have a sluice room. I was bullied and assaulted at work

I felt my privacy was breached by having to share my vaccination status with all and sundry. I was damned if I did, and I was damned if I didn't

I was the only staff member not wanting to get it. There was pressure from senior managers to get it. I was offered a number to call for support but was useless. I got an exemption but my company while accepting it basically said they can't keep me on as would put staff and residents at risk. I went through absolute hell suffering from severe anxiety, stress, heart palpitations and being forced to take an experimental medical procedure to keep my job and home.

to this day, I remain frustrated at my employer's authoritarian stance for failing to acknowledge any emerging scientific data that linked the known risks of mRNA vaccines to the vaccinated

During those mandated years, the Labour Govt. based their psychological propaganda covid programmes upon manufacturer's fraudulent lies, Govt. coercion and blatant censorship measures to skew the general public's perceptions that herd immunity could be achieved through mass mRNA vaccinations within N.Z.

As a health professional, I was forbidden to discuss what I'd personally witnessed at my workplace or share relevant known risk data that provided truthful information. All of which, would have supported informed consent decisions to my patients, my colleagues or the general public. I was made well aware of my workplace's directives and procedures, and that if I disobeyed their narrative, I would lose my employment.

My employer's attitudes at blocking my requests to speak to anyone higher up in authority beyond the hospital's dismissal team truly was an act of bad faith on their behalf. I felt my fundamental rights were grossly breached which left me feeling isolated, betrayed and jobless.

Critical Incident reports to our work place were ignored and not documented. We notified Work safe also ignored. ACC claims also declined.

The media had a significant role in this dreadful moment in N.Z. history. Their propaganda machine exaggerated the benefits of the mRNA vaccines and ignored and/or purposely hid the known harms the gene therapy was causing to people. Perpetual fear provoking propaganda tactics forced perfectly healthy N.Z populations, who actually never needed to be vaccinated in the first place due to their low risk of covid, to become fearful, brainwashed and panicked. When in reality, all previous seasonal flu outbreaks had produced far higher death numbers than what covid-19 ever posed to our nation.

We all know that sometimes the virus was even too lazy to cross the street, across the table or capable of journeying around corners.

Disconnection from professional groups to the point of alienation. After 40 + years of nursing, it's as if I don't exist. No-one, including the College of Nurses Aotearoa or NZ nursing council ever asked how we, as individuals or as a group, who clearly suffered discrimination were doing.

Patients were devastated and had no idea that it was even happening. Friends who chose the jab did not overly care, family were supportive, my mum dad and best friend all lost their jobs. I was reported for a Facebook comment relating back to questioning ethics. Discrimination from a lot of groups and colleagues in the hospital relating to my personal choice. Manager was devastated but she had no choice. I was also pregnant at the time and had health issues that I did not want to make worse. I witnessed a lot of bullying and discrimination relating to my mum losing friends, colleagues and her hard-earned nursing status.

The trespass / lockout orders were a low blow to all dismissed staff. For me personally, I was prohibited from saying my farewells to my colleagues, clearing my emails, emptying my locker or returning my uniforms to my employer which I had so proudly worn.

I was forbidden to attend my mother in laws funeral and frequently locked out from visiting my mother, who received residential care.

Initially all my pre-booked visiting events occurred outside in the nearby bus shelter, which was situated in-front of the main building. Utilising this outdoor venue lasted for approx.. six months, admittedly whilst it wasn't a comfortable setting it was

well received by my mother, and that's where we celebrated numerous family birthdays and anniversaries with her. This venue offered us a snippet of family time normality.

Repeatedly I witnessed very unwell hospitalised patients discharged way to soon just to ensure there would be sufficient beds for the expected covid invasion. This never happened. Our hospital became a ghost town.

Why were HCPs who declined the jabs labelled filthy covid spreaders? The unvaccinated have been treated as second class citizens since the 'No Jab, No Job Mandates' yet now we know that up to 8,000 received (12A) SSD work / medical exemptions? It was totally disgusting to learn Prime Minister Jacinda Ardern at that time was promoting a dual class society that beheld secret favours, privileges and exemptions for some and blacklisting others.

Discriminated against by (for a mammogram in October 2022, well after vaccine mandates had stopped, asked if I was vaccinated if not then needed to come at the end of the day after all the equipment was cleaned, went to another provider.

Was very angry about being mandated. Was unable to work for a week as did not get vaxxed then I caved and suddenly I was safe to practice again. So ridiculous. I was spoken to on occasions about not wearing a mask. I adamantly refused without explanation.

Who deems one staff member more important than someone else?

The care facility was constantly operating on reduced staff numbers due to the vaccinated staff repeatedly being reinfected with covid.

I was asked to do a covid swab on a two-week-old baby and refused. I was asked to do this so my clinic could receive the money for taking the swab. Doctors were given 'danger money' but it was the nurses asking swabs and immunising patients. I saw corners being cut and we were so incredibly stressed and busy that errors were being made and patients safety put at risk.

Still now I am considering leaving the health sector

I was mostly very discreet about my personal views, so I didn't experience any open confrontations.

I knew I would lose my job. I was offered a resignation package which was more attractive than a termination package. There was to be no further claims to be made after this was settled. I was not allowed to come back into the building to pack up my office or collect my personal items. The items were brought out to me on trolleys into the car park. It was embarrassing and humiliating for me and my work colleagues.

My husband had x1 shot, swelled and was sick the day after, diagnosed with cancer 6 week later, we had a young infant at the time. Life got pretty bad for us.

Domain four: Interprofessional health care & quality improvement

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

My last year of nursing was interesting as I did voice my opinions and so many nurses said never again would they get the vaccine because they had side effects that were fobbed off.

Slowly more side effects are being exposed. I was one of the last at work to get mine and did not want it, but we knew the choice. No one discussed it in the hospital only the ones you trusted or were vaccine damaged, even when I mentioned the fact it was a trial drug, no-one commented

I argued that we were trained as RNs to aspirate the needle when we did intramuscular injections but this was not being done with the covid vaccine. I was told it wasn't necessary and told we didn't have time to do it

It makes me mad when I think about it, I feel like I was just a sheep. I could have walked out with a few of the others if I had been given full pay but no one seemed to know if the government would pay us

My professional body labelled me 'unsafe to practice' and not only suspended me but forwarded my case to HDC reporting me as a danger to my clients

I felt that my choice to not get vaccinated was not treated like it should have been. In fracture clinic, if a patient has a bad fracture the doctors will discuss surgery. If the patient says 'no' then they move to Plan B and it is no big deal. There was no Plan B involved to safeguard our jobs

It has been upsetting to find out the revelations that a significant number of people within the healthcare environment got exceptions for the vaccines and kept their jobs. It would be great to be able to find out how and in what positions they were they working.

I knew I would lose my job. I was offered a resignation package which was more attractive than a termination package. There was to be no further claims to be made after this was settled. I was not allowed to come back into the building to pack up my office or collect my personal items. The items were brought out to me on trolleys into the car park. It was embarrassing and humiliating for me and my work colleagues.

My immediate managers were very respectful at the time but were just following orders from above and I presume, didn't want to rock the boat and risk their own jobs. The senior managers were very removed from us and seemed happy to keep it that way.

They would not consider alternative options to accommodate me e.g. I asked to be given annual leave because I had months owing anyway, and I was due to have surgery 6 weeks later. All this time I should have been under ACC return to work program, instead, because I was unemployed, I was unable to receive ACC payments and had 2 years with no income until my savings ran out and now I am on a jobseeker benefit

As an older nurse I not only lost my nursing career but also any future employment opportunities

Having nursed for 43 years I had spent the last 15 years working on my retirement plan and undertaking post graduate studies to support this. Everyone went out the window, study and retirement.

I am a 40 year palliative care nurse. I was offered a part time 18 month contract doing basic computer work and have recently found a short-term part-time contract as a phlebotomist (on minimum wage). I have mainly been unemployed despite applying for jobs in almost every possible sector (including health). Employers appear to be extremely hesitant to engage with anyone with my qualifications applying for minimum wage jobs.

I am extremely hesitant to engage with health services, so how can we suggest others do likewise

Te Whatu Ora essentially continues its ban on unvaccinated nurses, despite it proclaiming otherwise. And an unknown unvaccinated nurse from another town, is not a prime candidate in this prejudiced environment

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