



New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Health Committee

Komiti Whiriwhiri Take Hauora

54th Parliament

August 2026

Petition of Greg Rzesniowiecki: Urgently withdraw all COVID-19 injectable products from market

Presented to the House of Representatives
by Sam Uffindell, Chairperson

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Petition of Greg Rzesniowiecki

Recommendation

The Health Committee has considered the petition of Greg Rzesniowiecki—Urgently withdraw all COVID-19 injectable products from market—and recommends that the House take note of its report.

Request to urgently withdraw all COVID-19 injectable products

This petition was signed by 1,918 people on the Parliament website. It was presented to the House by Jenny Marcroft on 16 December 2025 and transferred to us on 12 February 2026. It requests:

That the House of Representatives require the Director-General of Health to urgently withdraw all COVID-19 injectable products and all mRNA products from market.

We also received a substantial group of emails related to this petition. As we did not open for submissions on this petition, we decided to receive the emails as correspondence.

Comments from the petitioner

Mr Rzesniowiecki made written and oral submissions. He is concerned by online reports of physical harm caused to individuals by COVID-19 vaccines. He asks whether, in committing to its Elimination Strategy on 23 March 2020, the Government contracted out “New Zealanders’ free and informed consent” to a medication that had not yet been created. We heard that “these products were rushed to market without proper scientific study of their toxicological nature and their pharmacological nature”.

The petitioner referred to a May 2021 High Court judicial review. The group that brought the judicial review proceedings argued that the provisional consent granted for the Pfizer/Comirnaty COVID-19 vaccine was unlawful, and applied for an interim injunction to halt its supply.¹ The provisional consent had been granted under section 23 of the Medicines Act 1981. At the time it was granted, section 23 stated that provisional consent could only be granted for medicines intended for use by “a limited number of patients”.²

The Government passed the Medicines Amendment Act in May 2021 to validate the existing provisional consent and clarify the Minister of Health’s power to approve medicines for public health emergencies. Mr Rzesniowiecki states that, in doing so, the Minister decided that New Zealanders would be injected with a product with “no safety or toxicological assessments”. He told us that the amended section 23 would be used for future pandemic countermeasures.

¹ Minister of Health: [Proposed amendment to the Medicines Act 1981](#).

² The Court found that the provisional consent was arguably outside the scope of then-Section 23. However, it rejected the group’s application for an interim injunction due to the potential repercussions, such as public health risks, its effect on the perception of the vaccine, and logistical issues.

The petitioner criticises the terms of the Royal Commission of Inquiry into COVID-19 Lessons Learned, saying that the origins of COVID-19 and its epidemiology were among a list of items it was “forbidden to review”. He suggests that the “low morbidity of COVID” should have been considered in any finding about the justification for the Elimination Strategy and overall COVID-19 response.

The petitioner recommends stopping COVID-19 vaccinations. He believes that the vaccines damage people’s health. He requests access to all data that the Government holds on the overall population’s health and COVID-19 vaccination status, organised by demographic and age.

Comments from the Ministry of Health

All vaccines are regulated under the Medicines Act. The Minister of Health must give consent before a vaccine is distributed. This function is generally delegated to the Group Manager of Medsafe, a business unit within the Ministry of Health.³ On behalf of the ministry, Medsafe told us that it reviews all relevant information and weighs up likely therapeutic benefits before granting consent. Once a vaccine is approved, Medsafe told us that it is subject to ongoing safety monitoring.

Medsafe told us that it led the approvals process for, and leads the safety monitoring of, the COVID-19 vaccines.⁴ Throughout the COVID-19 vaccines approval process, Medsafe said, its Medicines Assessment Advisory Committee worked closely with World Health Organization committees and with international regulators experienced in assessing and using COVID-19 vaccines. Medsafe said that of the four vaccines that were progressively introduced, two were recommended for use only when the others were unavailable or inappropriate. This was due to international reports that two of the vaccines were linked to rare (1/10,000 to less than 1/1,000) incidence of thromboembolisms, Guillain-Barré syndrome, and capillary leak syndrome.

Medsafe informed us that very rare adverse effects may only appear once vaccines are more widely used so it continues to monitor their use and effect. Known as pharmacovigilance, Medsafe told us that the monitoring, detection, and assessment of adverse events enables action to be taken if risks are identified. Medsafe told us that New Zealand’s pharmacovigilance system is well established and that the country benefits from global health intelligence via the World Health Organization’s Programme for International Drug Monitoring. Across all four vaccines, Medsafe applied time-limited conditions, required ongoing post-approval data, and aligned with the decisions of international regulators.

Medsafe assured us that the process for approving and monitoring COVID-19 vaccines was robust and effective. It considers that its agility and adaptability allowed for rapid vaccine approval without shortcuts.

³ Medsafe is the New Zealand Medicines and Medical Devices Safety Authority. It is responsible for the regulation of therapeutic products in New Zealand.

⁴ The [main report for phase two of the Royal Commission of Inquiry into COVID-19 Lessons Learned](#) contains more information about the COVID-19 vaccine approval process (section 2.1) and safety monitoring (Appendix 1).

Our response to the petition

We appreciate the petitioner's compassion for those who are not well. We acknowledge that some people have experienced adverse effects from COVID-19 vaccines. However, we understand that New Zealand's ongoing COVID-19 vaccination programme is particularly helpful for those with underlying health conditions, the immunocompromised, and the frail elderly. We are satisfied that Medsafe continues to monitor the vaccines' safety and that there are no grounds to initiate a process for revoking its approval.

New Zealand First differing view

New Zealand First understands there is genuine public concern and the need for reassurance and certainty regarding the safety and efficacy of the COVID-19 vaccines. This is why New Zealand First is calling for a parliamentary select committee inquiry into COVID-19 vaccine-related injuries.

Appendix

Committee procedure

The petition was signed by 1,918 people on the Parliament website. It was presented to the House by Jenny Marcroft on 16 December 2025 and referred to us on 12 February 2026. We met between 18 February and 26 August 2026 to consider it. We received written submissions from the petitioner and from Medsafe on behalf of the Ministry of Health, and heard oral evidence from the petitioner on 4 March 2026.

Committee members

Sam Uffindell (Chairperson)
Dr Hamish Campbell
Dr Carlos Cheung
Ingrid Leary
Cameron Luxton
Hūhana Lyndon
Jenny Marcroft
Debbie Ngarewa-Packer
Hon Dr Ayesha Verrall

Related resources

The documents we received as evidence in relation to this petition are [available on the Parliament website](#).

A recording of our hearing can be accessed [on the Parliament website](#).