

July 25, 2025

Dear Mr Illingworth and team,

Firstly, thank you for the opportunity to be heard at the public sessions recently.

We were sorry to understand that Mr Hill was unwell and hope that he is on the mend.

In answer to your request for help understanding the difference between conventional vaccines and mRNA vaccines, we refer to you to a cornerstone reference in our evidence, attached, and which we summarise in our evidence as an attachment. The book *mRNA Vaccine Toxicity* is written by relevant medical specialists and scientists and will help inform your understanding of our position (specifically from page 29 onwards. The next 20 pages or so refute easily many of the statements made that week following our appearance). For ease, we attach it here since it is available as a free download. We don't believe you can gain an adequate insight into government decision making without reading it, and you will become better informed than seemingly many officials on the injections.

Here is their letter of concern sent to the European Medicines Agency, around the time of our own first open letter, on March 31st 2021.

<https://doctors4covidethics.org/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-vaccine-safety-concerns/>

As offered, we can refer you also to people to assist the Commission on basic questions of immunology and the differences between usual vaccine technology and the mRNA-in-lipid-nanoparticle platform. Geneticist, mathematician and physicist Dr Guy Hatchard (initially on a CV-TAG at the start) and immunologist Dr Simon Brown have both provided written statements through the portal and stand willing to assist further. Guy has



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major concerns about the current situation and could really assist the Inquiry. He deals with key challenges for the RCI here.

<https://hatchardreport.com/the-royal-commission-on-covid-19-phase-two/>

Like us, immunologist Dr Brown is especially alarmed at the proven shift towards immune tolerance of the spike protein (but also to other pathogens and cancer cells) that repeated covid injections brings. This is called immunoglobulin (antibody) class-shifting which we refer to on page 119 with a reference to one of our medical specialist's coverage of the first 2 important studies documenting this major shift in immune functioning.

Further mention is made here in one of our many open letters.

<https://nzdsos.com/2023/10/13/open-letter-to-officials-covid-19-injections/>

The *consequences* of extreme alteration in the ratios of relevant antibodies, now accepted, first emerged well within the ToR timeframe. The (lack of) response to this one safety topic, of many, is emblematic of the highly concerning government decision to be silent, which is harming all of us, and which the RCI must embrace as matter of civic duty, even if not compelled to by the laws under which it is convened, operates and who it represents.

It follows from the forgoing that we are concerned that scientifically unsafe evidence has been given by several spokespeople for the government's view on vaccine safety. They were scheduled, curiously, to follow us, and we say that the Commission risks being deceived. Of course, we understand that all influential voices should be heard, and that their public positions are recorded for future scrutiny.

For instance, Professor Le Gros representing the view that the mRNA vaccines are the safest vaccines ever whilst chairing Malaghan Institute's trust board, and running a company paid by it for services as Professor Le Gros does, is surely conflicted, despite his clear statement to the contrary.

<https://informedheart.substack.com/p/broken-academia-another-case-study>



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Malaghan has a potentially very lucrative pipeline of mRNA-LNP-based products ready to go, just needing the Gene Technology Bill's passage to start a gold rush. However, Malaghan has been funded already by government (starting in March 2020) and private investors to provide important infrastructure and is hardly an independent voice for consumer safety.

Clearly, this RCI and the Gene Technology Bill are closely intertwined, as (correctly) critical decisions by the RCI on safety monitoring by public health watchdogs would damage the current government's planned gold rush towards deregulated gene tech, of which the covid mRNA jabs, which *could not be more different* from conventional vaccines, stand as the first disastrous example of widespread hopium-infused wrongthink and utterly failed safety surveillance.

From Ms Levy's address to open your day on vaccine safety, it appears the Commission is standing in front of Chris James's interview which was played, but those Medsafe decision processes are under challenge, with much supporting evidence from testimonies. Significant data gaps exist in the approval process, as you and we touched on, as well as in the CARM adverse event system. We refer you to the submitted evidence of safety data expert Karen Bullen on jiggery pokery with injury line listing reports and more.

Similarly, Ms Levy's description of the structures involved in vaccine approval and safety monitoring are not in dispute by us, but their functioning and ultimate failure to protect all of us from a fear-driven Russian roulette of decision-making certainly are matters we and many others have put to the Commission. Various statements and interviews of Dr Helen Petousis-Harris also may have informed Ms Levy's view, which appeared somewhat partisan to us on the day. Detailed referenced rebuttals of dangerously inaccurate statements by Drs Le Gros and Petousis-Harris are in preparation and will be provided. In any event our written statement refutes much of this already. As just one especially egregious example, when asked about the spike protein being a cause of



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harm, NZ's leading vaccinologist replied "I think somebody's looked at that", without summarising the somebody's conclusion, and seemingly unaware of the large body of evidence (eg 600 studies here) showing spike as the common cause of many and varied adverse effects and illnesses.

One example is the common claim that the covid mRNA jabs cannot enter the nucleus. NZDSOS questioned this from the start, and you heard from expert Dr Kevin McKernan recently.

Here is another recent review summary interview with references:

<https://www.thefocalpoints.com/p/breaking-reverse-transcription-cancer>

Of course we dispute the inevitability of 'the next pandemic', and demand an end to the fear-mongering (and bio-weapons industry for good measure), and state our evidence shows that the consequences of the covid jab campaign will strain NZ's social and economic fabric for years to come.

We direct you to the list of questions for officials next month at the end of our statement, which the country needs answered, as well as those from Voices For Freedom with whom there is much overlap, and of our evidence generally (some of it prepared by our members).

Next we would note that we received very late notice on what the Commission wanted to cover during our appearance on July 10th, which was framed as mainly about the attempts we made to relay our concerns, a matter of keen importance to us, and consistent with this section's hearing of people's experiences. Had the Commission been true to this we would have detailed the high levels of DNA contamination in the vials (which assuredly does enter the nucleus and change genetics). In the event these crucial matters were not covered, but we refer you to our written submission and our extensive evidential open letters to officials, MPs, NZ Police, Ombudsman, HRC etc. for more information. If the injection products were safe none of this would have been necessary, nor the thousands of submissions you have received.



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Similarly, Dr Goodwin and I feel that we did not assist you as much as we might have with a key question for the Commission – the extent of government responsibility for, in our view, health harms, and whether key (and subsequently damaging) decisions were attributed solely to expert advice it received. Clearly, this is a central task for you under the terms of reference.

We alluded in our brief time with you to international factors seemingly co-ordinating government actions around the world. However, the results of external directives clearly do fall at the feet of our local officials who impose them. The population expects due diligence and local context. Often this did not happen, as exemplified by two public promises the DGoH made in 2021: that NZ would do its own quality assurance on the Pfizer product (whereas a subsequent MoH OIA response said NZ "lacked the ability" to do that – presumably a contract clause), and that every injected person would be followed up. This may indeed have happened, but not in the public domain.

Dr Petousis-Harris has access to our private health data and provided it at least to the Global Vaccine Data Network (GVDN) for her 99 Million study. GVDN is a conglomeration of private vaccine companies and quasi public health interests. (Although there was much to criticise about the study's methodology and data secrecy, it showed marked increases in key adverse event conditions over baseline).

We have covered the release of emails from Germany's prestigious Robert Koch Institute of Public Health which showed political control of the decision to mask people and vaccinate children, over-riding the Institute's internal disquiet. Also, there was the well-publicised (at the time) press story of UK Health Secretary Matt Hancock's internal messaging that to gain compliance they needed to "frighten the pants off" the British public.

So a precedent exists for over-reaching political control, and we mentioned one example to you where one set of clinical advice on the vaccination of the nation's children was pushed back by the DGoH. This



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was well covered by lawyer Philip Crump in his Cranmer substack.

We assume he sent a submission, and we commend his work.

<https://cranmer.substack.com/p/covid-and-our-kiwi-kids-the-ministry>

The question arises whether the DGoH is a part of the government or external to it. We understand regulatory authorities like the MCNZ, the HDC, the HRC, Medsafe, Worksafe, ACC, MAAC, the TAGs etc. are creations of statute and have devolved power from Ministers. The relevant CEOs report to their ministers and inform government oversight committees.

Further, a great many people have been hurt and even killed, so the question of attributing or diverting responsibility from government is no mere sterile administrative law question, at least not for the NZ public. However, notwithstanding the clear moral imperative for accountability, the questions asked of us regarding government responsibility, for decisions it may eventually admit led to harm, are important public law questions. For us, the answers are obvious.

The refusal to examine evidence coming from other-than-official scientists has culpability aspects too. For instance, we can rightly claim to be knowledge experts in the "Time of Covid", and note some other doctors remain befuddled or mystified as to the levels of sudden death, cancer and overall ill health, without examining and being able to exclude one key possible cause. They say "We don't know why X happened, but it's not the vaccine!" without presenting their workings and evidence. This is dogma not science. Our colleagues all around the world refer to this as ABV - anything but the vaccine.

And yet our record of one-sided communications with the appropriate ministers and officials speaks loudly: we are way past arguing about causality; the government is silent, appears derelict and IS thus responsible; and this was already very clear during the narrow timeframe that constrains the Commission.

Finally, many of our supporters note the uneven-handed styles of questioning to the cheerleaders for the government narrative on the one



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hand and its critics on the other, as well as the advertorial-sounding opening statement made on the morning of our appearance. To speculate on reasons for this is inevitable but ultimately only punditry. We can only trust that the evidence of harm New Zealanders have lodged with the Commission is acted upon. Further inevitable injuries to come are minimised by your responsible and timely actions, and right questions asked so that, truly, Lessons are Learned.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Alison Goodwin Matt Shelton'.

Drs Alison Goodwin and Matt Shelton
New Zealand Doctors Speaking Out with Science (NZDSOS)

Appendix:

This letter was sent by email with a PDF attachment to the book:
[DC4E mRNA-Vaccine Toxicity Book.pdf](#)



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