NZDSOS
NEW ZEALAND DOCTORS SPEAKING OUT WITH SCIENCE

October 3, 2025

Medical Council of New Zealand (MCNZ)
Level 24, AON Centre
1 Willis Street
Wellington Central
Wellington 6011

Dear Dr Rachelle Love, Chair, and Members of the Medical Council: Marie Bismark, Dr Stephen Child, Dr Kenneth Clark, Dr Ainsley Goodman, Dr Charles Hornabrook, Dr David Ivory, Dr Hinamaha Lutui, Dr Alexandra Muthu, Ming-chun Wu, Ron Paterson, Simon Watt, and Chief Executive Joan Simeon,

Thank you for accepting this hand delivered letter which acts as proof of knowledge, so you may as well read all the way through. Most of you have ignored these mounting calls, so it is timely to assess why that might be. The various foibles which comprise the 'Nuremberg effect' of turning away are simply not defensible using a basic criminal law analysis. Liability for clear harms remains, whatever assumptions are made about protections for decision-makers under the Pfizer contract. This is even if, say, the government directly imported the gene product, thus bypassing its Medicines Regulations.

Summary of Actions Requested:

Withdraw genetic injections pending full, independent, and transparent safety evaluation.

Release de-identified comparative datasets (mortality, morbidity, NICU, cancer registries) for open external scrutiny by the assaulted public.

Protect the food supply by restricting or rigorously regulating modified-RNA use in livestock until risks are clarified.

contact@nzdsos.com
www.nzdsos.com
PO Box 10016, The Wood, Nelson 7047, New Zealand

Convene urgent investigations into manifest harms (including neonatal/paediatric and fertility signals) with public reporting and whistle-blower protection.

Reaffirm medical ethics and open debate, ensuring clinicians can discuss evidence without sanction.

Colleagues,

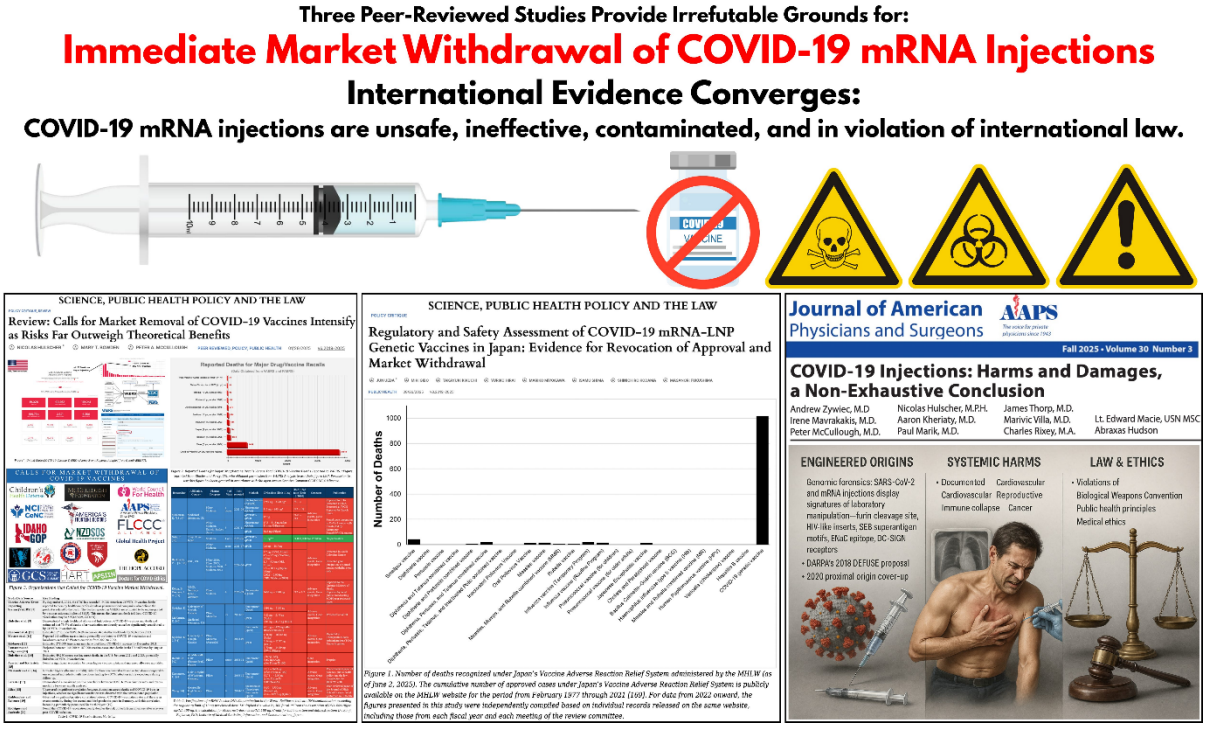
In our ongoing advocacy for the immediate and complete withdrawal of the genetic injections still being recommended and administered despite significant population-level health harms and ongoing excess deaths, and following from our numerous other letters of concern, we wish to draw your attention to the latest evidence of dangers posed. This is so you can be in no doubt of the ever strengthening data against the decision to continue the covid injections, in the clear and escalating knowledge of early, ongoing and future harms.

Profound Harm: Mechanisms and Outcomes

The mechanisms of harm from the genetic products are complex and manifold yet were mostly predictable. We have a comprehensive reference collection on our website, for example here, here and here.

A new peer reviewed study, COVID-19 Injections: Harms and Damages, a Non-Exhaustive Conclusion was published in the Journal of American Physicians and Surgeons last month. The team of 11 medical and public health scientists provide a cogent discussion on the gain of function research (a benign phrase for biological warfare) which resulted in both the SARS-CoV-2 virus and the dishonestly named "vaccines", finally admitted by US.gov as GENE-ALTERING.

The study, and 2 others - one from Japan and one referencing our repeated calls to you - comprise some of the latest that escalate the calls for sanity and reason. They are covered at this accessible site, here.



Dr Zywiec and colleagues in *JAMPS* argue that the profound harm unleashed on "*nearly every system in the human body and … unprecedented levels of morbidity and mortality … cannot be dismissed as coincidental*", outlining clear evidence of coordinated military pathways that bypass civilian law, and criminal activity by central actors posing as public health experts. (Of interest, NZ's own legal deceptions that allowed neglect and multiple abuses of its own citizens are being diligently uncovered). Multiple organ systems are affected, depending on where the lipid nanoparticles travel to in an individual's body. Harms include autoimmune and immunological dysfunction, hypersensitivity and enhanced covid disease, cardiovascular system impacts, reproductive and pregnancy-related risks, aggressive cancers, and the production of aberrant proteins due to the phenomenon of frameshifting. Then there is IgG4 class shifting, where repeated injections induce tolerance to covid, but also to other infections and cancer cells.

VAERS safety signals, abnormalities detected in the US Defense Medical Epidemiological Database and DNA contamination are also summarised. Another peer reviewed study by virologist Dr David Speicher,

computational biologist Dr Jessica Rose and geneticist Kevin McKernan, noted that DNA contamination found in the genetic products exceeds regulatory limits by 36 to 53-fold for Pfizer and 112 to 627-fold for Moderna. Synthetic DNA, even without integrating into the nucleus, can induce cancer simply by crossing the cell membrane into the cytoplasm. This is just one of at least 17 distinct mechanisms to cancer which are now identified.

Adding Modified RNA to the Food Chain

As our parliament is presented with a Bill to deregulate genetic technologies, a group of medical doctors, veterinarians and scientists recently penned an Open Letter of Concern to the UK government's animal medicines regulator. They report that the Centre for Veterinary Vaccine Innovation and Manufacture, based at the government's Pirbright research facility, have signed a memorandum of understanding with a private vaccine manufacturing company to develop modified RNA veterinary vaccines for livestock.

Given the prosperous return on investment when all livestock can be commoditised in addition to every human, these plans likely intend on expanding into global markets. The RNA platform now includes self-amplifying RNA (saRNA), which involves the body manufacturing it's own mRNA for protein production; and trans-amplifying RNA (taRNA), where the body encodes its own antigen as well as its own RNA-replicating enzyme (replicase). Of the known, unknown and potential harms, perhaps the most concerning is the capability of these products to manufacture misfolded proteins known as prions, and transmit them via the food chain into the human population.

Bovine Spongiform Encephalitis (BSE), better known as Mad Cow Disease, is the result of prions forming in the central nervous system of cattle. The human form, Creutzfeldt Jakob Disease (CJD) is a fatal neurodegenerative disease which usually progresses silently over several decades, a variant of which has been known to transmit from cattle to humans via the food chain. Renowned virologist and Nobel Laureate Luc Montagnier and colleagues linked a new, rapidly progressive form of CJD to the genetic covid injections almost three years ago, likely caused by frameshifting

from their artificial RNA. Already we see signs of dementia, Parkinson's disease and sudden rapid neurological deterioration on the rise.

The discovery in 2022 that vaccinated people commonly produce novel rubbery white clots, due in part to spike protein's ability to catalyse amyloid-like and prionic structures, ignored by government so far, nevertheless has seen significant research progress. A joint NZ/international investigation into the structure and composition of these clots is undergoing peer-review for publishing.

Adding prionogenic genetic material which can self-amplify threatens the livestock which are injected, and those who come in contact with and/or consume the meat from injected livestock. The NZ government must undertake to do everything within its power to protect New Zealand's local and imported food supplies from this real and imminent threat.

Elevated Deaths Detected in the Vaccinated: Another Analysis, from Japan

Municipal authorities in Japan keep accurate family register systems on all residents. A coordinated group of volunteers in Japan made FOI requests on behalf of the Corona Vaccination Data Disclosure Request Project, obtaining 21 million vaccination and death records. The data, described as a "*colossal trove*" of lot numbers, vaccination dates and post-vaccination deaths, shows who received which vaccine, on which date, and the date of death for all deceased residents.

A specialist in drug discovery science, molecular biology, and immunology, Professor Emeritus Yasufumi Murakami of the Tokyo University of Science, has thoroughly scrutinised the data and presented his shocking analysis at an international press conference in August 2025. The peak of mortality occurs 90 to 120 days after vaccination whilst there is no mortality peak in the unvaccinated. Indicating cumulative toxicity, the peak occurs earlier in those who received more doses. Professor Murakami estimates 600-610,000 vaccine associated deaths across Japan, which are largely not being detected due to the interval between date of vaccination and date of death. We are reminded of data analyst Barry Young and the attempts to bury the data that so alarmed him.

New Zealand has seen at least [10,000 excess deaths since 2021], which are likewise not being connected to the injections of genetic material with no "off switch" and which have been administered to millions of our people.

An analysis from Germany:

Nine experts document their [data findings and conclusions], calling for immediate action. "Today, we are issuing an urgent risk warning and calling for a moratorium on mRNA vaccines, an immediate halt, and an evidence-based reassessment."

A Cancer Analysis from Italy

Excess cancer rates in the vaccinated is shown in this commentary [here]: , whilst NZ MoH still refuses to release our own figures. What is there to hide?

"The results are deeply concerning: while the study shows the expected biases that make vaccines look like they reduce overall death rates, it also uncovers the **first** (peer-reviewed) **statistically significant evidence of increased cancer risk following COVID-19 vaccination."**

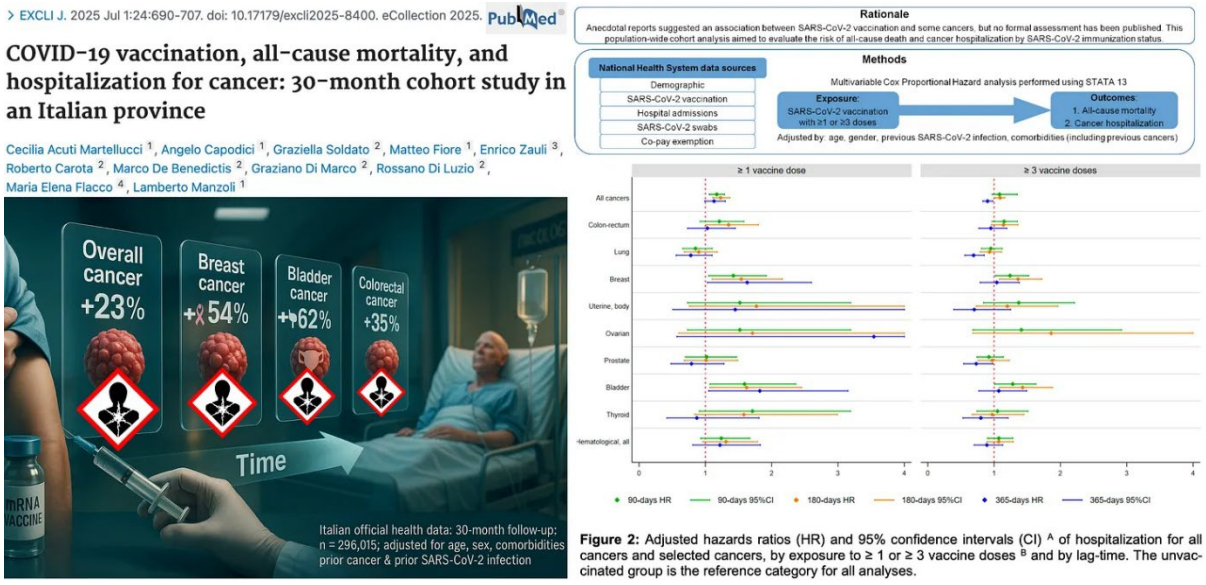


Figure 2: Adjusted hazards ratios (HR) and 95% confidence intervals (CI) [A] of hospitalization for all cancers and selected cancers, by exposure to ≥ 1 or ≥ 3 vaccine doses [B] and by lag-time. The unvaccinated group is the reference category for all analyses.

contact@nzdsos.com
www.nzdsos.com
PO Box 10016, The Wood, Nelson 7047, New Zealand

A Cancer Analysis from South Korea

A much larger database of 8.4 million people from South Korea shows similar increases, across all age groups but highest in women and the elderly. In this case significant rises in the vaccinated were evident by 12 months. This is truly very concerning.

Mechanisms Proven in Theory and in Action

Two peer-reviewed studies from the same author group demonstrate genomic chaos in patients with long vaccine and post-vax cancer. In this presentation, one of the authors says:

Our governments have corrupted the genetic integrity of their own populations.

And for the first time mRNA injection sequences are demonstrated in a previously very rare case of rapid bladder cancer in a 31 year old woman.

Why is NZ immune to the back-pedalling started in other countries years ago?

New Zealand's immovable covid jab policy has featured in a critique published in a peer-reviewed journal brave enough to publish negative data.

Fertility, the Future of Humanity Jeopardised

Perhaps the most serious threat to our future is via our children and those who will not be born.

The Risk to Future Generations

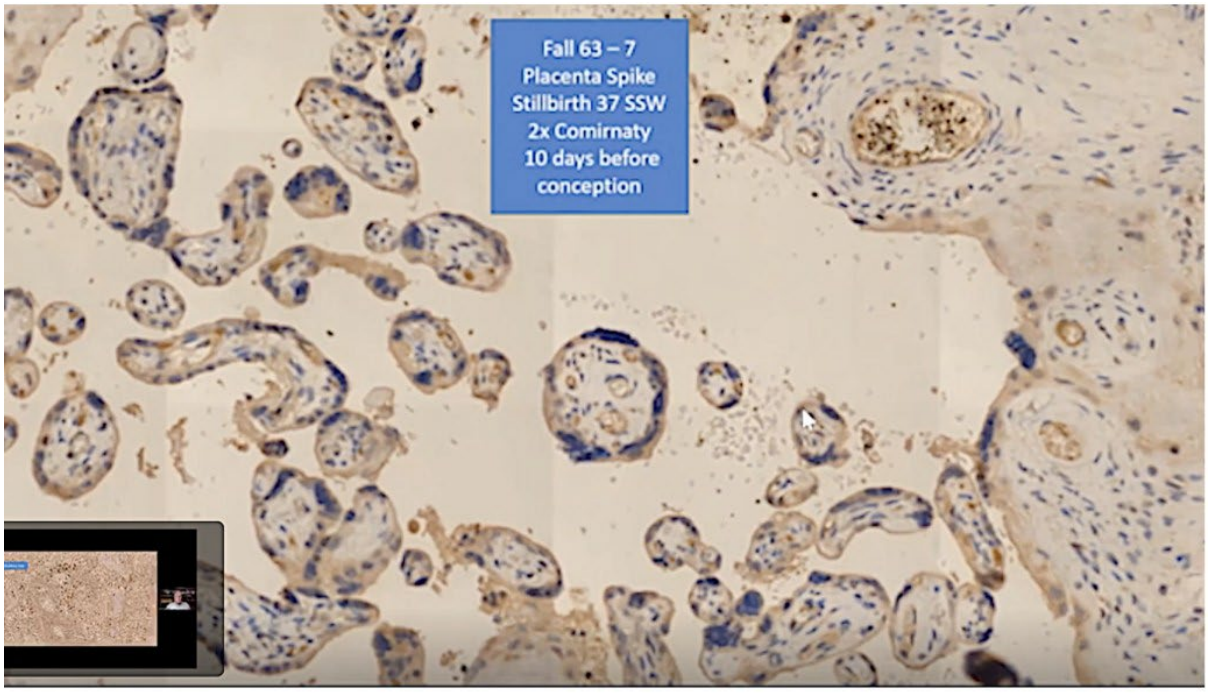
In utero exposure during Pfizer's own clinical trials demonstrated high rates of foetal and newborn harms, so it comes as no surprise that there is now

real world data showing the same. New Zealand's Ministry of Health has allegedly published a report outlining an increase in Neonatal Intensive Care Unit admissions in recent years, which is unavailable to the public. Yet multi million dollar service expansions are being normalised. But insiders are telling on you, see this comment on NICU here, from a latest report archived in our Truth Project.

A recent analysis of US Centers for Disease Control child death records released in June 2025 reveals a concerning pattern of neonatal harms almost immediately following the genetic injections rollout. A consistently downward trajectory in infant and under-4s mortality for more than two decades suddenly trended upwards after the vax rollout started, by 77%, suggesting teratogenic harms are occurring to children of mothers who have received the injectable products.

It is important to remember that for every death there are many who survive with injuries and disabilities. An analysis of the ICD-10 codes for infant mortality show that multiple systems are affected, with increased deaths due to renal function disorders (+135%), meningitis (+112%), sepsis/viral susceptibility (+90%), digestive and liver disorders (+82%), respiratory conditions (+54%), congenital malformations (+51%), cardiopulmonary disorders (+38%) and neurological/epileptic disorders (+37%).

Mechanisms for harm, occurring trans-generationally due to the ability of the lipid nanoparticles to cross the trans-placental membrane, before traveling throughout the body of the foetus, are well understood. As an example, German pathologist Dr Arne Burkhardt detected modified RNA and spike protein (brown staining of the cell membranes) and widespread inflammation (blue dots are lymphocytes) in the placenta of a stillborn baby whose mother received Pfizer 10 days prior to conception. We have provided evidence to you of adults producing vaccinal spike protein 2 years after their last injection.



Post-modRNA lymphocytic infiltration in placenta.

This page on dead children and fertility threats includes a letter to fertility health professionals, but its message is clear to all of us. The North Group is an alliance of countries who share a concern for humanity.

Highlights of the North Group Letter:

 NORTH Group has sent both a Letter of Concern and Scientific Lay Summary to heads of state and health ministers in 24 countries calling for: - Immediate suspension of the use of modified mRNA vaccines and recall of the products. - Independent and transparent investigation into their approval and use. - Scientific evidence that conclusively demonstrates no risk of damage to human DNA.

Subject: To reproductive health professionals

Dear _____

As a medical professional working at the frontline of reproductive health, your role in safeguarding the lives of women, unborn children, and future

generations is irreplaceable. Your professional training, experience, and commitment to evidence-based care give you a key perspective to discern emerging risks.

In that spirit, we respectfully ask you to examine serious safety concerns that have come to light regarding the gene-based COVID-19 mRNA vaccines, particularly in relation to reproductive outcomes. These concerns are not speculative — they arise from observed anomalies, regulatory inconsistencies and published scientific data. They are compounded by the fact that products based on this novel gene-based technology and used for COVID-19 were exempt from genotoxicity testing. This is not because of their composition, mechanism of action or pharmacodynamic/kinetic properties, but simply because of a regulatory definition that gives vaccines targeting an infectious disease exemption from such testing.

NORTH Group's scientific summary raises serious concerns that need to be addressed by gynaecologists, obstetricians, midwives, fertility specialists, tissue, and germ cell banks etc.

These include:

- *Biodistribution of LNPs to the reproductive organs and permeability of the placenta.*
- *Transfer of mRNA and LNP lipids into extracellular vesicles/exosomes and further*

  spread.

- *Toxicity of virally or vaccine derived spike protein to the gonads, germ cells or foetus.*
- *Exposure to residual DNA packaged into LNPs*
- *Transfer of residual DNA to the nucleus.*
- *Risk of foreign DNA integration into the human genome.*

The long-term effects of modified mRNA vaccines are unknown, and no pharmacokinetic studies have been carried out. We do not know with certainty what the effect of modified mRNA vaccines may be on female

and male fertility, pregnancy, foetal development, and short- or long-term health of the resulting children.

Since the rollout of COVID-19 vaccines, have you noticed anomalies or unusual changes in the following issues?

- *Birth rate, miscarriage, stillbirth, placental abnormalities, post-partum haemorrhage, foetal malformation, foetal heart rate abnormality, foetal cardiac arrest, haemorrhage in pregnancy, premature labour, SGA, PE, hyper coiled umbilical cord, placental clots, other complications in pregnancies*
- *Neonatal ICU admissions, unexplained neonatal deaths, neonatal strokes*
- *Abnormal pap smears, menstrual abnormalities, abnormal uterine bleeding, reproductive cancer, breast cancer, infertility, ovarian and testicular function*
- *Quality of oocytes, sperm and embryos, oocyte maturity, fertilization, embryo cleavage / blastocyst formation, embryo arrest, implantation failure, pre-implantation genetic testing (PGT), rejection rate for gamete donors or need to loosen donor acceptance criteria*

The **Cape Byron Lighthouse Declaration** recently convened an international ***Fertility Roundtable*** to examine mounting concerns in reproductive health, noting The Biggest Medical Betrayal Since Thalidomide

To finish, paraphrasing ourselves over and over, we quote its closing words.

"The signals are clear. The failures are undeniable. History has already shown us what happens when warnings are silenced, data is buried, and reputations are prioritised over lives. To stand by in silence now is to accept the same betrayal repeated".

“We call on medical professionals, regulators, lawmakers, and every member of the public: demand transparency, demand open data, and demand urgent investigation."

Yours faithfully,



Drs Alison Goodwin, Matt Shelton and Cindy de Villiers
For and on behalf of NZDSOS Members and Supporters

Please note: as this letter has been hand delivered, we will also email a copy so that you can conveniently access all the referenced links we have included.

contact@nzdsos.com
www.nzdsos.com
PO Box 10016, The Wood, Nelson 7047, New Zealand