

May 11, 2026

Kathryn Ryan
RNZ Nine to Noon
Email: ninetonoon@rnz.co.nz

Dear Susie Ferguson and Kathryn Ryan,

Scientific evidence on kidney injury post-vaccination – a request for follow-up to your dialysis interview

New Zealand Doctors Speaking Out with Science (NZDSOS) represents health professionals committed to evidence-based medicine and full transparency in public health data. We listened to your recent interview with Dr Curtis Walker regarding New Zealand's dialysis crisis.

As scientists and clinicians, we believe your listeners deserve a more complete picture of what may be driving the sudden, unplanned surge in kidney failure – a surge that cannot be explained solely by gradual demographic trends like the ones claimed by your guest.

We write to present peer-reviewed evidence, to document concerning changes to New Zealand's own published data, and to share a whistleblower disclosure that merits your investigative attention.

1. The 2.9 million-person study: mRNA vaccination and kidney failure

A [major peer-reviewed study](#) published in the *International Journal of Medical Sciences* (2025) analysed health records from over 100 million US patients (TriNetX database), comparing 1.45 million vaccinated individuals with 1.45 million unvaccinated controls. Matching adjusted for age, sex, race, comorbidities, and medication use.

The findings for kidney outcomes were as follows:



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Outcome	Vaccinated Cases	Unvaccinated Cases	Increased risk (Hazard Ratio and Confidence Intervals)
Acute Kidney Injury (AKI)	15,809	11,081	+20% (HR 1.20; 95% CI 1.18–1.23)
Dialysis (kidney failure)	1,513	697	+84% (HR 1.84; 95% CI 1.68–2.01)

Critically, the risk did not plateau. From 6 to 12 months post-vaccination, Acute Kidney Injury (AKI) and dialysis rates continued to rise progressively, suggesting an ongoing injury process. Dialysis represents end-stage kidney failure – the point at which kidneys can no longer function without mechanical support.

When a study of this scale shows an 84% increased risk of the very outcome (dialysis) now overwhelming New Zealand's renal services, any responsible scientific inquiry must ask: *is there a connection?* For us, steeped in 5 years of study of the mechanisms of vaccine action, and much other clinical and statistical information, the connection is obvious, as is the very elevated scale of harm.

2. New Zealand's own data: a paper that changed without explanation

Between January and August 2023, a curious data revision occurred in New Zealand's official vaccine safety reporting.

In January 2023, New Zealand Ministry of Health researchers (Walton, Pletzer, et al.) released a preprint on the Lancet SSRN server showing that one dose of the Pfizer vaccine was associated with a **60% increased rate of acute kidney injury** (IRR of 1.6) within three weeks post-injection, and two doses with a **70% increased rate** (IRR of 1.7).

These were statistically significant, clinically meaningful signals. The original paper included these findings with visible tables.

By August 2023, the paper had been removed and reposted in revised form, without explanation. What changed?



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- Acute kidney injury events were reduced to approximately **57% and 58%**, respectively, of the originally reported numbers.
- The visible table documenting kidney injuries was removed entirely.
- The revised paper stated that "11 of the 12 selected AESIs were not statistically significantly increased" – erasing the kidney findings from the abstract.
- The researchers removed events occurring on the day of vaccination – a large 'smoking gun' data set.
- The denominators also changed: the reported number of first-dose recipients dropped by approximately 100,000, and second-dose recipients dropped by over 200,000.

The original January 2023 preprint is no longer available online. From a scientific perspective, this is highly suspicious. It is not unreasonable to query a cover-up.

3. Whistleblower disclosure: Acute Kidney Injury up 40% in Wellington

An anonymous healthcare source provided internal data to science writer Dr Guy Hatchard at www.hatchardreport.com, published 21 April 2023.

[According to this disclosure](#), hospital admission data from the Wellington region (approximately 10% of New Zealand's population) showed:

- **Acute kidney injury up 40%**
- Heart attacks doubled (up 100%)
- Myocarditis up 33%
- Strokes up 25%
- Miscarriages up 25%
- Stillbirths up 25%



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The source stated: *"I want to emphasise that there is nothing ordinary about these figures. They are so far above known trends as to be entirely without any precedent."*

The article notes that Te Whatu Ora possesses these figures but has not released them publicly. If the Wellington data (40% increase in AKI) are representative of the national picture, this represents thousands of additional kidney injuries coinciding with the vaccine rollout.

4. Dr. Walker's "zero risk" claim – and a fellow MCNZ member's sworn testimony

Your listeners were not told that Dr. Walker chaired the Medical Council of New Zealand (MCNZ) during the pandemic – the body that disciplined doctors who raised vaccine safety concerns.

According to an affidavit in our High Court challenge of the Medical Council's now revoked but no-less-threatening [Guidance Statement](#) which recommended doctors discuss only benefits of the vaccine, Dr Walker described COVID-19 vaccines as a **"zero risk product"**. We wonder what the families of the 6 acknowledged vaccine deaths feel about that.

As all sane people must realise, no medical intervention in history is zero risk. Neither Medsafe nor the covid shot manufacturers have ever made such a claim. This statement is, scientifically and ethically speaking, utterly untenable, especially in the arenas of children, reproductive health and pregnancy.

Furthermore, a former MCNZ board member has testified that under Dr. Walker's chairmanship, the council ridiculed doctors who raised ethical concerns and called for harsh sanctions. He was quoted in court:

"The chair would introduce these COVID items with 'Here we go – we've got another anti-vaxxer in front of us'... there was no engagement... with the principles of informed consent, the doctors' code of ethics, or human rights more generally."



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We raise this not as ad hominem criticism, but as relevant context. A senior doctor who professionally declared vaccines "zero risk" and chaired a body that suppressed dissent now attributes the dialysis crisis to aging and diabetes – while never acknowledging the possibility of vaccine-related kidney injury. His professional and regulatory history suggests a vested interest in avoiding that question.

Even more newsworthy is new information that another Medical Council member at the time took a polar opposite (and we say more correct) view – that the experimental gene technology injections were potentially and actually highly dangerous.

Furthermore the current MCNZ chair has expressed private vaccine concerns herself, although the witch-hunt against concerned doctors continues.

There are simply so many stories here, and we note some journalists in the NZME stable are becoming interested.

5. The questions your interview did not ask

Dr. Walker attributed the dialysis crisis to ageing, hypertension, and diabetes. Those are real factors – but they are slow, predictable, and should have been planned for years ago. They do not explain:

- A sudden, unplanned surge pushing Auckland to 150% capacity.
- The timing of the surge, which coincides with the mass vaccination rollout from 2021.

So, we are asking you to **ask the questions** that a scientist – or a journalist – should ask:

- Has kidney failure incidence in New Zealand increased more sharply in the vaccinated population since 2021?



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- Does the Ministry of Health still possess the original January 2023 data showing 60–70% increased AKI risk? If so, why was the paper revised?
- What do Wellington's acute kidney injury admission rates show before and after 2021? The whistleblower data shows a 40% increase. Will Te Whatu Ora confirm or deny this figure?
- Does Dr. Walker stand by his "zero risk" claim today? If so, on what evidence?

While you are at it, perhaps you might request information denied to ordinary New Zealanders about apparent increases in cancer rates and deaths, stillbirths, strokes, heart attacks, and medical disability since the covid vaccine rollouts.

This is a request for genuine investigative journalism

RNZ is the state broadcaster. Despite this, many in your audience still rely on you for rigorous, independent reporting. We believe you have a story here – one that connects international peer-reviewed evidence, unexplained revisions to New Zealand's own data, a local whistleblower report of a 40% increase in AKI in Wellington, and a conflicted kidney expert and regulatory chair who declared the novel mRNA covid vaccines to be "zero risk".

We welcome the opportunity to discuss any vaccine issues with you and provide further scientific information, or to connect you with source documentation, as would Dr Hatchard.

Yours professionally,



Drs Alison Goodwin, Matt Shelton and Cindy de Villiers
On behalf of New Zealand Doctors Speaking Out with Science (NZDSOS)



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