NZDSOS
NEW ZEALAND DOCTORS SPEAKING OUT WITH SCIENCE

May 14, 2026

Christine Anderson
Registrar
Medical Council of New Zealand
Email: consultation@mcnz.org.nz

Dear Ms Anderson,

Response to proposed cessation of communications – public interest requires continued dialogue

We are writing on behalf of New Zealand Doctors Speaking Out with Science (NZDSOS) in response to your preference to cease communications with our organisation.

While we understand the administrative burden that sustained correspondence can place on any office, we respectfully submit that the matters we have raised are not routine inquiries. They go to the heart of the Medical Council's statutory purpose: the protection of the health and safety of the New Zealand public.

Curtailing communication does not make these issues disappear. It merely attempts to insulate the Council from accountability.

The public interest in continued communication

Our concerns are many as you will know - documented, specific, and supported by evidence. They include:

1. The "zero risk" statement

According to an affidavit presented in ongoing High Court proceedings, the former Chair of the MCNZ, Dr. Curtis Walker, described COVID-19 vaccines

as a "zero risk product". As we have previously documented, no medical intervention in history carries zero risk and for the Medical Council itself to proceed with this view is beyond words. Neither Medsafe nor the vaccine manufacturers have ever made such a claim.

Dr. Walker was giving medical advice and was directing the Council's board in its decision-making regarding doctors who raised vaccine safety concerns. The affidavit states that Dr. Walker would introduce agenda items with remarks such as: *"Here we go – it's flat earth time, get your tin foil hats on – we've got another antivaxxer in front of us"*.

We did not know this when we made our initial complaint about him to the then board members. If this is accurate, it raises profound questions about the fairness and impartiality of the Council's disciplinary processes during a critical period. Ceasing communication with those who raise these concerns does not answer them.

2. Scientific evidence of post-vaccination kidney injury

We have documented many severe problems with the mRNA vaccines in numerous letters to yourselves and other relevant officials, but Dr Walker spoke recently on RNZ about the overwhelm that renal dialysis services are experiencing. So the following is one example of the evidence showing harm in many domains, in this case the renal system, Dr Walker's speciality.

International peer-reviewed research (2.9 million-person study, *International Journal of Medical Sciences*, 225) has found an 84% increased risk of dialysis and a 20% increased risk of acute kidney injury following mRNA vaccination. New Zealand's own Ministry of Health data, initially showing a 60-70% increased risk of AKI, was revised and the relevant tables removed without public explanation.

Whistleblower data from the Wellington region shows AKI admissions up 40% following the vaccine rollout, as well as a doubling in acute heart attacks.

Whether a middle-aged man with unexplained heart inflammation, or a pole-axed teenage girl bed-bound and wasting away, there are many

thousands of cases of the public having not been protected from the risky medical product.

Our request to the Council

We do not seek conflict. We seek public safety and answers. Specifically, we ask the Council to:

1. **Confirm or deny** whether Dr. Walker made the "zero risk" statement attributed to him in sworn affidavit evidence.

2. **Clarify** whether the Council considers it acceptable for its Chair to describe vaccines as "zero risk" while simultaneously disciplining doctors for providing what the Council deemed to be unbalanced advice about those same vaccines.

3. **Explain** what steps the Council has taken to ensure that its disciplinary processes during the pandemic were fair, impartial, and free from the prejudicial attitude described in Mr. Aston's sworn testimony.

4. **Respond to the scientific evidence** of post-vaccination injury along with plasmid DNA contamination, increased cancer and many other inflammatory conditions, and the amyloid-like white clots, and advise whether the Council has any plans to review its previous statements and disciplinary actions in light of this emerging data in the light of your statutory obligations.

5. **Affirm** that classical medical ethics are still in play, including protecting pregnancy and children, informed consent etc, rather than some nebulous and ideological "greater good" imperative, which has never been proven scientifically justified in the case of the vaccine, nor discussed with the profession.

A note on communication

We understand that the Council may find our correspondence challenging. Matters of public health emergency, regulatory overreach, and potential

iatrogenic harm are inherently difficult to discuss. But they are precisely the matters for which the Council exists.

If the Council ceases communication including with paid up/financial members, it will not silence the questions. It will merely confirm to the profession and the public that the regulator has chosen to close its ears in a manner that will be hard to defend.

We trust that the Council, as a body committed to the protection of the public, will choose transparency over silence. We await your substantive response to the issues raised.

Yours sincerely,



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

cc: Rachelle Love, Chair, Medical Council of New Zealand