

Drs Stephen Child, Ken Clark, Ainsley Goodman, Pamela Hale, Charles Hornabrook, Rachell Love and Tailulu Lu'isa Fonus-Faeamani

Dear Medical Council board members listed above,

**Executive summary:**

1. We, the 200+ members of NZDSOS are writing to complain formally about your chairman, Dr Curtis Walker, and to ask you to dismiss him and investigate his professional conduct.
2. He has abused his authority, and shirked his responsibility to maintain medical ethics under the HPCA Act.
3. He has significant conflicts of interest, including promoting the policies of a US private corporation funded, at least in part, by the pharmaceutical industry.
4. He has acted above the law and outside the scope of the HPCAA, by pursuing witch hunts against doctors who prefer their own moral codes to his, and failed to properly record his board's deliberations against dissenting doctors, for example regarding votes for and against suspending or limiting practice.
5. He has withheld communications to his board members regarding vaccine harms including deaths, and has failed to appraise himself of the now overwhelming scientific proof of a public health catastrophe.
6. His 'guidance' has driven a stake through ethical medicine and our own human rights, compromising informed consent, adverse event recording and proper investigations of possible vaccine deaths and injuries. He has encouraged the widespread breaking of sections of the Medicines Act by suppressing discussion of the adverse effects.
7. Pregnant women and those of child-bearing age particularly, and children, have lost the protection that cautious medical practice has always afforded, on the basis of impossibly optimistic safety assumptions, and by point 6, above.
8. He has advanced his own and others' political and economic interests at the expense of patient safety and conscientious medicine, eschewing the HPCA Act obligation to defend medical ethics.
9. He has attacked doctors pursuing evidence-based, life-saving treatments and not advocated for exemptions or investigations for those doctors who followed his guidance and sustained injuries or died.
10. He has promoted the misdefinition of the novel genetic technology platform as a 'vaccine', and failed in his own due diligence and risk management planning when 'expecting' his members to take the genetic modification technology, clearly sending a

threat to practitioners' careers, which he has acted upon.

11. He has ensured a culture of fear, enabling denial and deceit, amongst doctors, dismantling the all-important fiduciary obligations to our patients. This has led to the **suffering and deaths of many people**, especially the young, whose deaths go neither properly investigated nor fed back to inform the government's pandemic response.

We are making this complaint as a large group, mindful that a number of our members (around 25) are, or have been, under investigation or sanction by the Medical Council. Our complaint against Dr Walker is not to advance our own interests but those of our profession, and of the public of New Zealand who are losing trust in medicine and, in some cases, their lives.

By so heavily promoting/investing in the government's covid-19 vaccine agenda, Dr Walker has broken virtually every tenet of ethical medicine, not least the Medical Council's prior writings on ethics - including informed consent and *primum non nocere*, particularly as regards pregnancy and children. The severity of the pandemic never justified such a derogation, as we have made clear consistently.

He has deceived his board by denying them access to our information, including medical references, that proves the government narrative was incorrect and extremely harmful. Instead, presumably in thrall to the hypnotic messaging from the Office of the Prime Minister and Cabinet, he has indulged in combative authoritarianism, and led his board in a witch hunt, against any and every doctor standing up on the basis of their oaths, experience, knowledge and for their patients. The charges have been trivial and trumped up, and would never previously have seen the light of day. Allowing "vaccine hesitancy" is enshrined in our national and international laws.

In doing the above he has exceeded any statutory authority delegated to his position and is claiming and exerting power that is not lawful. By attempting to enforce obedience to the government via the Medical Council's regulatory authority he has grossly over-reached, and effectively destroyed ethical medicine and along with it, public trust in the medical profession.

Dr Walker refused to engage with the straightforward questions and concerns that NZDSOS raised prior to the rollout, mischaracterising us as crazy anti-vaxxers, and not passing on our subsequent communications to board members that detailed the emerging proof of harm and lack of efficacy of Comirnaty.

With his Medical Council Guidance of April 2021, he threatened all doctors with their careers if they did not give up their rights under the NZ BOR Act and HDC Act to bodily sovereignty, and instead support the politically-driven narrative; further he has joined publicly with the HDC commissioner, Morag McDowell, to 'root out antivaccine messaging', presumably in defence of Pfizer's non-disclosed contract with New Zealand.

Where is the law that allows him to, effectively, commandeer the doctor-patient relationship on behalf of the government, and how can the MCNZ restrict the free speech and opinions of some doctors who are NOT even providing medical treatment to individual patients?

He has advised tens of thousands of doctors to take an experimental genetic injection, on threat of expulsion. But what of the specialist surgeons (including allegedly many senior doctors at one DHB) who revolted, and were granted exemptions in order to keep services open, presumably in return signing gag orders? He would have been informed by Dr Bloomfield, but chose not to prosecute these doctors for ignoring his expectation they would be vaccinated.

### **Conflicts of Interest**

Further, he has several gross conflicts of interest that have seen him derogate the maintenance of professional standards in favour of corporate and political interests.

Firstly, it has been known since mid last year that he is appointed by the Minister of Health to the most senior management position in the Maori section of Te Whatu Ora. It will have been nigh on impossible for him to act objectively to ensure patients, doctors and medical ethics were properly defended, knowing he had political patronage for a high profile and lucrative position that required him to promote the government narrative. He ought to have stood down from the MCNZ immediately on being appointed.

Secondly, he is further compromised by having a paid position in a private US entity called the Federation of State Medical Boards (FSMB).

The FSMB has long "advised" state medical boards (and many overseas medical councils, via its international arm, IAMRA) on how to punish doctors who challenge the allopathic (pharmaceutical) paradigm, and it has been in high gear during the pandemic to promote the unsafe vaccine at the expense of proven early treatments, and to punish dissenting doctors.

In addition, the current CEO of the Medical Council, Joan Simeon, is also conflicted by being the current chair of IAMRA, which makes our Medical Council the tip of the spear for driving the vaccine narrative over all the tenets of cautious and conscientious medicine. It is known that FSMB and IAMRA receive some of their opaque funding from the pharmaceutical industry. As an example, some of FSMB's activities seem to have contributed directly to the opioid crisis, which was especially severe in the US. All relevant links are at [NZDSOS.com](http://NZDSOS.com)

Historically, critics of aspects of normal vaccines have been especially targeted by the FSMB, along with proponents of medical approaches that rely less on pharmaceuticals. Is the board aware of any of this?

### **Reckless actions as chairman of a statutory body**

We charge that he has placed his board members and the profession in great jeopardy, and acted recklessly in attacking doctors who advocated proven early treatments (which threatened the legal status of the experimental genetic devices and thus the

financial arrangements with Pfizer), despite the legal, professional and moral imperatives to use these actual treatments for the novel virus. Level 1 evidence (meta-analyses of randomised controlled trials) imputes that many at-risk died from the withholding of effective treatments, which is one of the definitions of *treatment injury* under ACC legislation. He has been wilfully blind to this and many other matters.

He has ignored and over-ridden board members who raised concerns about his actions, and failed to ensure proper recording of the voting decisions to end the careers of several doctors.

Acting entirely outside his remit, he has co-opted the board into inventing new 'crimes' - including criticising the government and its experts, encouraging vaccine hesitancy, writing professionally valid medical certificates, acquiring and prescribing early treatments - and placed himself as judge, jury and executioner. Once it was realised - as we pointed out in our first letter in April 2021 - that the shots may not (and, subsequently, clearly did not) prevent transmission or infection, Dr Walker should have led a spirited resistance to all the the health-damaging effects of the pandemic policies on behalf of the medical profession.

### **Abuse of judicial processes**

The Medical Council lost the first two appeals against its suspensions of doctors for their COVID views. And yet it still acts to defend the government narrative.

Regarding Dr Shelton's appeal in the District Court against Dr Walker's drive to suspend him for raising concerns publicly and telling his patients to do their own due diligence, the Judge said MCNZ was clearly disproportionate in its actions against Dr Shelton and that he should be reinstated with no restrictions to his licence.

Further, Justice Harrop stated that he wished to draw a line under Council's actions. However, Dr Walker proposed to resuspend Dr Shelton almost immediately, showing profound disrespect for the Court. Seasoned medico-legal counsel were dismayed at Council's clear desperation to convince Justice Harrop that Dr Shelton was unfit to practise, as well as its disrespect for the rules of the court.

In pursuing a witch hunt against NZDSOS members, we say Dr Walker has further brought the Medical Council into disrepute, and his *ultra vires* behaviour has made a mockery of the principles of fairness and natural justice. *Fitzgerald vs the Queen 2022* in the Supreme Court strongly affirmed the principle of *legality*, that administrative bodies created by statute must act in accordance with existing statutes, including as related to the Bill of Rights.

The damage to medical ethics and the profession as a whole cannot be overstated. In 3 short years it has become not just acceptable but a *requirement* to inject pregnant women (in mandated sectors) with a novel biotechnology product, as well as to stand aside silently while children - babies to teens - are injected, in the presence of *positive evidence of ineffectiveness and harm*. MCNZ stands clearly behind these atrocities.

## **The 'Guidance document' as a cudgel against conscientious medicine**

The chilling effect of the guidance cannot be overstated, neither can deferring only to this government's website for health information. Many health care workers report that serious injection side-effects are ignored, covered-up and not reported because the doctors concerned are scared of being on the MCNZ's radar, being labelled antivax and coming under the same attack by Dr Walker. We have seen evidence of the same instinct in some pathologists, when they fail to find any clear cause of sudden death in healthy young people shortly after a jab, and yet state definitively to the coroner that it is not the jab. This practice is contrary to usual pharmacovigilance where the medical product would be considered causal until proven otherwise. A good example is that of 31 year old nurse Divya Manoj (nee Simon), who died 4 days after her booster. No coronary obstruction or other cause of death was found so the pathologist reported to the coroner her death was "most probably due to underlying weakness of the coronary arteries.". No, it was most probably due to the jab, in the absence of other cause. We have posted on her death here. <https://nzdsos.com/2023/03/13/death-of-divya-simon/>

It is clear that Dr Walker did not write The Guidance himself because very similar wording, in the same time frame, was sent to doctors and other health professionals around the world, managed, almost certainly, by the FSMB. However, he carries clear responsibility for the effect of the message, which he also vocalised in public. To advertise medicines without noting adverse effects is clearly illegal under the Medicines Act, and he has encouraged law-breaking by characterising this legal obligation as "anti-vaccine messaging". Advice received from the Medical Protection Society ( personal communication) prior to the rollout was unequivocal that, in the context of an informed consent situation, advising of the experimental nature and the various unknowns was the only clear course.

In New Zealand, other professional health councils undoubtedly have taken their cue from Dr Walker, compounding the effect of Dr Walker's failure to defend medicine. He has not advocated for the many health professionals who clearly had far more technical knowledge than him about the jabs, and instead has stubbornly remained wilfully blind to all the emergent evidence of this unfolding catastrophe.

In one of the earliest cases the grapevine reported to us, as the first gene injection was coerced onto doctors, a young doctor had a stroke shortly after. The Medical Council later imposed a gag order as part of conditions of returning to work, once this sole provider had fortunately recovered sufficiently.

### **Where to from here?**

New Zealand must be saved from further damage, and the slow painful process of recovery must include investigating the actions of those most responsible for coercing, deceiving and bullying others into a situation of complicity with, without exaggeration, crimes against humanity. Calls from honest politicians are starting to come. As an example, see Australian Senator Rennick asking Police how to

investigate officials for covering up the deaths of children.

<https://www.trialsitenews.com/a/australian-senator-wants-bureaucrats-prosecuted-for-covid-19-mrna-vaccine-deaths-a1f73ce0>

If you are genuinely mystified by much of what we say here, then you risk the consequences of complicity by delaying further action. May we suggest you read our consecutive letters at NZDSOS.com, check the references, and see that we are proving consistently accurate in our statements [.https://nzdsos.com/category/news/open-letters/](https://nzdsos.com/category/news/open-letters/)

As the scale of the deception perpetrated on the vaccinated starts to sink home, it can be overwhelming. There can be denial and shock, anger (and rejection of true information. But we must act to end this harm to our people, and quickly. Failure to do so, may make those who are aware, personally liable. With the receipt of this, you cannot in future say you did not know - not a viable defence in crimes against humanity, for instance.

### **Further Reading**

Two recent very comprehensive and evidential letters produced in NZ are available here. Many of the statements and claims we make have the evidence covered in these 2 documents, though they are rather long, in line with the amount of necessary detail they contain.

Lawyer Kirsten Murfitt's Questions of MPs <https://nzrising.co.nz/project-qa/>

Vaccinologist Dr Carlton Brown's Evidentiary

Letter <https://grandsolarminimum.com/2022/12/01/covid-19-vaccine-harm-evidence/>.

### **The Bigger Picture**

Researcher and former pharma executive, Sasha Latypova

(<https://www.bitcute.com/channel/teamenigma/>) and journalist Katherine Watt

([www.bailiwicknews.substack.com](http://www.bailiwicknews.substack.com)) have uncovered how and why US regulators have been stood aside, and have not recalled the vaccine even if they wanted to. Is the same happening here?

It would seem that all regulators vital to the rollout have been promised complete liability protection, but they have been misinformed. International and national criminal codes still apply in the client states of the US, even if its government has used the PREP Act, and Other Transaction Authority regulations, to bypass proper clinical trials, GMP (good manufacturing practice) and patient consent. At the end of the above presentation, Latypova quotes a Pfizer lawyer in a US court. "We did not defraud the government. We delivered the fraud that it ordered."

We also attach our most recent / latest attempt to communicate via email our concerns to the board members, that was evidently blocked by Dr Walker. Also included is a representative sample of New Zealanders, predominantly young, whose deaths proximate to vaccination are but a small fraction of the number of dead and injured people who may have been damaged permanently. The numbers of reports of death

and injury on the Medsafe website speak for themselves - currently over 64 000 - remembering the accepted significant under-reporting that passive monitoring systems like CARM and VAERS in the US, Yellow Card etc all show (of 1-10%, we have provided references previously). Even before the rollout started in the US, we were already reporting these very alarming signals to Dr Walker. His actions have contributed to inadequate investigations of these deaths. We hear from doctors that the guidance has made them scared to properly advocate for their patients. Who can say this isn't happening on Medsafe's ISMB, the CV-TAG, and amongst pathologists? These deaths *will* be laid at officials' doors.

We recommend strongly that you purchase former Black Rock managing director Ed Dowd's book *Cause Unknown*, available on Amazon, and at [www.childrenshealthdefence.com](http://www.childrenshealthdefence.com). Mr Dowd and his team have the skills required to investigate the increase in deaths in the young, and his latest long-form interview with Tucker Carlson is linked below. His analysis agrees with others and shows that the major burden of the increased all-cause mortality and disability in the jabbed is in the demographic most likely to have been mandated in the US (and other countries): the employed 25 to 50 year olds. He profiles some of the many children, teens and young athletes who died suddenly, mostly from cardiac issues, and explores the profound economic and financial incentives that have contributed to the lies and what he calls a "conspiracy of interests".

<https://rumble.com/v2ailv0-tucker-carlson-interview-ed-dowd.html>

No doubt your two new legal members of the board will help advise on the response to our referral, recognising they have not been party to the board's past decisions under Dr Walker's chairmanship.

Given the risk to yourselves in continuing to support the actions of Dr Walker, the huge harm that has been done to the citizens of New Zealand whom you state you are protecting by persecuting us, and the punitive actions against doctors where there is no patient complaint and no evidence of harm, we demand that an investigation into Dr Walker is undertaken forthwith, he resigns, and the Medical Council board works to reassert it's independence from politics and vested financial and international interests.

Please accept this as an Official Complaint and respond within 10 working days. We reserve the right to publish this complaint.

Yours sincerely

NZDSOS steering committee

On behalf of NZDSOS members

