
Critical Issues—The Covid Commission of Inquiry
Hatchard Report
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As we head into the uncharted waters of a new government, we have to consider strategy. Unfortunately, during the election, the interests of those opposed to mandatory mRNA Covid vaccination and concerned about adverse effects were scattered among a number of uncoordinated different minor parties and confused with other political, economic, and social issues that were often only distantly related. We now have a chance to correct that.

You can also listen to an audio version here.

We hope there will be a wide ranging inquiry into the Covid pandemic and we need to concentrate on a set of focussed questions. During the pandemic, the government, and in fact all elected parties and politicians, assiduously avoided open debate while asserting that the opinion of the government and the medical authorities should be accepted at face value.

Court processes could not accommodate cross examination of government witnesses and accepted their testimony as gospel.

There was a concerted effort to label those asking questions, including highly qualified academics and doctors, as conspiracy theorists. This effort was partly funded by the government.

These actions were essentially opposed to the democratic principles upon which our nation is founded.

The main point here is that witnesses should be obliged to defend their positions with up to date data, case studies and published science reflecting the full range of conclusions. No one should be allowed to continue to get away with speaking solely on the basis of any supposed authority and qualifications whilst omitting disclosure of evidence.

I submit the following questions should be the focus of a concerted effort to correct these glaring omissions. There will of course be others, but these are key points to which those called to testify and those briefed to ask questions should return again and again.

1. Mortality

Pandemic vaccination policy can only be assessed with reference to complete data that compares the outcomes of the vaccinated and unvaccinated populations. Mortality data must include the ages, date and cause of death, and dates and types of vaccination. No other statistic can accurately assess the efficacy and safety of mRNA vaccines here in New Zealand.

2. Hospitalisation

Similarly, hospitalisation data needs to include vaccination status as a matter of routine and be categorised by age and type of illness.

3. Long Term Effects

Any attempt to limit the causal effect of COVID-19 vaccination to a period of time such as three weeks, as has been used so far, needs to be rejected. There were no trials of long term effects of mRNA vaccines prior to their approval. There is no sound a priori reason to reject the existence of long term adverse effects. Indeed, it is normal to test for them.

4. Long Covid

Theories popularised by the media and scientists ascribing elevated death and hospitalisation rates to Long Covid can only be treated as speculation as long as accurate statistics differentiating between outcomes of vaccinated and unvaccinated populations are withheld from public scrutiny. Without this data any conclusion being drawn will be unreliable.

5. The New Zealand Bill of Rights

Why were our rights enshrined in law overturned by vaccine mandates when there was insufficient data to justify concluding the safety of mRNA vaccines. Bill of Rights provisions that were overridden include medical, employment, speech and assembly rights.

6. Adverse Effects

How were record levels of adverse effects ignored and dismissed in contravention of accepted canons of medical ethics and the principles of medical causality?

7. Treatment of Those Adversely Affected

How were those affected by mRNA vaccination often misdiagnosed and denied adequate treatment and/or compensation while routinely being gaslighted and blamed themselves?

8. Scientific Selectivity

There have been millions of scientific studies of the effects of the pandemic, how did the government and its advisors come to ignore the critical results of some studies, especially those involving key design features such as meta-analysis and prospective design which clearly identified safety red flags? Why did they dismiss critical comment and fail to update the scientific basis of policy with the results of later better designed studies?

9. Media Funding and Censorship

How did the government come to set out to fund academia and media, to control social media content, and to set up a Disinformation Project with a view to silencing questions about vaccine safety in direct contravention of democratic principles?

10. Sovereign Independence

How did the New Zealand government come to rely on overseas institutions who clearly had commercial interests and priorities that were not consistent with our national interests? For example, why did the government fail to register the widely reported glaring deficiencies in the Pfizer vaccine trial data which led to defective safety assessments and the long list of adverse effects noted in the Pfizer February 2021 post marketing safety report?

11. Biotechnology Experimentation

How did the government fail to recognise the novel nature of mRNA vaccination methods, the probable lab-origin of Covid and the unique associated safety issues well documented in the scientific literature?

These are just a few important issues, no doubt you will be able to suggest others. We are up against a highly organised and well funded lobby with international roots who will try to present a contrary picture.

For example last month a study was published by the Lancet funded by the Medical Research Institute of New Zealand (MRINZ). According to Professor Richard Beasley, MRINZ Director, the study demonstrates that New Zealand's COVID-19 policy has *"prevented the high rates of mortality from COVID-19 experienced by most other countries."* A comment that appears to lack sufficient perspective and critical evaluation.

There is no doubt that this incomplete study and others like it will be selectively presented to any Commission with a view to dismissing our concerns, despite its obvious deficiencies. It will need to be examined in detail and its main arguments questioned for example as follows:

1). As Dr. John Gibson at the University of Waikato and others have pointed out, the base rate of population growth used to calculate the population data appears to have assumed a rate of growth that did not in fact eventuate due to pandemic policy restrictions. This made the 2021 excess death rates appear almost normal when they were not. The census data when it is released will likely correct this.

2) The figures used in this study for Covid deaths (the red bars) appear to be 'with' rather than 'because of' Covid.

3) I would choose a five year moving average for a baseline mortality rather than the nine years the authors choose

4) The continuing absence of seasonal flu in 2021 has not been accounted for, despite the authors referring to its absence in 2020. In other words, they are being selective.

5) Crucially, there is no mention of the differing outcomes for vaccinated and unvaccinated populations. A glaring omission. Without this data no useful conclusions can be drawn about the cause of excess deaths.

6) The authors do not mention that excess death rates in 2022 and 2023 are at record levels

The authors appear to be aware of some but not all of these limitations because they conclude:

"This interpretation is limited by several factors such as clinical uncertainty determining whether COVID-19 was the cause of death, background variability of annual mortality rates, population ageing, and differences in immigration and emigration patterns across the years of observation and historical reference. To better understand the effects of different stages of New Zealand's pandemic response strategy on COVID-19-attributable and non-COVID-19-attributable deaths, an examination of demographic differences in excess mortality and detailed cause of death data will be required."

In this qualifying paragraph, the study authors do not include 'vaccination status at time of death' as needing investigation. If this issue remains unaddressed, any Commission will be unable to reach meaningful conclusions about vaccine safety.

I note that previously, the Royal Commission on Genetic Modification and the recent public submission process on the Therapeutic Products Bill received thousands of submissions and hundreds wishing to speak on their submission. As a result, hundreds of submitters were granted equal time. Thus, highly qualified submitters, some of whom had travelled from overseas were assigned just five minutes to speak to complex scientific topics. This nullified their impact. I believe we should push for a right of cross examination, sufficient time, and legal representation as a group.

We note that the incoming government is facing a number of crises. The health service is overwhelmed. Our economy is facing challenges not the least of which are the high costs of living and housing. While foreign policy is set to be dominated by the rising tide of proxy conflict and the emotions these naturally arouse. However, we should be careful not to lose sight of the importance of the pandemic issues we raise here. If we let these go, we will inevitably face similar problems in the future.

In conclusion, I suggest that submissions to any Commission need to be carefully considered and we should coordinate to ensure that those arguments with potentially the most critical impact and supporting data are given maximum exposure. We should rigorously avoid presentation of ideas that are not based on sound data and known matters of fact, but rather constitute speculation. To do so will only serve to feed prejudice, and we have suffered enough of that during the last three years. I look forward to feedback from you. I encourage you to circulate this widely.

Dr. Guy Hatchard

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