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How NZ Government Policy Came to be
Dominated by Advisers Who Sought to
Legitimise Risky Biotech Experimentation

Hatchard Report

Dr Guy Hatchard

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As [our last three releases](#) have discussed, vaccine exemptions were widely granted to health service personnel. Now we will discuss the wider pool of evidence which suggests that the government strenuously sought to hide the extent of serious vaccine injury from the public whilst systematically suppressing the voices of those who had doubts about vaccine safety.

Warning: you may find the information in this release disturbing.

As we have reported, according to an OIA recently released, and one corroborating OIA from a year ago, vaccine exemptions could have affected as many as 11,005 employees and contractors within the health service. A lot of detail is missing, but one thing is absolutely clear: the government sought to hide and obfuscate what was happening.

On 2 March 2022 National MP Chris Bishop submitted a written parliamentary question to Chris Hipkins:

“How many people, if any, who are covered by mandatory vaccination orders have been granted exemptions from mandatory vaccination, broken down by month, and by the type of role the mandatory vaccination covers?”

Chris Hipkins replied with the information that a total of 2,607 temporary exemptions were granted to health and disability workers during November 2021 to February 2022 for a maximum duration of four weeks.

Yet on 11 February 2022 Rachel MacKay, of the Ministry of Health, Group Manager, Operations, National Immunisation Programme [submitted an affidavit to the High Court](#) concerning the granting of vaccine exemptions. Inexplicably, MacKay only supplied the court with information stating that by January 2021 450 applications for significant service disruption vaccine exemptions had been submitted of which only 11 had been granted. In effect, she left the court uninformed about a process of granting thousands of health service employee exemptions which was by then in full swing at the Health Service. Information which would have been very relevant to the case in hand.

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Both MacKay's testimony and Hipkins' written parliamentary reply contrast with information provided in the September 2022 OIA which showed that the number of exemptions granted by then had ballooned to 6,706. By August 2023 an OIA said that 11,005 workers were covered by vaccine exemptions with the proviso that the Ministry of Health was unable to ascertain exactly how many of these actually remained unvaccinated.

Meanwhile McKay's testimony indicates that by 27th January 2022, the Ministry of Health had received a total of 1,792 applications for **temporary** medical vaccine exemptions from the general public on the grounds of ill health and/or prior vaccine injury of which 569 or 32% had been granted.

A temporary exemption did not mean that a person necessarily remained unvaccinated, the exemption carried an expectation of vaccination with an alternative type of vaccine such as the AstraZeneca vaccine and/or the administration of a vaccine as soon as possible in a hospital setting with appropriate staff present.

The November 2021 Criteria, Clinical Guidance [for vaccine exemption] stated *"There are very few situations where a vaccine is contraindicated and, as such, a medical exemption is expected to be rarely required."*

By January 2022 Medsafe had received 51,710 reports of vaccine injury of which they judged 2,447 were serious. The actual totals were likely far higher than these. As we have reported previously, Medsafe itself had noted that approximately 90% of vaccine injuries remain unreported.

In fact, the process of applying for a vaccine exemption required the support of your doctor and/or a specialist (even if this was acquired, 68% of applications were refused). As a result, a great many people, some of whom were injured by their first shot, were turned down on principle by medical staff who had been schooled by the above directives to believe exemptions would be rare events. Therefore many people at great risk of injury never succeeded in even submitting an application for an exemption.

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More than 2,000 reports by people who failed to gain an exemption have been made to various NZ support groups. These make for very depressing and extremely concerning reading. Despite the huge volume of 51,710 Covid vaccine side effects being reported to CARM which was greater in number and far more serious in nature than all other past flu vaccine injuries combined, Medsafe choose to maintain that most injuries were unrelated to vaccination and they have continued to maintained this stance to this day despite the unprecedented rise in excess deaths.

There were however a small number of injury types admitted by Medsafe and widely reported in the scientific literature known to be related to Covid vaccination. These included myopericarditis and anaphylactic shock. Therefore it comes as a considerable surprise to note that a number of people suffering from either one of these conditions after their first Covid jab were refused a vaccine exemption by Dr. Ashley Bloomfield who personally oversaw the exemption process.

Myopericarditis has a well known long term prognosis reported prior to the pandemic, with a 3 to 5 year expectation of serious complications which in a significant proportion of cases can become fatal. From this perspective, refusing a vaccine exemption to a person already suffering myopericarditis likely to have been vaccine-induced, might appear to be an action which risked causing further serious injury or even death.

So did people in fact die as a result of Covid vaccination? The last available Medsafe safety report "[Adverse events following immunisation with COVID-19 vaccines: Safety Report #46 – 30 November 2022](#)" lists 64,829 adverse events, including 3,688 serious events and 184 deaths reported proximate to Covid vaccination. As of August 2023, Medsafe only admits that 5 deaths have actually been caused by Covid vaccination. This does not of course include deaths as a result of long term adverse effects of Covid vaccination. There have been more than 10,500 excess deaths in NZ during the course of the pandemic, only 3,200 of which have been associated with Covid infection.

So is Medsafe's assessment of only five vaccine-related deaths reasonable and do they themselves believe their own estimate or did the government instead engage in a systematic campaign to suppress any possible association between Covid vaccination and mortality?

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I have received a number of reports that, in the early months of the vaccine rollout, the government paid substantial sums, of the order \$120,000, to families of children who died subsequent to Covid vaccination. Reportedly, payments were dependent on the families in question signing NDAs (Non-Disclosure Agreements) preventing them from discussing the circumstances of these payments or any association with Covid vaccination. These reports are only secondhand and cannot be confirmed firsthand for obvious reasons, but I have received them from people with standing in society who have expressed great concern.

Quite apart from the ethical considerations of contacting a family who has just lost a child (rumoured in some cases to be within hours of the death) and asking them to remain silent, there are serious concerns about the legality of any such NDAs. It is well understood in law that a person who has signed such an NDA, or is contemplating signing such an NDA, is entitled to seek legal advice about its meaning and effect. Even if already signed, there may be grounds to repudiate an NDA yet retain the payment, if any or all of the following applies:

(a) **Illegal contract** – The government is probably under a legal obligation not to suppress evidence of vaccine harm. If this happened, then the NDA itself might be an illegal contract.

(b) **Misrepresentation** – A party to a contract may cancel that contract if that party has been induced to enter into it by misrepresentation, whether innocent or fraudulent. Depending on what was said prior to the entry into the NDA, it may be possible to cancel the NDA. Furthermore, the party would not be automatically divested of any monies received under the NDA.

(c) **Undue influence or duress** – Duress involves illegitimate pressure which coerces a party to enter into a contract. Undue influence is concerned with the unfair exploitation of a relationship. A parent in the days after the sudden and unexpected death of their child is likely not to be in a fit state to enter into a contract concerning that death.

If you feel you may have suffered in any similar way or are directly aware of some who have, we are happy to forward any query in confidence to a qualified party who may be able to assist you or others affected.

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Quite clearly, if the reports of payments are true, the government was making very strenuous efforts to suppress discussion of vaccine safety. It did this in a number of other ways:

- By threatening doctors with suspension or disbarment if they publicly raised questions.
- By funding reports from the likes of Te Punaha Matatini falsely asserting that vaccine injury, natural immunity, and the lab origin of Covid were conspiracy theories.
- By refusing to acknowledge, against the evidence, that a novel biotech procedure derived from gene therapy experimentation was in any way more risky than traditional vaccines.
- By hiding the large number of vaccine exemptions granted to medical staff who had doubts about Covid vaccine safety and also requiring them to remain silent.
- By liaising directly with social media sites such as Youtube, Google and Facebook to censor discussion of vaccine safety.
- By repeatedly asserting incorrectly and against the evidence through public pronouncements, advertising, advice, and media payments that the Covid vaccine was proven *safe and effective*.

How could it be after a three month trial whose results were already equivocal? How could it be given the tsunami of CARM reports?

The hiding of evidence of harm went even further than this. [Leaked data from Wellington Hospital Region we have reported](#) lays out an 83% increase in hospitalisation from heart attacks and a forty percent increase in strokes. No one in authority has ever denied these figures. Rather than a revealing public discussion, a fierce hunt was immediately instituted to pinpoint and silence the source of these leaks.

Clearly any public knowledge of the dramatic and unprecedented rise in hospitalisation for a wide range of disease types which began before Covid infection took hold in NZ but after Covid vaccination began in February 2021 would have posed a grave threat to the government's safe and effective narrative.

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In fact, the progressive collapse of the NZ health service due to the increasing incidence of disease posed a similar threat to the so-called government podium of truth. [An article published by Newsroom dated 9th October 2023](#) based on extensive Ministry of Health documents sourced through an OIA paints a disturbing picture of occupancy rates over 100% and long waits at EDs and at hospital ramps for ambulances before urgent patients could be seen.

Health Minister Verrall disputed the reliability of some of the figures provided to her by Te Whatu Ora, but frontline doctors and nurses, however, told Newsroom the data confirmed what they were seeing with their own eyes. The figures reported by Newsroom were only released in August after the involvement of the Ombudsman two months after Verrall's June refusal to release the figures. The data is damning and the government's efforts to hide the evidence is doubly so.

On reflection, it becomes clear that, from early on in the pandemic, proponents of radical biotechnology innovation had hijacked the processes associated with the government's pandemic policy. These advocates and so-called experts had, for whatever reason, decided that it should be allowable for medical authorities to mandate vaccines that had not passed normal long term safety and effectiveness testing, yet pass them off as safe and effective. In other words, they were using their influence to encourage and even coerce risky biotech experimentation on the public. Apparently the government agreed with them so fully that they have done and continue to do everything in their power to hide what is going on.

We may have a chance to influence the make up of Parliament over the course of the next few days. It is worth reflecting that MPs are our representatives. The idea that information can or should be systematically hidden from the public is the opposite of democracy. There is a powerful argument here. If we return our current political parties to parliament they may think they can continue to hide hard facts from us and mandate medical risk. NZ First is calling for a wide ranging enquiry into the Covid pandemic response. This is not only long overdue, but it seems to us to be essential if we are to find a safe way ahead.

Dr. Guy Hatchard

10 October 2023

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