

One Can't Escape the Truth

# Hatchard Report

Dr. Guy Hatchard

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A message for Dr Shane Reti, Minister of Health, PM Chris Luxon and Judith Collins, Minister for Science, Technology and Innovation.



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Hopefully we are starting to move on from repeated articles reporting sudden tragic illnesses and even deaths without explanation or reflection like [“Community rallies after teen dies while warming up for touch rugby game”](#) or unprecedented health statistics like [“Why old, sick and workless Britain is getting closer to breaking point”](#), to those like this one [“Ellie was the ‘happiest she’d ever been’ until she lined up for her Covid vaccines. Now she’s living a nightmare – and doctors agree the jabs are to blame”](#).

The media gauge and reflect what is going on in the collective consciousness of the nation. Up until recently there was a prevalent consensus among the vast majority of government representatives, health professionals, the media and the population at large that COVID-19 vaccines must be beneficial. As the lasting effects of early injuries from COVID-19 vaccines, the serious longer term illnesses, the large numbers involved and the published research on vaccine outcomes are becoming more obvious, some among the overseas media are beginning to sound the alarm.

A single death of a young person is a tragedy, whatever the cause, but repeated and unprecedented numbers of deaths are more than an unfortunate statistic. They are a red flag. Some papers are beginning to realise the need to look deeper under the surface. Until now the Washington Post has been a bastion of pro-biotech liberal reporting. An opinion piece on November 11th headlines [“The U.S. could soon face a threat ‘more powerful’ than nuclear weapons”](#). It reports:

***“Researchers around the globe are tinkering with viruses far deadlier than COVID-19”.***

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The article acknowledges the likely source of COVID-19 in the Wuhan lab and points to the proliferation of biotechnology research around the world, some of which is closely linked to the search for bioweapons that can be targeted at specific ethnicities. Describing this as “*a new frontier of global catastrophe*”, the article acknowledges 27 million deaths as a result of the Wuhan leak, but inexplicably clings to the all but discredited hope that novel vaccines and intelligent regulation might avert looming man-made disaster.

Our conclusion: the Post appears to be on the verge of waking up. This opinion might be confirmed by another WP opinion piece printed the next day “[RFK Jr.'s views on fluoride aren't as crazy as you might think](#)”. The article covers the published research on the dangers of water fluoridation including its effects on children's IQ. The endorsement doesn't stretch to Kennedy's views on vaccine safety, but the writing is on the wall. Newspapers have to start taking recently published data into account. Historical faith in medicine and medics on its own without the support of current data and scientific analysis can be very misleading.

The danger associated with biotechnology research programmes is just not one more problem to add to a mountain of problems competing for our attention. As the Post article began to admit, biotechnology has risen to the top of the list.

***There is no credible evidence that adverse effects of gene editing can be contained.***

How this works in practice is amply illustrated by the recent approval by the FDA of FluMist, a live-attenuated nasal influenza vaccine which can be administered at home. A [Substack article](#) concludes its live viral formulation and the ease of transmission through respiratory droplets could place millions of people at risk:

*“FluMist recipients are advised to avoid close contact with immunocompromised individuals for at least 21 days due to viral shedding. Although this precaution targets individuals with immunocompromised household members, the risk extends far beyond the home. Millions of Americans, including those with cancer, HIV/AIDS, autoimmune disorders, and other chronic conditions, are immunocompromised and thus highly susceptible to even attenuated viral strains.”*

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In one foul swoop this kind of technology takes away any right of medical choice from whole populations. This is because FluMist relies on technology which is not a million miles away from bioweapon airborne delivery research. This demonstrates the cross over interactions with deliberately uncontrollable bioweapon technologies being developed in the virtually unregulated biotech research environment.

An article in the UK Daily Mail on 8th November reports "[South Carolina town residents lock down homes after 43 monkeys escape from a bioresearch lab](#)". The lab was doing research on deadly infectious diseases and vaccines. Apparently, test monkeys have escaped on multiple occasions over the last ten years. As we have reported previously, this is not unusual. [Review articles](#) report biotech lab accidents are the norm around the world affecting as many as [45% of researchers and technicians](#), not the exception. It is as if the human race has entered into a deadly pact of assured mutual destruction.

In fact, there is a growing volume of published scientific research analysing the extent and prevalence of the adverse effects of COVID-19 vaccines that should be reported by the media. Here in NZ, we are probably the least informed among nations. It is long past time to wake up.

A study in Circulation entitled "[Clinical and Histopathological Characteristics of Patients With Myocarditis After mRNA COVID-19 Vaccination](#)" investigated the mechanisms of myocardial injury and concluded: *"Our histological examination of patients with myocarditis after mRNA Covid vaccination revealed varying degrees of cardiomyocyte [the muscle associated with the heart's contraction] injury, ranging from pronounced to absent, along with various types of myocarditis."*

## **So how common is post-vaccine myocarditis?**

A paper published in the journal Radiology entitled "[Assessment of Myocardial 18F-FDG Uptake at PET/CT in Asymptomatic SARS-CoV-2–vaccinated and Nonvaccinated Patients](#)" reports that myocardial injury following COVID-19 vaccination is far more common than previously thought. PET scans of 700 subjects showed vaccine recipients with no immediate adverse symptoms still have a measurable degree of myocardial dysfunction. It concluded *"When compared with non-vaccinated patients, asymptomatic patients who received their second vaccination 1–180 days prior to imaging showed increased myocardial 18F-FDG uptake on PET/CT scans"*

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What does this mean in practical terms? Myocarditis affects the ability of the heart to pump blood. It is associated with **fatigue** at the lower end and **chest pain, shortness of breath and irregular heartbeat** at the higher end. **Heart failure** is the most severe outcome. The official New Zealand figures for ED admissions with chest pain (20,000 in 2023 among under 40s) that we reported in our article "[Staggering New Data From Health New Zealand and Others](#)", demonstrate this is not something that can be ignored any longer. The longer term effects of vaccine induced myocardial injury are now becoming apparent in the general population.

So why are we still being kept in the dark here in New Zealand by the government, media and medical authorities, despite the published research and official Health New Zealand figures being released under OIA? It is a big question. Lawyer Sue Grey requested clarification under OIA from Dr. Shane Reti, New Zealand Minister of Health asking:

*"What questions have you asked your officials and what advice have you been given about the ongoing effectiveness and ineffectiveness of covid vaccines and the ongoing costs of vaccine injuries?"*

The reply from Reti's office contained three very confusing sentences that need unpacking. It said:

*"The Minister of Health is subject to the Official Information Act for information he holds in his capacity as Minister. Any information held in any other capacity is not official information. On this basis we are refusing your request."*

In other words Dr Reti, the man responsible to protect public health, has not engaged in any official correspondence nor sought expert advice about COVID-19 vaccine safety since taking office one year ago. He is not officially up to date about the recent COVID-19 vaccine safety research findings just cited above (and the many others published during the last year). However the reply leaves open the possibility, if not certainty, that the Minister knows about such things unofficially.

It is but a short step to conclude that the Minister and his office wish to retain a degree of plausible deniability should it ever come to the attention of the New Zealand public in general that COVID-19 vaccines are in fact ineffective and very dangerous, especially so for young people, yet are still being recommended for use. He is, in the tradition of Pontius Pilate, trying to wash his hands of responsibility.

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He can't however, along with PM Chris Luxon and Judith Collins, Minister of Science, Innovation and Technology, wash his hands of the plan to add insult to injury by deregulating biotechnology experimentation and approving the release and sale of unlabelled genetically modified organisms. To reiterate the Washington Post's warning, this will help open *a new frontier of global catastrophe*.

No one, including Dr. Reti and all of his silent advisors, has any idea how to recall or mitigate the genetic fallout associated with the escape of COVID-19 or the global roll out of COVID-19 vaccines, or any other genetically modified organism for that matter. Yet they are rubber stamping an open season of biotechnology experimentation and pretending to innocence.

The Hatchard Report has some time honoured advice for Dr. Reti and his silent advisors. It comes down through ages from from William Shakespeare.

*"This above all, to thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man"*

Those holding positions of responsibility in the field of public health have a duty of care to face the truth, speak the truth and act to uphold the truth. No amount of legal obfuscation or protestations of innocence can excuse this responsibility.

Dr. Guy Hatchard

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