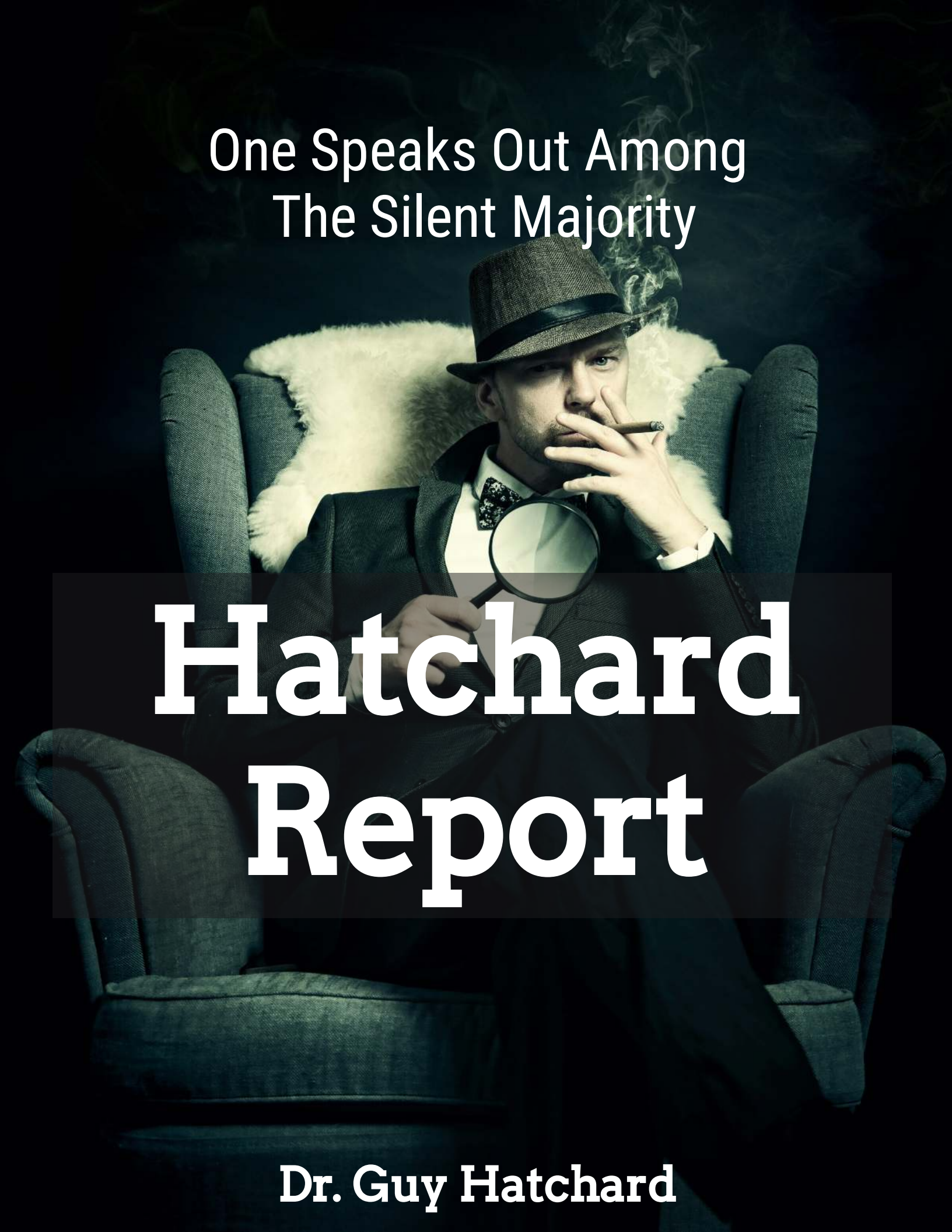
One Speaks Out Among
The Silent Majority



Hatchard Report

Dr. Guy Hatchard

One Speaks Out Among The Silent Majority

So there is at least one New Zealand official who is prepared to put their little finger up above the parapet. Coroner Sue Johnson has ruled that the death of Dunedin man Rory Nairn from post-vaccine myocarditis may have been prevented if he had been given more information before consenting to the Covid mRNA vaccination that later claimed his life. Her report highlights failures in informing the public of risks.

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If you thought there might be some justice coming down the pipeline, think again. Health and Disability Commissioner Morag McDowell received a referral from the Coroner asking her to investigate. She has now issued a report. This identifies glaring failures of vaccination providers to inform consumers of the known risk of myocarditis and the urgent need to go to hospital if you had chest pains, but then concludes ***there is no need for disciplinary action due to the unprecedented circumstances of the worldwide pandemic***.

Join with me in a deep groan of agonised incomprehension. How could this white washing happen?

Last week Stats New Zealand released the Births and Deaths update to March 2024. In summary:

Our birth rate, which was stable from 1975 to 2013, has declined 30% since that time. Last year the birth rate declined by a further 4%. Down by 2,500 births. The total fertility rate was 1.52 births per woman, down from 1.65. You need this figure to be around 2.1 to avoid population decline.

Our infant mortality has plateaued, reversing the previous decades long trend of gradual improvements.

Gratifyingly, our death rate declined compared to the previous year to 37,623 deaths, down from 38,835. However, this is still well above the pre-pandemic rate. We have calculated the rate of excess deaths allowing for population changes. Compared to the five years before the pandemic, the last five years have seen a cumulative total of 3,529 additional excess deaths.

To put this in perspective, the total is equivalent to 69 Christchurch Mosque Attacks or 18 Christchurch earthquakes. It is also 9 times higher than our current homicide rate. If you put these astronomical figures next to the refusal of the Health and Disability Commissioner and hundreds of other officials, parliamentarians, and medicos to take any disciplinary action, you can re-appraise it as an extraordinary act of looking the other way faced with a stealthy but deadly plague of serial killers in our midst.

Especially worrying is the lack of detail in the births and deaths report. The break downs are limited to age, sex and ethnicity, not by cause of death. We don't know what these people are dying from. We know from hints that cardiac deaths and cancer deaths are up, but by how much and in what categories? Without this information you can't craft any appropriate response to the health crisis. Hospitalisation and disability rates are admitted to be way up and out of control, but again the official stats are limited to things like emergency response times. Why this lack of detail?

We have recently reported snippets of overseas data. For example from leading UK oncologist Professor Angus Dalgleish which suggests reactivations of melanomas, lymphomas, leukaemias, colorectal, and kidney cancers. A Japanese study indicates increases in all cancer types after the third mRNA Covid booster. Dr. Frizzelle of Otago Medical School let slip in a recent interview that the rate of colorectal cancers in young NZers accelerated in 2022. How serious are these trends and how concerned should we be?

We are getting a lot of waffle from mainstream media. For example from Stuff newspaper "What illnesses are currently making Kiwis sick?" And the NZ Herald says "Why is everyone sick right now?". These offer us a potpourri of what the Stuff health correspondent Hannah Martin refers to as *'the usual winter culprits'*—coughs, colds, flu, COVID-19, whooping cough, and RSV. Is this the extent of it? No.

If you want a reality check, try the 2023 emergency response report of Hato Hone St John ambulance service. In 2014 there were 99 ambulance call outs per 1000 people. In 2023 there were 130 ambulance callouts per 1000 people. That is an alarming 16% rise over 2019 and steady compared to 2022. These increased call outs are not for coughs and colds and they are not going away.

So why aren't alarm bells ringing in the corridors of power, the medical establishment or the public arena here or overseas? Part of the answer was revealed by the UK Daily Telegraph last week in a piece of real investigative journalism entitled "The four-step 'playbook' the NHS uses to break whistleblowers". The authors interviewed doctors who raised patient safety concerns. They recount how they were confronted with systemic bullying and harassment from managers and colleagues along with a culture of cover-up. The article covers multiple cases where:

"Law firms and private investigators are also often brought in to investigate the whistleblower, who is then told they are being suspended. Years of internal investigations, disciplinary hearings and legal battles typically follow, until medics succumb to the personal, professional and financial pressure and quit. Many doctors who have decades of expertise in their field and distinguished careers are reduced to depression and suicidal thoughts by the situation they find themselves in. Some sign non-disclosure agreements, enabling them to return to work if they promise to keep their mouths shut, others try to fight back through the High Court or employment tribunals, and others leave the NHS for private hospitals or quit the medical profession altogether."

The evidence collected by The Telegraph suggests NHS employers are more likely to investigate the conduct of whistleblowers than the issue they have raised. Of the 52 medics interviewed by this newspaper, 41 said their own conduct was put under investigation. They were all subjected to counter-allegations after raising concerns.

One typical example involved Jasna Macanovic, a consultant hepatologist at Portsmouth Hospitals University NHS Trust, who raised concerns with the Care Quality Commission about an "innovative" dialysis technique being used by her colleagues, which she said amounted to ***harmful experimentation***. The CQC visited the trust to investigate, and within days of inspectors departing, Dr Macanovic was herself put under investigation. Ultimately Macanovic was cleared, but only after months of harassment.

Such *'investigations'* often involve intimidating police interviews of the whistleblower. Another consultant told The Telegraph the investigative processes *"give hospital management unbelievable power with no accountability. Essentially the NHS trusts investigate themselves, mark their own homework, and they become the judge, jury and executioner for the whistleblower all in one go."*

The four step process outlined and documented by the Telegraph is as follows:

Step 1: Investigate the whistleblower

Step 2: Bully and intimidate

Step 3: Weaponise General Medical Council referrals

Step 4: Demotion, disciplinary action and dismissal

The parallels with the treatment of the many conscientious New Zealand doctors struck off or suspended for advising their patients that COVID mRNA vaccines came with risks are obvious. Likewise, the Health Service whistleblower Barry Young who simply asked why so many people died after COVID-19 vaccination. He still faces court prosecution rather than any sort of internal assessment of mortality data.

The Health and Disability Commissioner should have noted that many doctors did tell their patients to beware of unquantified Covid vaccine risks. History is on their side. They have been validated by research findings and public health data. They should be acknowledged and praised, instead they remain sidelined, impoverished and discarded by the Medical Council of New Zealand who should have been reprimanded by the Commissioner.

At the root of the absolute refusal of the New Zealand medical establishment to acknowledge the failings and extent of the problems associated with mRNA vaccines is an appalling ignorance of the ABCs of the risk and safety profile of genetic interventions. We have documented some of these in our articles collected at GLOBE. It is time to speak up en masse.

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