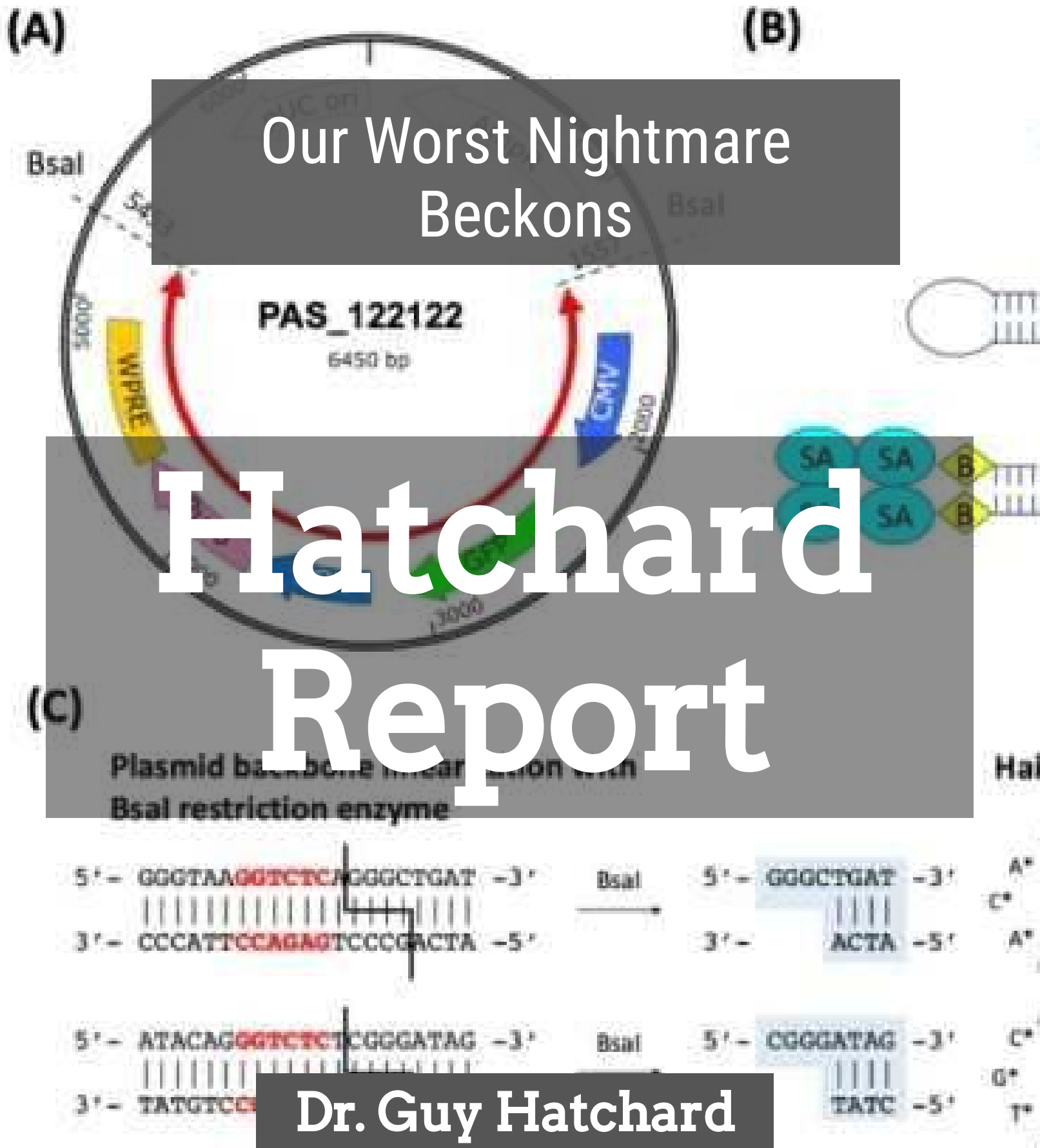


# Figure 1

From: High spontaneous integration rates of end-modified linear DNA



# Our Worst Nightmare Beckons - Hatchard Report

An article buried in the rush of Covid science publishing we have been experiencing this year recounts a finding that should have featured in the debate between our wannabe political leaders last night.

This article is also available as a PDF document to print/download and share. You can also [listen to an audio version here](#).

The prestigious journal *Nature—Scientific Reports* published a study on 23 April 2023 entitled “[High spontaneous integration rates of end-modified linear DNAs upon mammalian cell transfection](#)” that doesn’t sound like it should be front page news, but the implications for the future of the human race are truly frightening.

The report examined the capacity of various forms of DNA used as gene delivery vehicles to integrate into the DNA of the target organism. It concluded:

*“All of the forms of linear DNA resulted in a high fraction of the cells being stably transfected—between 10 and 20% of the initially transfected cells.”*

Transfection involves the insertion of foreign nucleic acids into a cell. What does the stabilisation of this process mean for us? The stable (permanent) integration of genetic material into a host cell chromosome may result in activation of oncogenes (cancer genes) or knockout of tumour suppressor genes. In other words, it can cause cancers.

In an attempt to avoid this happening, genetic material, including that used in mRNA vaccines, has been ‘end-capped’ (see details [here](#), Figure 4). However, unexpectedly, the study found that *“the end modification of linear DNA did not significantly decrease the rate of integration [into human cell lines].”*

We have been repeatedly assured that mRNA vaccines could not integrate into the human genome. Our concerns were often described by so-called fact checkers (aka media hacks and disinformation project scaremongers) as conspiracy theories. The study found that not only can this happen, but that it could happen with a frequency of up to 20%, one case in every five.

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The outcome of these DNA integration events can only be described as a slowly unfolding train wreck of global proportions. The integration of DNA in this way is heritable—it can be passed to future generations, placing billions of our children's children and so on in the shadow of genetic illness created by scientists who ignored evidence of harm and pressed ahead to subject the whole world's population to novel biotech experimentation.

mRNA Covid vaccines are programmed to produce a spike protein which is now known to be toxic for the functioning of the heart. As we recently [reported](#), myocardial heart damage has been found to be 1,000 times more common than currently admitted by our government, affecting 1 in 35 vaccine recipients. The above study in Nature gives reasonable grounds to suppose that even this very high risk may be higher, more long lasting, and affect subsequent generations.

The cancer risk is largely unquantified, but as we also recently [reported](#), there is data indicating increased rates of cancer related to vaccination schedules. The gestation periods associated with vaccine-induced cancer formation appear to be shorter than those traditionally ascribed to cancers. They are often being described now as turbo cancers. The Nature study also gives grounds to suppose that the widespread administration of mRNA vaccines might have greatly elevated lifetime risks of developing cancer.

The integration of mRNA sequences is not the only potential cancer-causing mechanism. mRNA vaccines are now known to be contaminated with plasmid DNA vectors as a result of Pfizer's commercial bio-manufacturing process. The Nature article demonstrates that these plasmid fragments, of which there are billions in a vaccine dose, can integrate into our DNA.

You can [watch](#) a report on this contamination by a highly qualified microbiologist Dr. Phillip Buckhaults ([@P\\_J\\_Buckhaults](#)), given to a South Carolina Senate Hearing. Buckhaults renders this into language accessible to the layman. This is a very interesting discussion because Dr. Buckhaults is an enthusiastic biotech vaccine advocate. He attempts a delicate balancing act, explaining that something seems to have gone terribly wrong with the regulatory process, but at the same time, he expects or rather hopes that future vaccines will be safe.

If you put the Nature article together with the Senate hearing video, it shows that DNA integration may be *common* rather than *rare*, as Dr. Buckhaults hopes.

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Dr Buckhaults describes the routine plasmid contamination of mRNA vaccines being given to the public as a *trojan horse* which poses a previously unexpected danger to public health. One that is, like the trojan horse, a deadly foe actually being welcomed into the bosom of our health service.

The Senators at the hearing profess their limited understanding of the science and their inability to take action to protect the public. They want to know who is at fault, to which Buckhaults responds in essence that Pfizer must have known of the risk of genome integration but failed to address it or test for it. [Dr Janci Lindsay](#) at the same hearing goes further and suggests the contamination was not accidental but intentional.

A fascinating exchange follows between the obviously horrified Senators and Dr. Buckhaults. Dr. Buckhaults ends by saying that from what he knows now, there is no way he would take a mRNA vaccine without first testing it for DNA contamination, nor, if he had known earlier, would he have ever given it to his daughters. The testimony has raised a flurry of informed scientific comment and concern see [here](#) for example.

The exchange is sobering when you consider the danger to the public and the [excess mortality in New Zealand](#) and other highly vaccinated nations, which is continuing at unprecedented high levels. Unlike doctors in South Carolina, our New Zealand scientific professionals haven't even warned our politicians of any danger. Instead, sticking with an obviously false and deliberately misleading safe and effective narrative, which left Chris Hipkins and Chris Luxon woefully misinformed in their discussion of public health last night.

***We appear to be in free fall after launching off the edge of a precipice. Our health service is collapsing in disarray but no one wants to be the one dialling 111.***

Dr. Buckhaults suggested that, as a minimum, vaccine recipients now need to be informed of the newly verified serious long term risks of heart disease and cancer formation. So, what form might this take? Incredibly, a [letter sent to German doctors](#) last week instructs them that future Covid booster vaccine recipients should now sign a form acknowledging that there will be no compensation in the event of a vaccine injury!!!!

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This only appears to formalise the de facto policies that seem to have been adopted in most countries as the default position. New Zealand medical authorities did not plan ahead to deal with adverse effects. Watch here at four minutes into a [New Zealand Primary and Community Care Webinar](#) held on 19/05/2021 where the lead host explains:

***“There is no specific funding to cover primary care for people presenting with side effects following their Covid vaccination nor any funding to cover the submission of an adverse event report to CARM.”***

At this stage, Primary Care had also not been given any indication about the availability of ACC cover for vaccine injuries. You can see just how much the false *safe and effective* narrative was steering frontline medical staff away from accepting vaccine injury.

You can also understand why, to this day, many politicians still appear to believe there is no such thing as a Covid vaccine injury. One party leader responded last week to a question about vaccine injury from a constituent saying: “No one cares about this”. I leave you to guess who. I imagine you will conclude that most party leaders are quite capable of making similar statements. You might be right there. I wonder how high the incidence of serious illness will have to go before they wake up?

In the meantime, the torrid gaslighting of the victims of vaccine injury continues. Most victims of the rising incidence of cancer, stroke, or heart disease are not even told it might be due to vaccine injury. Our politicians are glad to leave us in the dark, otherwise, we might reconsider our voting preferences and even ask for compensation and, heaven forbid, accountability.

Dr. Guy Hatchard

20 September 2023

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