

A woman with long dark hair is shown in profile, facing right, holding a megaphone to her mouth. She is wearing a dark jacket. The background is a clear, bright blue sky. A semi-transparent dark grey rectangular box is overlaid on the image, containing the title text.

Hatchard Report

Speak Up Now, It is Almost Too Late

Dr. Guy Hatchard

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The World Health Organisation has announced [an agreement with the European Union to develop a digital health certificate](#). WHO has stated that they will use the “EU Digital COVID Certificate” as a model to establish a global digital health certificate otherwise known as a vaccine passport (you can follow the reaction on Twitter [here](#)).

This brings to mind the conditions imposed on daily life during pandemic lockdowns which were enforced using vaccine passports. Restrictions on movement and participation which are now known to have had an overwhelmingly damaging effect on society. An article in the authoritative UK Daily Telegraph on 4th June headlines “[Painful lockdowns a global policy failure that must never be repeated](#)”. According to new research, we will be suffering drastic effects on the economy, educational outcomes, and mental and physical health for years to come as a result.

Now that the pandemic panic is subsiding, you may hope that this will not affect you or your family. Think again. The latest WHO initiative is one among many being promoted around the globe to restrict the freedoms of unvaccinated individuals.

In our backyard, the headmaster of prestigious Auckland Grammar School Tim O’Connor has written on 1st June to parents and friends of the School and spoken to the student body saying:

“It is our intention for all teaching and extracurricular programmes to be in person, with appropriate health and safety procedures in place”. Warning students that “personal health can affect their ability to attend and/or to actively participate in School activities”.

He announced that AGS has received advice from Public Health and medical professionals about the need for pupils to receive MMR shots and influenza vaccines. Mask wearing is also advised.

Mr. O’Connor appears not to realise that parents may have legitimate reasons to be concerned. He writes as if his audience is convinced of the need for universal vaccination and of its safety. He may not have read of the [study](#) conducted in Thailand on the effect of mRNA vaccination on adolescent boys which found cardiovascular effects in 29.24% of secondary school students, ranging from tachycardia and palpitation to myopericarditis.

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He may not have read recently published studies including [“Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine”](#) which found not just zero effectiveness of the bivalent Covid vaccine, but an increased susceptibility to Covid infection following repeated vaccinations. Possibly Public Health and the unnamed medical professionals advising him have failed to share the results of these studies.

Is this a taste of what is in store for us all—removal of medical choice and restricted access to reliable information? Or could it be worse than that?

In 2020 during Operation Warp Speed something happened that possibly escaped your notice but its effects are just now altering everything we took for granted about the safety of medical interventions. Operation Warp Speed was the programme to develop Covid vaccines rapidly in the heated climate of fear surrounding the initial stages of the Covid pandemic.

The usual 10-12 year period of careful safety and effectiveness research evaluating new vaccines was cut short to a matter of months. You may remember something else happened after these initial months. All the control group who had been given a placebo were suddenly given the same mRNA vaccine as the experimental group. This meant the Pfizer study had no possibility of evaluating the long term effects and safety of mRNA vaccines. Pfizer documents released under court order now show that by this point more people had died in the experimental vaccinated group than in the unvaccinated control group, a fact that Pfizer tried very hard to hide.

Move forward now to late last year, the bivalent vaccine was developed and rolled out around the world. It had different ingredients from the original vaccine but its testing period was even shorter. You can see where this is heading, can't you? The pandemic has legitimised wide scale testing of novel pharmaceutical drugs on the general public. Drugs whose long term effects are unknown.

WHO is fully involved in a push for rapidly updated vaccine types. See this article in the Atlantic [“Fall's COVID Shots May Be Different in One Key Way”](#) which explains that the FDA's advisory panel is expected to authorise an 'updated' Covid vaccine, something 'experts' described as *“momentous, but wise”*. In other words, we have become guinea pigs, unprotected by any standards of safety that ruled drug development before the pandemic.

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The introduction of vaccine passports on a global scale is one more step in this direction. Someone at the World Health Organisation, closely associated with the highly profitable pharmaceutical industry, will be dictating which drugs and vaccines you need to take. These standards set up a framework which may restrict freedom of movement, access to education and employment. Public health officials, medical professionals, headmasters, employers, and many others will no doubt be enforcing these WHO standards by adopting their digital health certificate. Theirs will be unthinking decisions, they will be following the crowd without knowing where it is heading. Given their position and responsibility they should be looking carefully into research findings before acting, not relying on others.

No doubt many have been seduced by the constant barrage of articles appearing in the press which promise miracle cures through biotech medicine. A sobering assessment is given in an article by the BBC entitled "[The quest for the era of personalised medicine](#)" which says:

"The Human Genome Project was supposed to lead to personalised medicine tailored to our DNA. It's finally happening, but it is proving more difficult than anyone could have imagined."

Instead of 'difficult' they might have used the words 'dangerous' or 'concerning'. The article recounts the story of five year old Mila who had a rare disease understood to be caused by a genetic defect. Her mother raised \$3 million in 2017 to fund the development of a personalised medicine designed to block the function of the defective gene. This medicine called 'milasen', relieved some symptoms for a while, but they returned and sadly Mila died two years ago aged 10.

It won't have escaped your notice that medicine costing \$3 million per person is not a prescription for a sea change in global health. Indeed the long and informative BBC article repeatedly bemoans the massive and ultimately impossible cost of various genetic research initiatives, whilst enthusing about their potential. 'Potential' is the right word because the article fails to describe a single initiative that is actually working. Sadly, poor outcomes continue to dog genetic medicine.

Projects to monitor the genome of hundreds of thousands of babies to screen for genetic defects are underway in the UK and USA, but the treatments are not. Clinical trials of conventional drugs have a notoriously poor success rate, or rather a 90% failure rate and, even for those that pass, a very low effectiveness and a high rate of adverse events. Genetic interventions haven't yet even been able to graduate from trials.

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The article reports some health officials noting there are sometimes treatments available for genetic conditions that don't involve personalised genetic testing and medicine, treatments that are cost-effective. This advice tends to fall on deaf ears when billion dollar genetic projects are on offer.

Remarkably, the article touts the very high incidence of *sudden cardiac arrests* as an opportunity to develop personalised genetic medicines. Ironically, the authors fail to realise that the incidence of such events has doubled during the era of mRNA vaccines.

The article concludes with a chilling statement:

"It is going to potentially require a different approach to the way drugs are tested, and some willingness to embrace risk."

Who is going to adopt this risk—the general public of course. Will we do so willingly or will we be left misinformed of its full extent? Will we be forced to participate on pain of loss of employment or housing? It has happened before, hasn't it? It is our job to ensure it doesn't happen again. Don't let these initiatives be introduced unchallenged. Speak up now, it is almost too late.

Image Credit

Photo by [Juliana Romão](#) on [Unsplash](#)

Dr. Guy David Hatchard

Guy is an international advocate of food safety and natural medicine.

He received his undergraduate degree in Logic and Theoretical Physics from the University of Sussex and his Ph.D. in Psychology from Maharishi University of Management, Fairfield Iowa.

He was formerly a senior manager at Genetic ID, a global food safety testing and certification laboratory.

His published work uses the statistical methods of the physical sciences to analyse social data. He has lectured and advised governments in countries around the world on health and education initiatives.

His book *Your DNA Diet* examines the role of genetic information in nutrition and investigates safety issues in medical settings.

He is a pioneer of research on consciousness as a field phenomenon and has presented papers on the benefits of meditation to improve health outcomes and quality of life.

He lives in New Zealand