

The Essential Read:
Self-Replicating Vaccines and the
Cloud of Unknowing

Hatchard Report

EMENT

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Self-Replicating Vaccines and the Cloud of Unknowing

Two weeks ago, we reported on an OIA response showing a ten fold increase in Emergency Department visits for chest pain since the mRNA vaccination programme began. We know this story has been offered to media contacts who have acknowledged receipt and even expressed interest, but sadly, nothing has been printed or publicly aired.

Along with this story, they were offered details of cases of officially diagnosed vaccine injured individuals seriously ill with conditions such as myocarditis who have so far been unable to get ACC insurance coverage. So why the media silence and government inaction? It turns out this is a deep puzzle that warrants careful analysis. First, we look at the extent of the prevalent misunderstandings and then discuss the alarming implications of the self-replicating vaccine rollout that has just begun.

On October 8th, the New Zealand Herald published an article, "[Newly-released documents show internal conflict before Health NZ board sacked](#)". This reported that until March of this year Health New Zealand was projecting a surplus of \$583 million. In July the board was sacked and a Commissioner Lester Levy was appointed. After investigation, he issued a revised projection of a \$1.4 billion loss. This figure has now been revised further to a \$1.74 billion loss. The government is asking Levy to find \$2 billion of savings.

The main reason given for the loss is the recruitment of too many nursing staff. Health Minister Dr. Shane Reti describes the situation as a matter of *poor financial performance and overspending*. In contrast, unions and advocates have [expressed frustration](#) at unfilled vacancies, long waitlists in all clinical areas but especially cardiac, cancer and mental health and the huge pressures on clinical staff.

Now add that together with the ten fold increase in Emergency Department presentations among the under 40s for chest pain, now running at 30,000 per year in our small country of just 5 million people, and you have to ask the question, did Health New Zealand hire more staff to cope with the increased volume of illness? You must answer YES, it's obvious. But the billion dollar question is why can't the government see that? Why are they trying to hide the appalling health statistics and waffling to the public about mismanagement? One answer appears to be that our government is living in the past, unable to come to terms with the present. They are not alone.

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A study published in Nature a few days ago is entitled "[Implausibility of radical life extension in humans in the twenty-first century](#)". Its thesis that humans in high income countries are approaching an upper limit of life expectancy is not so important to our article. What is important is the fact that the study, published in 2024, only uses data up to 2019. Mortality data in high income countries is readily available and always up to date, so presumably the authors decided that the pandemic mortality figures are a one off and things will return to normal shortly. There is a problem here:

Things are not returning to normal and don't look to do so any time soon.

An article in the UK Telegraph this week is entitled "[Mental health benefit claims surge to 400 a day](#)". It reports that official figures for mental health support benefits show that the number of new people claiming per year has jumped from 47,000 pre-pandemic to 145,000 for the 12 months to April 2024. That is a 300% rise, it has tripled. Rather than asking why so many people were suddenly becoming mentally unwell, Robert Jenrick, the leading candidate to become the new Tory Party leader, described the rocketing illness rate as "*scandalous*". He called for stricter eligibility rules and dismissed mental illness as just "*normal human stress*". Like so many other government figures, he is in denial, unable to compute the radically changed health circumstances of the whole population.

Was Jenrick's knee jerk reaction in any sense normal? People who suffer from clinically diagnosed depression, anxiety and other mental health conditions, do not generally willingly give up work. Work is what helps to keep them sane. Incapacity to continue work is a sign of very serious illness indeed. A tripling of incidence is not a scandal, it indicates an unprecedented population-wide mental decline. The fact that it has happened over a short space of time means that it should have an identifiable cause. Failure to recognise this obvious inference is a sign of cognitive decline on the part of governments. Governments are unbalanced to the point where ideology along with the carefully nurtured illusion of pharmaceutical safety and infallibility has taken precedence over obvious facts.

There have been only 830 cases of H5N1 bird flu world wide over the past twenty years, yet WHO is warning of a potential pandemic. In contrast 147,000 cases of mental illness in a single country in one year is being labelled a '*work shy scandal*'. There is no logic here, just a desire to hide the facts at any cost to the truth.

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Veteran award winning American journalist [Alex Berenson writing on Substack](#) summarises the phenomenon:

“Everyone now knows mRNA shots are neither safe nor effective. But the people who pushed them fear telling the truth will wreck their credibility. So they keep lying – and wrecking their credibility.”

Even when the facts have become undeniable, exaggerating the risks of COVID-19 infection or explaining away adverse effects of mRNA vaccines has become a preoccupation of the media, health authorities, governments and even researchers. As [Berenson explains](#), a paper published in the *Journal of Arteriosclerosis, Thrombosis, and Vascular Biology* entitled “[COVID-19 Is a Coronary Artery Disease Risk Equivalent and Exhibits a Genetic Interaction With ABO Blood Type](#)” has made headlines around the world. CNN weighed in with “[Covid-19 may increase the risk of heart attacks, strokes and deaths for three years after an infection, study suggests](#)”. This firmly pressed the fear button, but the research paper does NOT justify this conclusion. In fact the study found that COVID-19 does NOT increase the vascular risk for almost everyone infected with COVID-19 unless you were very severely ill with COVID-19 and hospitalised. Crucially, the size of the effect is very similar to the [well known risk of subsequent cardiac events](#) if you are hospitalised with severe influenza. Concerning, but not the stuff of headlines.

Hattie Garlick, a prolific writer on travel, children and diet, has penned an article for the UK Telegraph which was picked up this week by the New Zealand Herald under the title “[The real reason you’re ‘Tired All The Time’ – and what you can do about it](#)”. Hattie informs us that marketing and survey company Mintel has conducted a study which found that 55 percent of Britons are hyper-fatigued, rising to 65 percent of 25-34 year olds. In social media speak, this translates to TATT or ‘*tired all the time*’. Hattie offers a potpourri of useful advice about diet, vitamins, sleep and exercise, but she strikes a wrong note when quoting a psychologist who offers the bland opinion that “*This kind of permanent exhaustion isn’t new.*”

In fact, the scale and diversity is entirely new. Millions of people in the UK are sick, whether it is cardiac illness, cancer, chest pain, mental decline or TATT. This translates into billions worldwide, but our governments are ignoring it.

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Incredibly, here in New Zealand, the government remains focused on prosecuting a number of high profile people who publicly spoke out about the risks of mRNA vaccines whilst ignoring the wave of sickness engulfing the nation. On Friday lawyer Sue Grey and GP Phil Macdonald were facing separate court hearings with the prospect of fines and suspension for siding with their conscience. While Jacinda Ardern, the chief architect and cheer leader of vaccine mandates and social media censorship, was awarded a Damehood to be presented by Prince William. Simultaneously, [biotechnology experimentation is being deregulated](#).

No one is admitting that some really scary illnesses crawled out of biotech labs, whether they were viruses or vaccines, and they won't go away. There is not just a collective inability to face the facts, but an entirely false self-congratulatory fabrication that everything has been a big success. Along with this, a determination to go on foisting biotech experiments on the public with or without their consent.

Self-Amplifying RNA vaccines have been released

In Japan on October 8th [a self replicating Covid vaccine known as a Replicon was injected into 16 people](#). This COVID-19 vaccine is based on the Venezuelan equine encephalitis alphavirus, which has been genetically modified to invade human cells where it produces copies of itself until the cell dies from metabolic exhaustion. The intention is to stimulate the immune system to produce antibodies and T cells to fight the COVID-19 virus. The alphavirus infected cells generate exosomes which infect other cells until the our immune response is able to close the chain down.

Exosomes are mobile packets of genetic material. Their diverse constituents include nucleic acids, proteins, lipids, amino acids, and metabolites, which can reflect their cell of origin. Exosomes were first described 30 years ago and since implicated in cell-cell communication and the transmission of disease states. They have been explored as a means of drug discovery. Yet fundamental questions about their biology remain unanswered.

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Problems arise because exosomes are known to be capable of crossing over to infect other people with similar blood and genetic types as for example within a family or a population with little genetic diversity like Japan's. Moreover alphaviruses are known to have the capability to mutate and take on the characteristics of other pathogenic viruses. This adds a completely unknown complexity to the final outcomes within populations, including the whole population of the world.

Let's spell this out unambiguously: there is a risk that the Venezuelan equine encephalitis alphavirus, which attacks the brain, will, through unanticipated random genetic recombinant events, complete a complex pathway and 'learn' how to infect humans with a novel disease. I use the word *learn* deliberately. All genetic sequences have a measure of intelligence and participate in evolutionary pathways.

When foreign genetic sequences are enabled to cross the cell membrane and repurpose genetic pathways, by definition you have created a new disease. This is because the genetic uniformity of our trillions of cells, all functioning in a coordinated way within a complex network, is the basic material substrate supporting our immunity, our identity, and our consciousness.

The potential for vaccine contamination and immune disruption of a type that prevents the formation of herd immunity and raises the possibility of cancer formation have been flagged by experts writing publicly ([here](#) and [here](#)) to warn of the dangers of self-amplifying RNA vaccines. These have been shrugged aside by the Meiji Corporation, the Replicon developer, who have now gone public with their experiments ignoring our medical rights and treating us like experimental insects. As we know from the last five years, containing biotech experiments is a lost cause.

What we are facing here is the rushed production of a genetic vaccine by a private corporation that has all the problems and unknown quantities associated with COVID-19 mRNA vaccines and then some additional risky and unquantified properties which mean they cannot be contained. Governments around the world are refusing to control or regulate such experiments, rather they are encouraging risky research projects, even funding them, and then fast tracking their approval.

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I don't have the words to express how mad and unscientific medical experimentation on the general public has become, and all with the government stamp of approval. This mirrors the comic super villains that we read about in our youth.

Biotechnology acceptance is being driven by very sophisticated PR, managed by AI engines with protocols designed to sway public opinion. Yet behind this is a damning truth:

This is the first time in history when the thrust of human research has been focused on creating new diseases, as happened at Wuhan and is now happening in unregulated labs around the world.

All of the above is evidence of wrongdoing on a vast scale. When the effect of wrong doing accumulates in the collective consciousness it creates tension and stress which breaks out into conflict and war. Today we are all caught up in a new type of warfare whether we like it or not, an undeclared war where the majority of the combatants and the victims are unaware that they are participating. A war on human genetics using pathogenic experimental biotech missiles that are being launched around the world. Millions have already died and if this continues unchecked, everyone is at risk.

It is time to fuel up the campaign for [Global Legislation Outlawing Biotechnology Experimentation](#) (GLOBE). It is vital at this time to speak out, to write, to ask questions, and post links. Interact and share information via social media. Comment on the posts of others. Praise understanding and correct misunderstanding with the appropriate referenced information. It is not necessary to resort to polemic, the fact speak for themselves. Silence is tantamount to complicity.

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