

A blurred photograph of a hospital hallway. In the foreground, a person wearing blue scrubs is pushing a gurney. The hallway has a tiled ceiling with recessed lights, a red 'EXIT' sign, and a 'ROOM OCCUPIED' sign. The background is out of focus, showing more of the hallway and possibly other people.

**The New Zealand
Government is Failing to
Come to Terms With Reality**

Hatchard Report

Dr. Guy Hatchard

The New Zealand Government is Failing to Come to Terms With Reality

The New Zealand Herald story, 12 September, entitled "[Health Minister Shane Reti to reveal more about health targets as officials warn of manipulation](#)". Dr Shane Reti says he's not concerned (???) but can't guarantee his five targets for the health system won't be gamed by under-pressure health staff as his Government strives for better healthcare services. Apparently, specific targets for timely healthcare responses put hospital staff under such pressure that they can be tempted to manipulate data to make things look as though they are improving.



Click here to play an audio version of this article

00:00

00:00

In March, Reti set out the five targets he hoped to achieve within six years:

- 90% of patients to receive cancer management within 31 days of the decision to treat.
- 95% of patients to be admitted, discharged or transferred from an emergency department within six hours.
- 95% of patients to wait less than four months for a first specialist appointment.
- 95% of patients to wait less than four months for elective treatment.
- 95% of children to be fully immunised at 24 months of age.

The article reports that health service officials advised Reti that the following tactics have been used to circumvent targets:

- For cancer, there is the risk of patients being queued before treatment decisions are made.
- "*stopping the clock*" or removing patients from the ED information system while they were still in the department or re-designating patients as "*under observation*", without them being moved to an observation unit.
- The first specialist appointment target was threatened by the potential for variable interpretations of patient referral dates.
- Achieving shorter wait times for elective treatment could be manipulated through "*inappropriate suspension*" from a waiting list.
- Unlike the others, there was "*little evidence*" the immunisation target could be gamed, (no surprises there, vaccine mandates proved really effective to achieve targets)

The New Zealand Government is Failing to Come to Terms With Reality

Health Service managers suggested that the health targets could be met by instituting a more rapid hospital discharge process. Hopefully, this doesn't mean sending sick people home early. Other circumstances unintentionally 'improving' ED statistics include the nightly ramping seen at hospitals across the country, whereby patients have to wait outside in ambulances until there is room to admit them.

The most concerning take home from the article was the realisation that the Health Service and the Minister are on course for a clash of interests. Despite this, no one appears to be deliberately at fault here. Dedicated and over worked hospital staff are doing their level best to cope with the volume of cases. Administrators are under extreme pressure to improve outcomes, otherwise they might be pilloried by the press. The Health Minister sincerely wants to improve treatment options and outcomes.

The hard reality is that it may be difficult to reach the targets because of the increased volume of sickness in the wider NZ community.

We are not alone. Other highly vaccinated nations around the world are facing similar crises. See, for example, this article from the UK Telegraph entitled "[An NHS on its knees means A&E waits are deadlier than going to war](#)" It reports only 60% of A&E patients are seen by a physician before four hours, down from 94% in 2010. Over 10% of patients wait more than 12 hours. Reti and the Health Service are beginning to get the picture, but they are not willing to spill the beans to the public. Both are defending their turf rather than face the hard facts.

Despite the official silence about increased sickness and mortality rates, other sectors of the sprawling health industry are beginning to wake up with a headache. This week the Public Health Communication Centre Aotearoa (PHCC), aka epidemiologist and erstwhile government advisor Professor Michael Baker's A Team, issued a briefing entitled "[Long Covid: High economic burden justifies further preventive efforts](#)". PHCC is based at Otago University and funded by the GAMA Foundation of NZ rich listers Grant and Marilyn Nelson who, according to Business Desk, use the Foundation to fund anything that interests them.

The New Zealand Government is Failing to Come to Terms With Reality

The briefing comes right out and admits *“The persisting Covid-19 pandemic is causing both acute illness and longer-term debilitating symptoms”*. In other words, we are falling sick in greater numbers than ever before. The article speculates that the cost of increased healthcare use and national productivity losses might be \$2 billion per year. It also says that there is not enough data being released to decide what is going on. We agree.

Before you start the applause, Michael Baker and his team, which includes old chestnuts like Professors Nick Wilson and Amanda Kvalsvig, ascribe our entire health crisis to Long Covid and don't mention mRNA Covid vaccination, except to say we need a lot more of it and masks etc. In fact the biggest information deficit is the withholding of data comparing health outcomes of the vaccinated with the unvaccinated, as we have repeatedly pointed out (see [“No One Need Allow Themselves to Be Fooled for a Second Time”](#) for example)

We are not suggesting here that Long Covid is not a serious condition, it can be. However, studies indicating that the symptoms of Long Covid are more serious than those following influenza have not adequately differentiated between the outcomes of those Covid vaccinated and those unvaccinated. A study published in the Lancet entitled [“Long-term outcomes following hospital admission for COVID-19 versus seasonal influenza: a cohort study”](#) for example referenced the personal health records of the US Army Dept. of Veterans Affairs all of whom are likely Covid vaccinated.

Despite this, on this occasion we don't want to enter into an argument with Michael Baker and his team. We agree with them that we are in the middle of a serious health crisis. In fact we should all be reaching the same conclusion: biotechnology experimentation has landed us in a nightmare. Whether this is due to Long Covid or Covid vaccine adverse effects doesn't matter so much as the certain knowledge that both of them came out of a biotech lab. Why then is the government planning to deregulate biotechnology and open the flood gates to more of the same?

The Government is funding future foods

The schizophrenia of the government is in full view when you look from one department to another. On the one hand Health Minister Dr Shane Reti is struggling to improve health outcomes as well as keeping the lid on an unprecedented tsunami of illness, while the Ministry of Business, Innovation and Employment (MBIE) has announced a [\\$12 million investment in future foods](#) in partnership with Singapore.

The New Zealand Government is Failing to Come to Terms With Reality

Under this initiative:

- **AgResearch** will be *“Cooking and processing seaweed to improve consumer acceptance, protein digestion and nutrient bioavailability”*.
- The labs at the **Cawthron Institute** will be *“Realising the value of algae as a source of alternative protein”* which will attempt to make it look and taste something vaguely approaching meat and dairy.
- The **University of Auckland** will be *“investigating the interactions between plant proteins (soy bean and pea) and cultured livestock cells in fermentation vats (including cell lines from cattle, sheep, deer and pigs). Their first research objective will be to combine these two protein sources to produce hybrid food matrices.”* [???
- **Massey University** will be *“Identifying barriers to adopting sustainable and healthy plant-based diets [as above] and provide guidance to producers on how to encourage consumers to embrace alternative protein.”* In other words, psychologists at Massey will be designing psyops to turn us away from our traditional foods towards synthetic substitutes.

I trust you can identify the curious madness of this initiative when placed alongside the health crisis. Research shows that a healthy natural diet including fresh fruit and vegetables reduces the incidence of illnesses like cancer, diabetes, heart disease, etc which are overwhelming our health service. Whereas ultra processed foods similar to those being planned and funded by MBIE contribute to these illnesses.

NZ is a paradise of wide open spaces and fertile agricultural land blessed with a mild climate. You plant a seed and with some effort on the part of dedicated hard working farmers and home growers an abundance of fruits and vegetables results. Instead, our government is funding an effort to persuade us to eat synthetic foods cloned in a laboratory, all at great cost. They think that this will have greater appeal to our export markets than clean green fresh farming. How mad is that?

The government lacks any cohesive vision. It is pursuing contradictory policies. On the one hand they say they want to improve public health outcomes, on the other they are actively pursuing policies that are now known to negatively affect health. Biotechnology deregulation in [medicine](#) and the [food sector](#) in the wake of the appalling pandemic health outcomes is the height of madness.

The New Zealand Government is Failing to Come to Terms With Reality

Meanwhile, the first seeds of awakening seem to be sprouting. After years of telling us that there is nothing to worry about, Michael Baker et al are warning of a growing health crisis. Unfortunately, they are still so stuck in the past that they are recommending more mRNA Covid vaccines, which don't work and ultimately injure the immune system. Oh dear.

The most disturbing aspect of this farrago is the continuing determination to hide all these facts by influencing and manipulating the public. In the end such behaviour collapses because of its internal contradictions. In the meantime our health service is falling apart. We must take any chance to speak up and point out the obvious to a government that has lost its way, whether it is deliberate or due to confusion, dissension or derangement.

Dr. Guy Hatchard

13 September 2024