



The New Zealand Pandemic
Experience Offers a Lesson
for the World

Hatchard Report

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... but Not the One Our Government is Busy Promoting



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The New Zealand pandemic experience potentially offers huge lessons for the world because our population was vaccinated BEFORE COVID-19 infection took hold. This was because our borders were rigidly controlled during 2020/21 and any break out infections were rapidly tracked down and isolated. This means the effect of Pfizer COVID-19 mRNA vaccination can be studied in New Zealand in isolation from any confounding factor of COVID-19 infection. Moreover, as a result of our border policy, New Zealand largely avoided the more severe Alpha and Delta strains.

However, successive Labour and Coalition governments working with the medical authorities have largely distorted the data and the narrative to paint themselves in a favourable but grossly distorted light. The myth that New Zealand pandemic vaccination policy saved New Zealand from the worst of the pandemic has been widely promoted on the national and world stages.

The Gene Technology Bill now seeks to promote New Zealand as a country so insulated from the wider world that genetic experimentation on the whole population can *'safely'* and *'profitably'* take place.

The evidence shows the result will be neither safe nor profitable. The government has decided to put the whole nation at risk for the sake of their grandiose but ultimately disturbed and destructive ambitions.

The efforts to hide the devastating effects that the vaccine had on everyday Kiwi lives and health continues. Scientists at Otago University have just published a paper in the journal *Brain, Behaviour and Immunity* entitled "[COVID-19 may Enduringly Impact Cognitive Performance and Brain Haemodynamics in Undergraduate Students](#)".

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This paper is receiving significant international attention. Its conclusions are being widely reported. The study of 94 Otago undergraduates found:

- Cognitive engagement induced distinct prefrontal haemodynamic (blood flow) patterns post COVID-19 indicative of that known to be suffered by adults four decades older as a result of ageing.
- 40% of the undergraduate students self-reported persistent brain fog due to COVID-19.
- 37% of the undergraduates exhibited impaired cognition up to 17 months post-infection as measured by psychological tests with the suggestion that this could be impairing their executive brain function.

The authors concluded: *“These results provide new insights into the potential neuropathogenic mechanisms influencing cognitive impairment following COVID-19 infection”.*

In fact, the authors committed a grave scientific error/omission that had the effect of completely hiding and/or distorting the possible conclusions that could be drawn from the results. Because of Otago University vaccine mandates and New Zealand government policy, all of the subjects in the study were fully COVID-19 mRNA vaccinated BEFORE they participated in the study and BEFORE they became infected with COVID-19 at any time. This crucial fact was not reported by the authors.

75 (80%) of the subjects had had a prior COVID-19 infection confirmed by a PCR or RAT test. The remaining 19 (20%) were automatically categorised as a COVID-19-free group. The authors suggestion that COVID-19 negatively affected cognitive ability is significantly undermined by their own finding that:

“On average, the covid-19 group did not perform worse on the cognitive tests than the non-covid group.”

In other words, the authors accepted that the COVID-19 group were suffering from cognitive decline but ignored the fact that the cognitive status of the COVID-19-free group was apparently similarly impaired. This finding is a classic scientific indicator of a hidden causal factor shared by both groups.

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COVID-19 vaccination was shared by both groups but ignored by the authors. In doing so, the authors also ignored prior results that COVID-19 vaccination affects psychiatric status such as a 2024 study of 2 million health records entitled [“Psychiatric adverse events following COVID-19 vaccination: a population-based cohort study in Seoul, South Korea”](#) and public data on declining behaviour and attainment in educational settings some of which we discuss and/or refer to in our article [“Steep Rise in Autism Cases”](#).

Moreover, the very high rate of cognitive decline found in students also undermines the promoted public narrative that COVID-19 vaccination is protecting people from the most serious effects of COVID-19. From this perspective the results are damning for the COVID-19 vaccine whichever way you interpret them.

The pattern of omission evident in the Otago article has been repeated again and again in an effort to hide the negative effects of COVID-19 vaccination from the New Zealand public. The practice of averaging the very low mortality rates in 2020, when we had no COVID-19 and virtually no seasonal respiratory infections, with subsequent years in order to minimise the apparent impact of COVID-19 and COVID-19 vaccination on mortality is a case in point.

We conducted a time series analysis of publicly released weekly data of mortality among the over 60s and COVID-19 vaccination rates during the 2021 COVID-19 vaccine rollout (before COVID-19 reached our shores). We found a positive causal relationship between COVID-19 vaccination and all cause deaths at a one week lag during the COVID-19 vaccine roll out period ($t(33) = 1.74, p = 0.045$ one-tailed). Statistical tests showed the results cannot be plausibly attributed to *spurious regression* due to non-stationarity. The analysis found that vaccination was associated with 434 additional all cause deaths during the week immediately following vaccination among individuals aged 60+. Although there is some temporal unreliability in New Zealand data reporting, the finding is significant.

In other words, a careful examination of the effects of mRNA COVID-19 vaccination prior to any exposure to COVID-19 infection whatsoever, indicates that sudden unexplained deaths were already happening and particularly affecting those over 60. This kind of data, free of any confounding effect of COVID-19 infection, is unique to New Zealand and should have resolved any remaining doubt about the serious risks of COVID-19 vaccination. Instead the government conspired with the media and the health service to promote a false narrative that their COVID-19 vaccination strategy was both *safe and effective*.

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In fact, Medsafe did not follow up the vast majority (almost all) of the thousands of reports of COVID-19 vaccine injury submitted to CARM, our pharmacovigilance system. They are still omitting to do so today. Instead, pretending without evidence that COVID-19 vaccination has only a very limited range of generally mild adverse effects that can only be ascribed to vaccination for a short time following the jab. In other words, the assumption that no adverse effects emerging over a longer term are plausibly related to COVID-19 vaccination. An assumption that is widely recognised in standard scientific literature to be false.

New Zealand is not alone in distorting the evidence and ignoring the obvious. The UK Telegraph headlines today [“I’m a doctor – this is how I’d bring the NHS back from the brink”](#). The article asks what has happened to the NHS which was formerly hailed as heroic during the peak of the pandemic? It now has a waiting list for treatment currently standing at 7.5 million and 54,000 people a month waiting more than 12 hours in emergency departments. A story very similar to that of our health service. Five frontline medics are asked what they would do to fix it.

A **surgeon** says *“We need surgical hubs to speed through the waiting list”* which involves 6.3 million people waiting for 7.5 million procedures.

An **ED medic** says *“We need 10,000 more beds to cut A&E wait times”*.

A **dementia expert** says *“We need to diagnose more dementia cases”*

A **GP** says *“We need thousands more family doctors.”*

A **cancer doctor** says *“The NHS needs a cancer plan backed by millions of pounds”*

All of them fail to ask ***“Why are there so many more health emergencies involving cancer, dementia, heart disease, etc. than before the pandemic?”***

Despite the tsunami of illness, the health authorities in New Zealand have continued to refuse repeated requests to dig into their data records and compare the health outcomes of COVID-19 vaccinated populations with non-vaccinated populations.

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The cause of the COVID-19 vaccination health disaster is not difficult to apprehend. mRNA vaccines are designed to efficiently cross the protective cell membrane and repurpose the cellular functions. They do so in billions of our cells and the effects have been found to persist for longer than a year. Life begins with a single cell whose structure and function necessarily has a functional correspondence with the physiological systems that subsequently develop from it. Crucially these include our cardiac, digestive and immune systems which protect us from serious illness. It is not too far of a reach to realise that disruption of the function of billions of cells implies disruption of fundamental physiological and psychological functions on a grand scale. Such concerns have been examined and evaluated at our [GLOBE website](#).

The Gene Technology Bill currently before Parliament, which will essentially deregulate biotechnology experimentation including novel procedures that invade and edit the cell like mRNA vaccination, is a direct offence to the duty of care the government owes to the people. Many of you have been meeting their local MPs and expressing your concerns. Some have relayed to us the outcomes.

When shown evidence of COVID-19 vaccine adverse effects, as reported in the Pfizer March 2021 Post Marketing Report, one MP expressed horror, saying it could have happened to him. He reported that the only information the government leadership had shared with MPs so far described the Bill as *"an unprecedented economic opportunity"*. He plans to ask questions, so that was a win.

When asked, another MP, who apparently had a hand in promoting the Bill, admitted he had not told his wife, who is known to advocate a natural diet, about the Bill *"in order to avoid her becoming anxious"*.

The Hon. Shane Reti who is in charge of the Bill refused to meet *"Because he is a Minister"*.

ACT representatives have apparently been well schooled to defame me incorrectly as *"a nut job with a dodgy PhD"*. Thus deftly switching to *ad hominem*, thereby bypassing any need to address concerns seriously or look at recently published science. This amounts to a childish anti-science outlook.

In another report, we heard about a National representative dismissing concerns *"as outdated fear mongering"* without being prepared to discuss the issues or look at the evidence.

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As many resort to knee-jerk, uninformed mud slinging, clearly all your efforts and submissions have rattled the cage. We need to keep this up. We have to use our voice. Everyone's well argued efforts at a common sense and science based approach are starting to hit the mark. Particularly, concerns about the potential economic impact of an open gene technology policy on our agricultural export markets and prices are hitting home. Coalition MPs have been schooled to think that Gene Technology is an economic miracle in the making, they had better think again. The evidence points to a catastrophe that we have been [carefully reporting and referencing for weeks](#). Ignoring the evidence amounts to a wilful act of misplaced faith which ignores the public good and will ultimately destabilise our nation.

The Gene Technology Bill will completely exempt most gene altered products from any kind of scrutiny, regulation or labelling. We are at a crossroads where decisions made will affect us all for generations. Find out more by viewing our YouTube video [The Gene Technology Bill. What Kiwis Need To Know](#) and then [make a submission](#) to the Health Select Committee by February 17th. There are many reasons to reject the Gene Technology Bill. We have published suggestions for [a submission template](#). Write to your MP. They need to be thoroughly quizzed on this egregious Bill.

We would also like to suggest that you can meet with the local franchise owners of Pak'nSave or New World supermarkets and talk about the need for accurate labelling and traceability of gene altered foods which is being abandoned against consumer preferences.

We do not live in a country where people are willing to let others take away their food choices, their rights, their beliefs and increase exposure to serious long term environmental and health risks. To protect this, we need to stand up and be heard.

Dr. Guy Hatchard

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