

The University of Auckland has announced that it is joining a research project of *national significance* co-hosted with Victoria University of Wellington and supported by the University of Otago and the Malaghan Institute of Medical Research.



The project is to develop an mRNA vaccine platform. They plan to turn research into drug development, clinical testing and manufacture at an industrial scale. The plan has been signed off, presumably by Judith Collins MP, Science, Innovation and Technology Minister, and the participating universities. It has so far attracted an initial \$70 million funding.

Curiously, the announcement quoted Professor John Fraser, Dean of the Faculty of Medical and Health Sciences as saying of the pandemic: "It is difficult to contemplate what would have happened to the world if a treatment, one with 95% efficacy, had not been developed. Consider the impact that continues to this day." (Yes, we have been. This article reveals the actual efficacy is around 1-2% and this article examines the ongoing impacts of the Covid vaccination program)

Professor Fraser might have missed his calling, he possibly could have done stand up comedy. 95% efficacy (?????) To do what? Prevent transmission? No, everyone knows by now that even with four or more shots you can still catch Covid. Reduce deaths? No, excess deaths are at record levels.

According to the announcement, the speed at which those vaccines were developed has become legendary (possibly *infamous* might have been a better word choice). "New drugs traditionally take decades to develop, trial and bring to market, but mRNA techniques enable far faster development while also opening up new approaches for medical treatments." (There are very good well recognised reasons for caution in drug trials).

The announcement bristled with biotech bombast and a list of future cures that have been just around the corner for fifty years but never realised. According to Fraser, "The potential is that you can put a gene for anything inside our cells and the cells become the bioreactors." One wonders the extent and scope of experimentation that will be undertaken and whether any pathogens might escape from labs. No, that couldn't possibly happen.

He continues: the advantage to New Zealand is that with our own research and development facilities we will be able to replicate the rapid mRNA Covid vaccine development in the near future when the next inevitable pandemic arrives, most likely bird flu he speculates.

Joking aside, there are some very serious scientific issues here that seem to have been missed. The absence of long term testing has not proved to be a virtue but a huge liability. A paper entitled "Exploring the possible link between the spike protein immunoglobulin G4 antibodies and cancer progression" is a case in point. It concludes:

"Repeated inoculation with messenger RNA (mRNA) vaccines elicits immunoglobulin G4 (IgG4) antibody production. Such an increase in the concentration of specific and non-specific IgG4 antibodies allows the growth of some types of cancer by blocking the activation of effector immune cells."

The researchers at the University of Auckland, and the other institutions involved, undoubtedly should know about the suspected effects of Covid vaccine-induced IgG4 antibodies on immunity and turbo cancer development. The matter has been the subject of considerable scientific debate.

A paper in Nature entitled "Humoral profiles of toddlers and young children following SARS-CoV-2 mRNA vaccination" found that toddlers and young children develop unusual elevated levels of IgG4 following mRNA vaccination.

It doesn't take a rocket scientist to put the findings of these two papers together (there are also many other relevant papers). This should be sufficient to raise questions about the long term safety of the mRNA platform and its propensity to cause cancers.

Indeed a preprint paper entitled "A Case Report of Acute Lymphoblastic Leukaemia (ALL)/Lymphoblastic Lymphoma (LBL)
Following the Second Dose of Comirnaty®: An Analysis of the Potential Pathogenic Mechanism Based on the Existing
Literature" does just that. It examines a case study of lymphoma immediately post vaccination and summarises all currently scientifically published cases of cancer post mRNA vaccines and what might be the causes of such events. It posits six cancer forming mechanisms that might be triggered by mRNA vaccination.

So why are the researchers confidently assuring the NZ public that they will shortly be curing us of cancer, autoimmune disease and inherited genetic illness, rather than causing it?

The answer possibly lies in what has happened to our country over the last four years:

- Scientific and academic dissent and debate has been suppressed in our education and medical systems. Anyone
  wishing to keep their tenure is very careful to avoid criticising mRNA vaccines, in fact in many professions you still
  have to be vaccinated to keep your job.
- The courts have enforced the rights of any parent wishing to Covid vaccinate their children over their partner wishing to exercise caution. They have also failed to cross-examine government experts, thus ensuring a single mRNA narrative is overriding the provisions of our Bill of Rights.
- All political parties (with the exception of NZ First) accept the safety and efficacy of mRNA vaccination and the need for universal compliance. Incredibly, the government is now deregulating the biotechnology sector of which the announced NZ mRNA Platform is a step.
- A government alliance with social media companies and mainstream media has completely shut down any public debate on Covid vaccines. Part of an ongoing widespread covert program to censor social media content that Elon Musk has just exposed.
- The government funded a disinformation project which dismissed those questioning Covid origin and vaccine safety
  and efficacy as unintelligent, antisocial, extremists bent on undermining democracy. They funded documentaries aired
  on public television naming and shaming individuals.
- The government has used regulations to prevent any comparison of the health outcomes between unvaccinated and vaccinated populations. In one instance, launching a high profile criminal case against a Ministry of Health whistleblower.

The last point closes the door on reality, without access to this comparative data any valid assessment of the safety of Covid vaccination is impossible.

I could go on, but you can understand that in this controlled and highly censored environment, the risky fantasies of biotechnology researchers easily have free rein. It seems that any opportunity to receive government funding, however risky the outcomes, can be grabbed with a clear conscience. No one will know what is really at stake, nor will anyone have a public forum for their legitimate questions.

Let's refer back to the studies cited above. One of them involves little children who had virtually zero risk of a serious outcome from Covid infection but a calculable serious risk from Covid vaccination in the short term and an unquantified risk over the longer term. Yet the public was still pressured to vaccinate their children with mandates and a false "safe and effective" narrative. Is it morally wrong, as the government repeatedly suggested, to ask questions under these circumstances? You tell me.

Subjecting healthy children to risky novel medical interventions when they are not ill or at risk was judged an abhorrent criminal offence at trials held more than 75 years ago, but not now it seems.

What is being proposed by the University of Auckland, their partners and the government is not science as we understood it four years ago, because science involves the collection and comparison of evidence from multiple sources and its analysis from different perspectives. For four hundred years, post Galileo, science has been a public process, subject to debate and scrutiny, but no longer. Medical science is being redesigned to become an instrument for financial gain, status and a tool of the oppressive state.

In the press announcement of the NZ mRNA Platform, the spin doctors have been hard at work. Fraser tells us that "what we do now [medicine pre-mRNA] is crude and primitive". The article presents mRNA as a sort of insurance policy against future catastrophes. Asked what exactly the program will target, Fraser sounded a vague note of reassurance for a bright future:

"It's too early to say right now, and we're not pinning ourselves to any specific disease, but, of course, I have my favourite ones. What we will do is look at diseases that are most relevant to us, that the rest of the world is not doing.... Within seven years, the mRNA platform will be operating, and I would expect to see a number of homegrown therapeutics and clinical trials underway."

So apparently they have been given carte blanche to experiment. Having followed the biotech industry and worked on the safety testing and certification side, I have been hearing statements like this for more than 30 years. Seven years is a long enough time frame to ensure that funding and investment continues in the absence of any benefits. When seven years is up, another glowing prospectus of future benefits will be carefully crafted. All the while, in the growing climate of censorship, no one will be able to talk about the mounting failures and adverse effects.

Biotechnology is a very technical area of knowledge. The other day chatting with a friend he asked me what I did with my time now that I am retired, when I mentioned biotechnology safety, he said it was beyond his pay grade and drew the conversation to a close. Biotechnology is something that we have all been subjected to without explanation. If we don't inform ourselves we will be confined by it without right of appeal. I pity our country which is firmly and finally closing the door on our right to be informed. We are being securely locked up.

Dr. Guy Hatchard

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