



Misdirection Steps Up a Notch  
Among Government Agencies  
Worldwide as Grim Health  
Figures Close in Around Them

# Hatchard Report

Dr. Guy Hatchard

# Misdirection Steps Up a Notch Among Government Agencies Worldwide

Last week [we covered alarming official figures for chest pain](#) among the under forties in New Zealand released under OIA. A ten fold increase which began before New Zealand had COVID-19 but after the mRNA vaccine rollout began.

The story was picked up by the Australian media who pressed their state health authorities for data, and bingo the same alarming trend was uncovered in NSW and Queensland. Under pressure in a [live interview with 2GB Sydney](#), NSW Health Minister Ryan Park said he had consulted at length with NSW Chief Health Officer Dr. Kerry Chant and as a result admitted to the interviewer *“without a doubt some people presented to our ED’s with chest pain after the vaccination”*. The Minister then tried to blame COVID-19 infection as the greater threat, but had to backtrack when the interviewer pointed out the chest pain trend in Australia also began before COVID-19 took hold as it did here in New Zealand.

Back here in New Zealand we have been subject to a week long public silence on the figures. From our correspondence bag, I know many of you have joined us in contacting MPs, health officials, and the media to ask for comment, but so far silence, again leaving the vaccine injured out in the cold. Watch this page for updates, they are coming.

Similar scenarios are being played out around the world. The UK Daily Mail leads with [“Alarming rise of ‘super-fit’ slim young people suffering heart attacks”](#). It reports a 66% rise in heart attacks in the USA among people aged 18-44 since the pandemic began. It says:

***“One in five heart attack patients are now younger than 40”***

The article reports interviews with doctors who casually and conveniently blame the sudden acceleration in heart problems almost exclusively on COVID-19 infection, whilst mRNA COVID-19 vaccination cardiac side effects are wrongly dismissed as *rare* and *non serious*. The article states misleadingly:

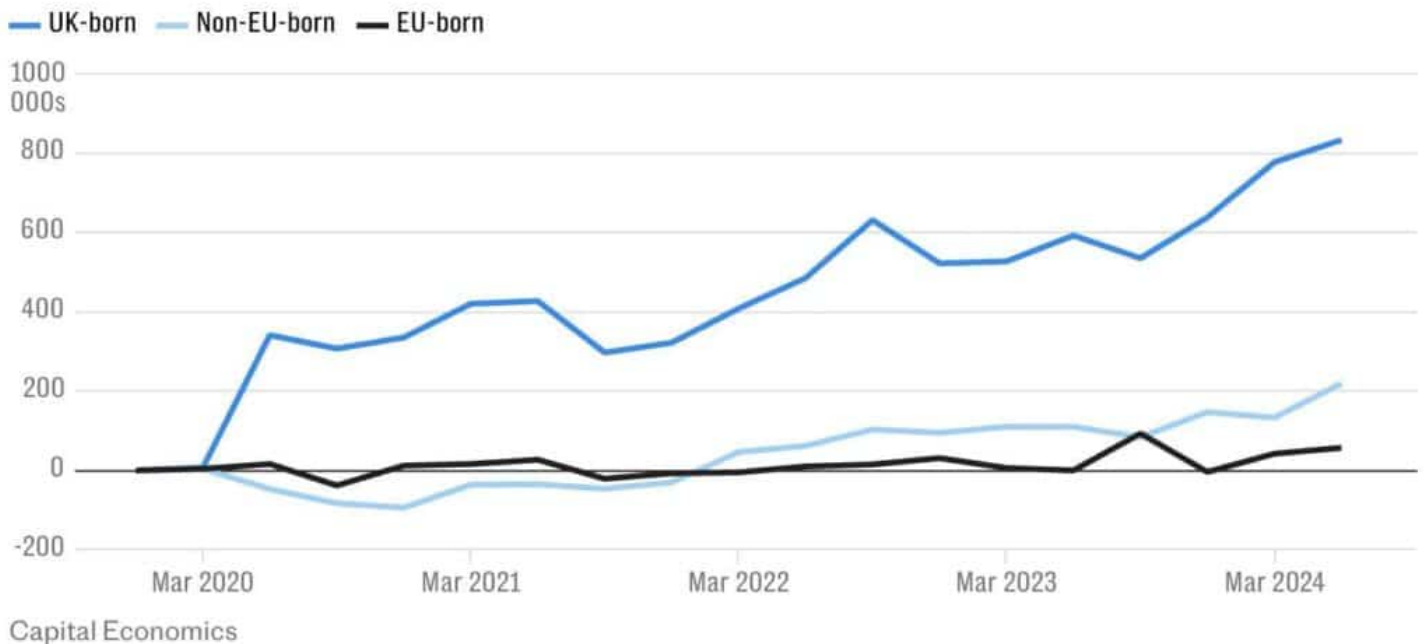
*“Once in the body, the Covid virus can cause the heart to become inflamed, a condition known as myocarditis, leading to damage that makes it harder to pump blood around the body. Over time, in extreme cases, this can damage the organ to the point it becomes too weak to adequately pump enough blood to the rest of your body, causing heart failure.”*

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After the reveal of the pre-COVID-19 but post-vaccine New Zealand chest pain figures and other recently published studies, the prevalent misconception being promoted by health authorities, governments and the media that COVID-19 infection is the ultimate cause of the cardiac problems and sudden deaths among the youth needs to be firmly corrected. A study of 820,000 UK adolescents entitled “[Effectiveness of COVID-19 vaccination in children and adolescents](#)” which compared health outcomes for vaccinated with the unvaccinated found **zero** cases of myopericarditis among the unvaccinated group who suffered COVID-19 infection. In other words, cases of myopericarditis occurred exclusively among those who had received a Pfizer mRNA vaccine.

The tsunami of illness among working age people comes with a massive economic cost. An article in the UK Telegraph headlines “[How Britain’s sickness crisis blew a £15bn hole in the economy](#)”. What’s more, just like the chest pain crisis in New Zealand, the trend is accelerating into 2024.

## Growing worklessness Change in inactivity levels since Q4 2019



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The government is treating the trend as a plague of worklessness. A newly appointed government tsar, himself recovering from a recent heart attack, urges people to get back on their feet. It fails to ask what might be causing ill health. It shouldn't be too difficult to interpret the timeline of the above graph. Yet government misdirection and denial are typical responses. Nor are governments unafraid to simply hide the alarming figures. Here in New Zealand, Stats NZ has responded to concern about rising excess deaths by stopping publication of weekly mortality figures, and that is just one example. [2019 is the last year figures for cancer incidence in NZ were published by the Cancer Control Agency](#). Access to cardiac hospitalisation and incidence data past 2020 is [restricted by Health NZ](#).

The OIA chest pain statistics for the under 40s was a rare look behind a closed door. Other statistics pointing in exactly the same direction include the last available [Medsafe Covid Safety Report #46](#) dated November 2022 which records a cumulative 13,000 reports of chest pain following COVID-19 vaccination, a number which Medsafe itself admits is grossly under reported.

Another corroborating statistic is the [leaked Wellington Region data showing an 83% increase in cardiac hospital admissions](#). For obvious reasons, we can't reveal our source for this.

You have to ask yourself why [11,000 Health NZ medical staff and contractors sought and received Covid vaccine exemptions](#) and why ACC staff point blank refused to be subject to any vaccine mandate. They knew first hand what was happening.

There is no prior history of this fit under 40 age group reporting to EDs pre-pandemic in tens of thousands. Just think, pre-pandemic someone under forty dying suddenly in the USA with a supposed cardiac condition was so rare, that it was standard practice for the police to require a toxicology report to check that they hadn't been poisoned. How times have changed.

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You can imagine that in a climate of denial and restriction, it has been very hard for the New Zealand public to realise the extent of the problem and the risks they face. One of our subscribers forwarded our [recent email on the myocarditis crisis](#), which referenced a just-released official Medsafe report, to a friend they believed might be open to listen. The reply came back *“I’m afraid I won’t read anything from this guy – he’s a well-known spreader of misinformation”*. I wonder what the friend would say if they realised they had just refused to hear about the conclusions of a damning government report? A report that our mainstream media has failed to cover. I wonder what they would say if they knew that unlike the government we reference published studies in all of our public missives.

Fortunately, there is some help on the way from public spirited journalism. The independent [Centrist reports](#) they supported the successful defamation battle of Chantelle Baker against the New Zealand Herald and the often quoted Kate Hannah of the Disinformation Project, which was set up and funded by the Prime Minister’s Department. Kate Hannah had labelled Baker part of the *“NZ Disinformation Dozen”* and called her a *“useful idiot”*. According to the Centrist, the settlement is tantamount to *“an admission that Kate Hannah is not an expert whose opinion is above defamation laws”*. We note the settlement also brings the Prime Minister’s Department into grave disrepute.

I expect the damning verdict will escape attention from mainstream media. This just goes to show how far the government has succeeded in conditioning the public to close their minds. As a result, our media is full of stories of family tragedies without connecting the dots. Those raising questions from within the medical profession have been silenced, stood down and in a number cases struck off, creating a climate of fear.

We wonder how much further the government plans to proceed along this path? It seems determined to hold its course, continuing to approve and promote novel biotech medicines and mRNA vaccines despite alarming published evidence building up in reputable journals documenting the harms. We have [summarised and referenced these papers](#) again and again. Letters and emails to government ministers, MPs and health authorities remain ignored and largely unanswered. The government is now determined to press ahead with [biotechnology deregulation](#), extending lax public health oversight to include [unlabelled novel GM foods](#).

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There are three types of leaders. The first and best are those who surround themselves with wise and learned counsellors, who listen to both sides of an argument and then decide on a course of action having taken into account fact, tradition, culture, morality and the welfare of their followers. The second are those who have a clique of like-minded counsellors, who make a pretence of having considered the arguments and parade their piety. The third type is the worst. They decide on a course of action of their own choice that accords with their personal goals and ideology without regard to the needs of time or place, the facts on the ground, or the opinion of others. They pursue their policies whether it does harm or good. It is not possible to persuade, negotiate with or influence such leaders with common sense. Our only recourse is the ballot box and that too offers only poor and manipulated choices.

Especially during the pandemic, governments around the world have adopted the position that they are in charge of dictating technological conformity. This extends from our food choices to what type of car we are allowed to purchase. Technology rules our lives and dogs our heels. The AI in our television listens in on our living room conversations and maps out our next purchase and our next drug. It rewrites the past for us, distorts the present and lays out a uniform future of ill health, mediocrity and drudgery. The pharmaceutical industry, whose tentacles, courtesy of Prime Minister Luxon and Judith Collins, will now extend into our pantry cupboard and onto our dining room table, has played a leading role in promoting and exploiting this trend which fully accords with the third type of leadership.

We are now reaping the ill harvest of this madness. Enough is enough. Shout it from the rooftops. People young and old are being poisoned by novel biotechnology experimentation protected from any scrutiny or accountability. This has to stop without delay.

Dr. Guy Hatchard

06 October 2024