The Long Read:

Jacinda Ardern, Science, and Covid Mandates
Events, Facts, and Fallacies.

November 30, 2021 Guy Hatchard PhD

We Didn't See the Rocky Road Ahead

Yesterday morning I woke up to some unwelcome news. My best friend from university days has passed away. He was an active fit man looking forward to enjoying retirement. Early on he had a mild stroke, his heart became inflamed and the valves were damaged, unfortunately his immune system was too depleted to respond to treatment. His story is familiar in these Covid times and shared by millions, yet nevertheless a deeply personal tragedy for his family. He was doubly vaccinated.

Feeling very sad, I decided then and there to write a short history of the political and scientific decision-making that brought NZ to where we are today. I am fortunate in having some access to these. Firstly my training in physics, logic, statistics, and the scientific method enables me to understand the principles that must be used to uncover truth from a science perspective. Secondly I have enjoyed an email conversation with a few of the key players.

Everyone has an opinion about Covid, and they are rightly entitled to their views. It is probably the number one topic of conversation in every country in the world. It seemed clear from the start that this was an unusual illness that must be taken very seriously. The creation of an effective vaccine was a gold standard to be aimed at. Having worked at Genetic ID, a safety testing and certification company, I had a healthy suspicion of genetically engineered creations. So I wrote to a colleague who works in the field of gene therapy to ascertain his recommendations. I asked him whether the move to mRNA vaccines posed any unintended risks. He replied at length and discussed the technicalities but the essence was

> *"I do not believe they are more invasive* [than traditional vaccines][*because they introduce into the body a short-lived molecule."*

At the time it appeared there were good theoretical reasons to suppose that mRNA vaccines were relatively harmless. These reasons have since been destroyed by the inexorable march of science. As a result, my colleague has revised his opinions.

The Scientific Advisors Supporting Jacinda

In January 2021, I was invited to correspond with some government advisors. Possibly my knowledge of network theory and my advocacy for the safety of natural health products were seen as useful skill sets to help 'persuade' a reluctant

cohort of the public to trust a new vaccine technology. I had an open mind and entered into the conversation with enthusiasm. I admired the caution and competence that Jacinda Ardern's government had already shown in trace and tracking, and in controlling our borders. Faced with a lot of uncertainty, Jacinda's cautious 'wait and see' response and her trust of 'science' was a smart and politically adroit move.

As a statistically aware and competent person, I was already alert to the main risk factors for severe covid—comorbidities and age. My first contribution to the debate in January was to suggest:

> *1. The NZ Government (including Jacinda's star power) can take a lead in encouraging other countries to recognise the need for a global elimination strategy to be put in place quickly.*
>
> *2. Given the non-uniformity in outcomes and symptoms, there is a need to step up research to locate which historical health, diet, behavioural, and lifestyle factors correlate with severity of symptoms.*

It was clear that 99+% of people would recover from Covid. Somewhere around 75% of people would do so rapidly without any lasting symptoms. As a scientist I thought it was vital to understand what it was about these people that kept them so healthy. Neither of these thoughts greatly energised my correspondents who were naturally absorbed in the possibilities of the vaccination campaign that was just getting going. But by July, I was well aware from Israeli data that the Pfizer vaccine waned in effectiveness quite rapidly, as were my correspondents. There were obvious uncertainties in what approaches would work. I considered that vaccination could not be a stand alone solution, at the very least it had to be paired with early treatment options. Epidemiologist Michael Baker concurred and wrote to me on 2nd August:

> "*Thank you for that very lucid description of our current state of knowledge around Covid-19 and the uncertainties – which are large. I agree about the importance of trying to keep an open, evidence-informed debate about future options."* and *"I agree with you about caution".*

At this point a member of the David Skegg committee—the Strategic Covid-19 Public Health Advisory Group— was drawn into the conversation. He too struck a cautious note writing:

> *"It is important to realise that the vaccines are only in their first iteration. Israel is effectively Pfizer's real life laboratory"*
>
> *"A protective immune signature is often elusive and vaccines are actually quite primitive in design"*
>
> *"I think you are right that studies have also shown that high vaccine coverage will not alone contain outbreaks."*

"The recommendations in the Skegg report should be considered in the light of their recommendation for frequent review i.e. the possibility that what we know in November might lead to a significant change of timing or content of the response in 2022."

The Skegg Committee has eight members. Four of the members are epidemiologists with a focus on public health measures such as vaccination. Three are statistical modellers and one is an immunologist—an expert on vaccines. One member has an interest in respiratory diseases. It goes without saying that given the make-up of the committee, it was designed to make recommendations about how to roll out and monitor vaccination. Distinguished and experienced though the membership was, it was not designed to evaluate questions and evidence about the physiological and genetic effects of mRNA vaccines. Nor did it have enough of a knowledge base to consider questions about covid treatment options. In essence a decision had been taken early on that vaccination was going to trump early treatment in designing NZ's response to the pandemic. From my correspondence it was clear that in the beginning the committee were satisfied that the Pfizer vaccine was highly effective and that they expected improved, even more effective vaccines to become available with time. In hindsight this was a naive view, mediated by the rosy picture of 95% effectiveness that Pfizer was projecting. A cursory glance at the history of attempts to control influenza through vaccination should have alerted them and everyone to the fact that treatment protocols were going to play a major part in our efforts to control the pandemic and reduce mortality. The aura of invincibility surrounding the word 'vaccine' was leading everyone to underestimate the challenges ahead.

Covid is a Disease of the Unhealthy

I became convinced that, given the uncertainties around vaccine effectiveness and the overwhelming contribution of comorbidities to outcomes, rather than just dividing the population into vaccinated and unvaccinated, a useful division might be healthy versus unhealthy. I suggested that an effective preventive answer to the severity and longevity of the pandemic is not just a shot in the arm, but also a massive effort to improve the general health of our population naturally through education about improved diet, exercise, nutrition, reduced stress, and sufficient rest. Remove GST from fresh fruit and vegetables, improve education in schools a la Jaime Oliver, regulate known disease vectors like excess sugar, hard fats, and pollutants, inform the public more fully, investigate and promote verified approaches to health like organic food, meditation, and yoga. I knew that governments would be reluctant, but thought naively that the serious nature of the challenge, the uncertain vaccine effectiveness, and the overwhelming contribution of comorbidities would strengthen minds and seed political bravery.

My Skegg committee correspondent had an initially positive response to my suggestion that we needed to do more to educate the public about healthy habits saying:

> *"I think you may be right – in that opportunities should be taken to promote preventive health measures now and at all times."* But added a rider *"the chances of other 'interventions' having anything like the protective effect* [of vaccination] *is remote in my view.*"

This last sentence revealed the bias governing Skegg committee decisions. As a result the committee was going to miss key signals. These include a study published in June by the BMJ which found that severity of Covid symptoms is reduced by 73% in those following a plant based diet. There were other vital indicators like this one, missed early on. For example, a UK study found that shift workers are three times more likely to be hospitalised. 15% of people exposed to covid never even develop the illness, why is that? This is a vital question that got forgotten in the rush to push vaccination as a stand alone answer.

On August 7th the Delta variant escaped quarantine in Auckland and the long lockdown began.

The Risk of Vaccine Adverse Events

By late August I had become aware that a number of my friends and friends of friends had suffered illness at some point following vaccination. My best friend at university was one of these, he never did have Covid, but he was doubly vaccinated.

I exchanged a number of emails with my government advisor correspondents on this topic. I provided details of specific serious events including death proximate to vaccination, and quoted studies documenting vaccine adverse effects such as myocarditis. I was met with a vigorous defence of the safety of vaccination.

One of my correspondents wrote of social media reports (often the last resort of people injured by vaccination)

> *"I have learnt the hard way, that the vast majority prove to be fictitious, and as such will have no bearing on my perspective."*

This was misguided prejudice, pure and simple. Another conceded:

> *"There is certainly well documented clotting association with the vector-based vaccines,"*

but maintained this was not common enough to cause concern.

Did the Skegg Committee have the myopathy associated with narrow disciplines?

Michael Baker however shared my concerns and responded:

> *"I am hoping that the intense surveillance of adverse events following immunisation will give us a good steer about the risk of these events."*

I researched the NZ reporting procedures to which he referred (known as the CARM system) and found to my dismay that these were voluntary. Under normal circumstances a new vaccine arriving on our shores would have already undergone rigorous long term testing. As a consequence, adverse events following vaccination have never been significant and the relevance of the CARM system has been largely academic and of little concern to GPs, hospital staff, and Medsafe (the ultimate NZ authority). Vaccines are assumed to be safe. Such is the reassurance and power of the word 'vaccine', mRNA covid vaccine adverse events have been grossly unreported. Many people suffering adverse reactions have been sent home with the advice that they may be overly anxious. Some reactions are readily dismissed as unrelated coincidences. Moreover hospitals and GPs are often at a loss to suggest treatment options.

On August 19 vaccination was made available to 12-15 year olds. This again resulted from a vaccination bias. People under thirty are at minuscule risk from covid, but they are at risk from vaccination. The point of vaccinating the young is not to protect them, they will be better served by the strong immunity gained after recovering from the illness rather than the very short term protection from vaccination. The point of vaccinating the young is to protect their parents in case they bring the illness back from school. There is an argument here that vaccination will expose children to a greater risk than covid. The research data is equivocal on this point and not in any way conclusive of benefit. Despite this, the government Covid messaging took a new turn. Young people were appearing in adverts to assure the public that they had received the vaccine and it was both safe and beneficial. No mention was made of the high risk of myocarditis (a serious illness) among especially vulnerable young men and boys.

Vaccine Mandates

On September 21st Jacinda Ardern emphatically claimed that those who refuse vaccination would face no penalties at all. Curiously Ardern added:

> *"anyone who doesn't take up an effective and trusted and safe vaccine when it becomes available, that will come at a risk to them."*

Clearly at this point, since it was available, Ardern knew that the Pfizer vaccine did not fit all the criteria: ***effective, safe, and tested.*** In actuality we were to find out soon enough that it does not fit any of these criteria.

On October 3rd, realising that productive dialogue with my private correspondents was at an end, I wrote an open letter to Jacinda Ardern. This was very widely read and shared. In this, I discussed the uncertainties around vaccine outcomes and safety. I urged the government to adjust its message that *vaccination would enable personal freedoms to be restored,* and to broaden its message to include *preventive approaches to improve health*. I received no reply and my correspondents among government advisors ceased responding altogether. I had overstepped an unwritten rule***—no doubts about vaccine safety were to be raised in public.***

On October 11th Cabinet announced sweeping vaccination mandates for staff in the education and health sectors. From this point on, vaccine mandates were floated as the way ahead to the lifting of lockdowns and 'freedom'.

Clearly between September 21st and October 11th something happened to radically change Ardern's mind about mandates. She must have started to either believe that the Pfizer vaccine was both *safe and effective* or decided to ignore these criteria—her own pre conditions for mandates. From my earlier correspondence with government science advisors and their subsequent public comments, it seemed clear that they remained cautious about the wisdom of lifting lockdowns and should have been able to recognise the limitations of vaccine effectiveness. Business advisors less so, but even they were emphatic that they would defer to science advice.

Factors Influencing Government Policy

There was a fundamental mistake in Jacinda Ardern's perception and use of 'science'. Science was being treated as a monolithic body of knowledge. In fact scientific disciplines contain competing ideas, paradigms, and theories. Separate disciplines have overlapping expertise but often their practice is so seperated that experts in different fields are unaware of each other's conclusions. Ardern had come to rely on the advice of epidemiologists whose profession was dominated by a fear of infectious agents and a deep belief in vaccination.

What other factors influenced the change in government policy? Perhaps during this time political decisions began to take precedence over science. Clearly the natives were getting restless in Auckland which had been under near total lockdown for two long months. During this period Israel, the other country exclusively using the Pfizer vaccine, was in the middle of a surging third wave of cases and deaths. Therefore Ardern should have known that the vaccine was not effective enough to support her aim of control and elimination.

There was also a mistaken statistical and methodological idea that rolled over from early calculations of herd immunity. If the effectiveness of the Pfizer vaccine remained at 95% as was believed early on, herd immunity could have been achieved with 60% to 70% of the population vaccinated. As it became known that the effectiveness of the Pfizer vaccine waned, this figure was revised up to 95% and even to 99% by some. This would have been a powerful motivation for vaccine mandates. But the calculation was in most respects inappropriate. Firstly the vaccine allowed transmission rather easily and secondly real world data showed that even countries with 100% vaccination like Gibraltar and Portugal were experiencing waves of covid infection. Also vaccine effectiveness drops to zero after 7 months, completely negating any possibility of herd immunity. This left the justification for mandates clinging on to one last hand hold—vaccines reduce hospital admissions. Our overstretched health service might just need this in order to cope. The significance of this pales in the face of a hard truth, covid mortality is still primarily related to comorbidities and age. Smokers, diabetics, immune compromised persons, the elderly and infirm, and the unhealthy are most at risk.

This is compounded by something disturbing hidden in real world data, figures published by UKSHA showed that for individuals over 19, the rate of transmission was almost twice as high among the vaccinated when compared to the unvaccinated. These calculations should have sounded alarm bells. They didn't, they were rejected as obviously false, a rejection that had no basis in science. Some experts in genomics however have taken them very seriously and have begun to research biochemical pathways and mechanisms which would possibly allow vaccination to facilitate susceptibility. This underlines the as yet unknown and the 'in progress' research projects. Any government rigidly enforcing mandates and speaking in absolutely certain terms, as Ardern is, has lost the thread of the science.

Did the government take advice from Medsafe on safety? Did Medsafe's reluctance to classify reported adverse effects and deaths as related to vaccination convince her that the Pfizer vaccine was safe? Medsafe is a member of the International Coalition of Medicines Regulatory Authorities (ICMRA). ICMRA is well connected to the commercial vaccine industry and was known to be writing pro vaccination covid policy statements which were distributed to its members via the data sharing channels ICMRA had established.

If Ardern had consulted with other governments, she may well have found they shared similar views about mandates just because the same policy papers of ICMRA had found their way to every government desk—a phenomenon well known in network theory. ICMRA had since its formation in 2015 cemented a central place in the medical regulatory network (known as a centrality effect). In effect it had created an unbalanced network, whereby all medicines regulatory bodies around the world were receiving the same information and advising their political decision makers in the government accordingly. Political decision makers however were unaware of the centrality of ICMRA policy briefings. If one Government head were to speak to their counterpart in another country they would be gratified and reinforced to find that they had similar ideas about mandates. If they spoke to several at an international meeting of heads of state, they would be reinforced many times over in an opinion that had actually been fed to all of them by a single vested interest. This phenomenon is known as *reflection* in network theory and systematically creates network bias.

The Need for Mandatory Reporting of Adverse Events

On October 28th I wrote to all MPs and urged the government to put in place mandatory reporting of adverse events, so that their extent could be properly assessed.

At the time, Michael Baker, my gene therapist colleague, myself, and almost everyone else were unaware of the inadequate protocols that had been used to test the novel covid vaccines. Of course the trials had to be almost impossibly short because of the sense of urgency, but their other shortcomings have only recently come to light. Being short trials there was always going to be uncertainty about the long term effects, but we presumed that any immediate dangers of

vaccination were going to be detected and documented before approval for emergency use. Journal papers had already been published reporting that the vaccines were highly effective and very safe.

Early in November, the BMJ blew the whistle on shortcomings at one trial location for the Pfizer vaccine—some data had been falsified. Alarming though this sounded, we hoped the errors were minor and resulted from the logistics involved in the short time frames and from the sloppy quality control of one contractor. Last week this hope was dashed by an investigative journalist from Australia, Maryanne Demasi PhD. Ms Demasi found that the Pfizer and AstraZeneca trials used new digital apps to gather patient data on adverse effects. The reporting options on these apps had only limited predetermined choices and gave little or no opportunity to describe symptoms if they departed from the multi-choice scheme of mostly mild adverse events.

Brianne Dressen was a participant in the AstraZeneca (AZD1222) trial. She suffered a severe adverse reaction after the first injection and became disabled. She was 'unblinded' from the trial, her smartphone app was disabled, she was advised not to have the second injection, and crucially the reports of her adverse event were never recorded in the final publication of the trial in the New England Journal of Medicine (NEJM). As participants suffering serious adverse events like Ms Dressen were withdrawn, it is no wonder that whilst the occurrences of mild adverse events were reported as significant, occurrence of serious events was reported as insignificant. Ms Dressen complained to the editor of the NEJM, but he refused to correct the inaccuracies, thereby blinding the public, governments, and scientists to the possibility that adverse events could be very serious indeed.

Ms Dressen's experience was not an isolated event, there were others. The recent Pfizer trial results of 12-15 year olds states there were *"no serious vaccine-related adverse events".* But Ms Demasi reports a serious adverse event excluded from this study also—a thirteen year old girl now confined to a wheelchair. Moreover the AstraZeneca protocol had excluded adverse events resulting in death for the five weeks immediately after the first inoculation—a fatal safety testing flaw.

What is the take home lesson from this? Drug side effects are known to be the third leading cause of death. In 2009 Pfizer paid out $2.3 billion in damages for criminally misbranding drugs. The Ministry of Health should have been more suspicious. Knowing that the safety trials were short, they should have alerted GPs and hospital staff to expect the unexpected, report all adverse events, and send accurate and complete reports to Medsafe promptly. This didn't happen.

More importantly the number of adverse events and deaths that Medsafe did receive was large, many times greater (possibly around 50 times greater) than any previous vaccine programme. There should have been a vigorous effort on the part of Medsafe to find out what sort of people were at greatest risk. Ignoring this was not just an oversight, it is possibly criminal. It may have affected the health of a very large number of recipients. Some of these only consented to vaccination under threat of loss of employment. Moreover the Ministry of Health largely refused

to issue vaccine exemptions to people who had already had an adverse reaction to the first covid dose or to a past vaccination. This was without doubt an imposition of personal medical risk by the government in contravention of the Bill of Rights.

Did Jacinda Ardern Ignore Red Flags?

The failure to alert the public that there was a measurable and significant risk to vaccination was compounded by false government assurances that there was no risk. Jacinda Ardern herself cannot have been unaware of potential risks, yet on occasions she dismissed questions at press conferences about adverse events, giving the impression that such concerns were without foundation. The 33,000 comments on her Facebook page, after she advised people to enquire of their vaccinated friends whether they were unharmed, should not have been ignored nor quickly deleted. Her rejection of safety concerns and possible long term risks can only be described as an inexcusable failure to inform herself, or could it possibly have been fuelled by a deliberate attempt on the part of Medsafe to hide or downplay the significance of adverse event data?

The safety reassurances Ardern, Bloomfield, and Hipkins gave repeatedly at press conferences and advertised to the public, also mitigated against adverse effect reporting. I know of a number of people who did not suspect that their cardiac events subsequent to vaccination could be related. The public perception of safety has become so entrenched that individuals posting about their adverse event symptoms on social media are often mercilessly trolled. Medsafe has maintained that the very high level of adverse events is not necessarily related to vaccination, because they knew of no proven mechanism which would cause them.

With the recent publication of a number of scientific papers suggestive of risk, this position cannot be realistically maintained, even if it ever could be. In the last month alone *Circulation* reports that the average risk of a cardiac event after vaccination rises from 11% to 25% as measured by biochemical markers of heart inflammation used in the standard PULS test. *Viruses* reports that the covid spike protein inhibits DNA repair in vitro. *The New England Journal of Medicine* reports that the spike protein may impair long term immune function. *Cell Discovery* reports that post vaccination symptoms mimic covid itself. Other research suggests that the spike protein can be long lived in the bloodstream and that the cell nucleus is not as well protected from mRNA vaccines as we thought.

Clearly the lack of clinical research expertise in the field of genomics, and specifically gene therapy risk assessment, on the Skegg Committee meant that such tentative concerns are not being factored into any discussion. The possible extent of adverse events is unknown and apparently being ignored. BUT, and it's a big BUT, the main ignorance here concerns the possible long term effects of covid vaccination with an mRNA vaccine or a viral vector vaccine. It cannot be over emphasised enough that these risks are unquantified and in a completely new field of bio technology unknowable within a short time frame. Certainly there are some very highly qualified and respected leaders in the field who have struck a very cautious note when airing their views publicly. Did anyone ever have an honest conversation with Ardern about this? Should mandates be enforced when they are in essence a gamble with uncertain and unknowable odds?

What Lessons Can be Learned?

In summary, Ardern set the pre-conditions for vaccine mandates as *"safe, effective, and tested",* we have seen that none of these are reasonably satisfied. Yet she went ahead and 'bet the farm' on vaccine mandates. The watch word of my early dialogue with advisors was 'caution'. At the beginning they recognised the limitations of current knowledge. They 'knew' we had to explore all the options. This sensible approach has seemingly been replaced by a misplaced professional stamp of vaccine approval along with the exercise of political Jacinda power.

In the first world war, trench warfare was a failed strategy but its continued use was promoted by the establishment despite the horrendous loss of life. As we now face new variants, possibly impervious to vaccination, do we continue to maintain the fiction that universal mandated vaccination is a stand alone strategy? Are we going to meekly submit to regular booster shots at shorter and shorter intervals, and to embrace new genetic vaccine formulations? Or do we recognise that we are at a turning point in our civilization whereby our most successful strategy will be improvements in our habits, our lifestyle, our diet? Do we recognise that, as in so many fields of endeavour, we have brought ourselves to our knees, and need to think again about the fundamentals of personal health and the environment?

Do I think that the NZ public can handle a mature and honest discussion? Yes. The decision to not only keep the public in the dark, but promote an entirely exaggerated and in some aspects false narrative appears as a misguided crusade. The scapegoating of the unvaccinated, despite the fact that the vaccinated can and do transmit covid easily, appears as a Machiavellian political plot. The wilful suppression of the large scientific uncertainty surrounding many covid 'facts', through selective editing or blocking of information comes straight out of the playbook of tyrants. The lack of an early and dynamic effort to understand and evaluating early intervention treatments was an error that could lead to increased fatalities. The gap between evolving scientific knowledge and government fiction has become a gaping chasm.

A final word—why oh why hasn't the media dug deeper? Where is well researched investigative reporting to be found? Why is there no balance? The media reporting of Covid in NZ is a lesson in itself and another story to be told at a future date by some brave and clear-minded investigator. The origins of one-sided reporting are not hard to discern when you recognise that the government has discouraged the cash strapped media from investigating or striking a critical note using a well-financed carrot and stick approach. Large grants have been made to media outlets. Independent vaccine lobby groups have also financed media outlets. Yesterday in Stuff, a long, rambling, and selective piece of reporting, entitled *Covid-19 NZ: Just how deadly is the virus?,* concluded with the comforting thought that ***the vaccine makes you younger.*** Praise the lord—the long lost elixir of eternal life has been discovered by the independent Stuff media group.

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