



Why are governments still promoting “vaccines” and not investigating excess deaths? Have they been affected by vaccine-induced cognitive decline?

## Description

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**Every day, my attention is drawn to efforts to extend the reach of mRNA vaccines. For example, nightly news anchor Mark Steyn of GB News has just been removed to make way for a pro-vaccine, pro-lockdown advocate. Mark was famously asking hard questions about vaccine safety. The CDC and the NHS have included mRNA Covid vaccines in the advised regular schedule of childhood vaccination freeing the providers from any legal liability forever.**

I can understand if people feel depressed by these and other trends. Following three years of misleading official pandemic advice fuelled by carefully placed public relations – paid for by commercial pharmaceutical interests and governments – people who are vaccinated feel different and want to keep separate from the unvaccinated. Many believe the unvaccinated are deserving of censure, segregation, and even punishment.

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By Dr. Guy Hatchard

The US Federal government is actually tracking people who are unvaccinated (for any reason other than a medically approved exemption). In other words, the unvaccinated are subject to surveillance and listed as obstinate (or dare I say it—asocial).

This is not a random piece of Federal record-keeping. A paper '*Estimating the risk reduction of isolation on COVID-19 nonhousehold transmission and severe/critical illness in nonimmune individuals: September to November 2021*' published 8 February 2023 seeks to estimate how many “nonimmune” individuals need to be isolated from society to stop the spread of infectious disease. The results of this paper are obscure even to a careful reader, but the intent is obvious – the authors set out to calculate just how many unvaccinated individuals you need to lock up and for how long to prevent the spread of a disease.

## Analysis of recently published research

These sorts of actions and imaginings are completely out of touch with careful analysis of pandemic data genuinely seeking to scientifically work out what happened during the last three years rather than merely pushing the biotech vaccine agenda. A petition presented to the UK Government entitled '*Investigate UK excess deaths not related to Covid*' received a response last week. The government reply included the following:

OHID analysis shows that, in England, for the week ending 28 October 2022, the leading causes of death contributing to the excess were deaths involving cardiovascular diseases; the highest levels of excess mortality were for deaths involving heart failure (21% higher than expected), and ischaemic heart diseases (17% higher than expected). Deaths involving acute respiratory infections were 16% higher than expected. You can view OHID's (Office for Health Improvement and Disparities) excess mortality tool [HERE](#).

OHID estimates show that for deaths registered in England during the whole of 2022, deaths involving four conditions were all over 10% higher than expected: heart failure (15% higher), cirrhosis and other liver diseases (14%), diabetes (12%) and ischaemic heart diseases (11%).

*Investigate UK excess deaths not related to Covid, Petitions, UK Government and Parliament, 8 February 2023*

There was no mention of vaccination at all, even though it is a very obvious causal candidate, one that has been widely discussed even in the media. *The Daily Sceptic*, a publication of the UK Free Speech Union, filled in this lamentable oversight with an article '*Higher Excess Deaths Clearly Linked to Higher Vaccination Rates in England, New Analysis Shows*'. The article found:

The more vaccine doses an area of England has received, the greater the number of excess deaths it has experienced, an analysis of [official data](#) has found – adding to worries that the novel Covid vaccines are contributing to the sharp rise in excess deaths seen since mid-2021.

The analysis of 300 UK administrative areas found that the more injections people received and the more time that had elapsed the relationship between high vaccination rates and death became stronger. What are people dying from? The UK government figures suggest heart disease, liver disease, and diabetes were especially at fault. It is just a short step to conclude mRNA vaccination might be causal, after all, myocarditis/pericarditis is a known side effect.

These high risks of vaccination are firmly underlined by a preprint paper analysing the spread of risk of death by age entitled '*Age-stratified covid-19 vaccine-dose fatality rate for Israel and Australia*'. This paper found the risk of death following vaccination doubled for every 5.2 years increase in age. In other words, contrary to the policy of prioritising the vaccination of those over 65, those in this age bracket actually suffered an increased risk of death following vaccination.

So, what stops governments from investigating the fundamental cause of excess deaths and what drives them to continue to promote vaccination? What leads them to ignore the growing weight of published evidence?

It is hard to fathom unless you accept that people have been strongly schooled to a degree of bias. You might also begin to wonder if mRNA vaccines are affecting cognitive ability. Is this also in play? In fact, cognitive decline is a well-known side effect of heart disease. A 2016 paper in the journal *Cardiac Failure Review* '*Cognitive Decline in Heart Failure: More Attention is Needed*' reports:

Heart failure adversely affects various cognitive domains, including attention, learning ability and working memory, executive functions, and information processing speed.

Recently published papers from Taiwan and Thailand indicate that cardiac dysfunction is far more common subsequent to mRNA vaccination than previously realised. It can affect a high percentage of vaccine recipients. A significant number of people may be suffering from degrees of cardiac damage. Could this be affecting cognitive ability to a measurable degree?

## **Biotech advocates are seeking to reject Nature**

Whether this is the case or not, there is a more general philosophy associated with the push for normalisation of biotech interventions. We have written about this in our article '*Genetic Essentialism and Biotechnology Experimentation*'. This involves an increasing rejection of natural law and those advocating more natural lifestyles, along with the suggestion that governments can and should demand uniformity and compliance with modern medicine and all that that implies.

The Therapeutic Products Bill ("TPB") was recently introduced into Parliament where it passed its first reading virtually without dissent. The Bill will smooth the way for new biotechnology products in medicine and food, but proposes high hurdles for natural products and traditional medicines that will inevitably discourage their use.

The TPB goes against provisions of the New Zealand Bill of Rights which contains articles guaranteeing freedom of medical choice. Personal choice of treatment is a complex process as anyone who has been seriously ill will be aware. This involves weighing options from a scientific perspective, taking dietary advice, subjectively assessing your own condition, consulting with family, and reviewing traditional medical interventions.

In my experience, you never know in advance exactly what will help or hinder your condition. In many cases, assessment of cancer treatments for example demonstrate that no single treatment options are clear winners. Decisions about whether to accept chemotherapy or not often come down to weighing evenly balanced outcomes from different modalities and interventions. Some of these options are entirely natural.

The right to go through this personal process of choice should not be taken away from anyone. The pandemic has shown us that forcing compliance with a single approach can rapidly turn into a public health catastrophe when that procedure later turns out to be ineffective, risky, and even in some cases fatal. As far as natural health options, the TPB will appoint a regulator who can and almost certainly will

take away many options from the reach of individuals.

This is part and parcel of the denial of consciousness that constitutes the mechanistic view of life. Individuals make a myriad of decisions every day. We have five senses, our mind, an intellect which chooses, and a sense of self or identity. We interact with the world via personal experience, behaviour, rational thought and reflection, traditional and learnt knowledge, and personal preference. Placing these health choices in the hands of a government regulator does not make any sense unless you are the type of psychopathic politician who seeks obedience as the desired outcome of governance.

The pandemic should have taught us that limiting diversity and locking down individual and collective behaviour is disastrous, not the least because once behaviour is forcibly stopped, it is hard to bring it back to life. New Zealand destroyed its tourist industry by locking down borders. It has proved very hard to resuscitate. Once you have strictly schooled the population to vaccinate, mask up, reject social contact, and abhor the unvaccinated, you have created a degree prejudicial behaviour. One that is hard to shift, even if these methods have been proven ineffective.

The laws of psychology are such that once attitudes are repeatedly reinforced and made routine, they often become inflexible prejudice. This has happened during the pandemic to an unprecedented degree. Whether this is sufficient to explain the polarisation of society and the rejection of newly published science papers indicating dangers of mRNA vaccination remains to be seen.

Legislative attempts in the TPB to restrict natural health options, promote risky biotech experimentation, and approve synthetic foods without adequate testing should be opposed. If we wish to be able to continue to freely choose herbal medicines and supplements without government interference, we will need to speak up. Go to [THIS link](#) to make a submission before 5 March (the deadline has been extended). Write to your Member of Parliament and complain that the appointment of a regulator amounts to an open-ended blank cheque to control the use of products used by more than 50% of our population without fully specifying the principles he should use.

In fact, we need to speak up more and more from this point in time moving forward. Research confirming our worst fears about mRNA vaccine dangers has been published. Any attempt to continue to suppress this information has the depressing smell of psychopathy. We should not be daunted by this task. Remaining silent at this point amounts to compliance and complicity. I am greatly heartened that we are not letting this go in New Zealand. The situation needs to be addressed openly and completely. The truth about the lack of mRNA vaccine safety and biotechnology, in general, is not going away nor can it remain hidden. It has to be thoroughly and openly faced. Otherwise, as time unfolds, those involved may feel emboldened to launch future public health deceptions on an uninformed public as a matter of routine.

by Guy Hatchard, PhD,

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