

Prejudice Doesn't Work Unless You Ignore Some Results, Exaggerate Others, Redirect Funding, and Impose Government Control

By [Guy Hatchard](#) October 7, 2022

How selective recording of Covid data and control of Crown entities distorts public information

An article in the NZ Herald “[‘Flood of Noah-like proportions’: The studies revealing Long Covid’s hidden toll in NZ](#)” by Jaimie Morton predicts that Long Covid will cast a decades-long shadow over the health and economy of the nation. We welcome renewed attention on assisting all those affected by the aftermath of Covid infection, but we have some questions.

The article reports that the government is funding a raft of clinical studies to gauge the impact of the pandemic. Each study will receive between \$200,000 to \$500,000. 23 government funded studies are listed [here](#).

Incredibly, 14 of these funded studies focus on how to improve Covid vaccine uptake and reduce vaccine hesitancy. Three of the studies will focus on assessing long Covid outcomes. 5 studies will assess the impact of the government’s pandemic response.

Just one study will examine vaccine safety. This study is being undertaken by Dr. Petousis-Harris, a known vaccine advocate who is co-director of the Global Vaccine Data Network (GVDN), an organisation whose policy aim is to fight vaccine hesitancy. Read a discussion of the strange relationship between GVDN and the Ministry of Health [here](#).

It appears government funding is being selectively granted with the deliberate object of promoting Covid vaccination and vindicating pandemic policies. If you ignore vaccine safety, the results will be biased. See [here](#) for a discussion of how the design of scientific studies of Covid outcomes can be selectively adjusted in order to persuade people that all negative outcomes of the pandemic are due to Covid infection and nothing else.

Studies need to be designed without any preconceptions prejudicial to outcomes. They need to fully distinguish between the outcomes for the vaccinated and the unvaccinated. If they don’t, vaccine injury will be hidden and falsely attributed to long Covid.

How Data Obfuscation Works in New Zealand

Let’s take the case of myocarditis, a known adverse effect of mRNA vaccination. In the financial year ending March 2020, there were 274 hospital discharges following myocarditis.

In the following year, 20/21 (before the vaccine rollout) there were 343.

For the next year, 2021/22, corresponding to the vaccine rollout, the [Medsafe safety report No.42](#) reports 783 cases of myocarditis. Is this figure reliable? An OIA (ref H202200078-2) reports that there were 1540 hospital discharges in 2021 for myocarditis, twice the rate reported by Medsafe. Both figures are likely to be under-reported.

Medsafe claims that myocarditis is a rare side effect of mRNA vaccination. A [safety update](#) on its website in July 2021 (and still up), estimates the myocarditis rate at less than 1 per million vaccine doses. In December 2021, Ashley Bloomfield claimed the NZ rate was 30 per million. The reported 2021 rate is actually between 75 and 150 per million and probably higher depending on who you believe.

Other official documents have claimed that the rate of myocarditis is lower than the expected rate. So we had 274 cases in 2019/20 and 1540 cases in 2021 and that is lower than the expected rate? It doesn't make sense.

But it gets worse. A [prospective study of 300 students in Thailand](#) found one case of myocarditis, two suspected cases of pericarditis, and four cases of subclinical myocarditis. If you extrapolate that into a rate, it is twenty times higher than our Ministry of Health estimates. Medsafe itself has written that only 5% of adverse effects are reported. If that is true, it would put the real rate of myocarditis twenty times higher than the reported rate, the same proportion indicated by the Thai study.

Prospective studies are just the sort that our government should have funded from the start, but didn't (a word of caution, don't do it now, we already have enough evidence that mRNA Covid vaccines are very unsafe).

The Thai study used standard diagnostic tests to assess the severity of the concerning cardiac symptoms such as tachycardia, shortness of breath, palpitation, and chest pain reported by 29% of the participants. Seven of these participants (2.33%) exhibited at least one elevated cardiac biomarker or positive lab assessment. That is a rate of 23,000 per million.

Should this concern us? Of course. However, some New Zealand 'experts' and so-called fact checkers have answered 'No' and claimed that myocarditis is a self-limiting mild illness (in other words it gets better without treatment). This is false. It is not supported by published studies. Although most patients, like the 29% in the Thai study, with mild symptoms improve over time, [a UK study](#) found acute myocarditis is a serious and likely underdiagnosed condition. A significant minority of those presenting with acute myocarditis (4%) die as a result of complications which develop over time including heart failure.

Even serious cases of myocarditis can respond to early treatment as long as it is detected. The cavalier treatment of myocarditis data by our Ministry of Health has possibly encouraged a public health disaster to unfold. Myocarditis and its associated cardiac complications can be detected with a simple troponin test which are now performed routinely in many US hospitals, but not here.

When you consider the above myocarditis data, it is not a stretch of the underlying scientific publishing to consider that the record rates of excess all cause mortality in New Zealand and the often noted cases of sudden death might be related to undiagnosed cardiac complications.

These should have raised red flags, but they have only elicited half hearted concern or outright denial by unqualified fact checkers and MSM. Some might be tempted to excuse our officials on the grounds that they missed key papers, but they didn't.

On [9th November 2021 the Covid-19 Vaccine Technical Advisory Group](#) (CV-TAG) in point 4 expressed a need for caution with 18-30 year olds due to a potentially different risk equation (they must have looked at the myocarditis data). CV-TAG still failed to halt mandatory boosters for employment reasons in this age range. In February 2022 CV-TAG noted there was a lack of safety data regarding boosters for 12-17 year olds (as we have seen there wasn't any lack of data, boosters were known to be high risk for this age range). Apparently CV-TAG went ahead and recommended approval anyway.

Adverse Effects of Covid Vaccination Have Been Hidden

It doesn't take a rocket scientist to conclude either that information is being ignored, or record keeping is haphazard and unreliable. Both possibilities are very concerning three years into the pandemic. It is hard to escape the conclusion that vaccine adverse effects are at the bottom of Ministry of Health priorities. Possibly they would be happy if they were hidden. The current batch of funded research projects geared to stamp out vaccine hesitancy certainly points in that direction.

The 'safe and effective' vaccine bias was directly challenged this week by alarming CDC Covid vaccine adverse effect data released under a court order running at 77,000 per million (see [here](#) for a summary) and by a number of newly published studies, for example:

[A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19](#) published in the journal *Vaccines* reported the autopsy outcomes of a single death and found:

- Acute multifocal vasculitis and necrotizing encephalitis in the brain.
- Signs of chronic cardiomyopathy, myocarditis, and vasculitis in the heart.

Tests for nucleocapsid protein, an indicator of prior Covid infection, came out negative. Only spike protein could be detected within the foci of inflammation in both the brain and the heart, particularly in the endothelial cells of small blood vessels. Therefore the presence of spike protein could only be ascribed to vaccination rather than to viral infection.

The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines. Just a word on how serious these findings are: 'multifocal necrotising' indicates cell death throughout the brain.

How Does Government Control Keep the Public in the Dark?

We have been discussing disturbing findings reported in learned scientific journals for over a year, but because of government control over a wide range of social institutions and the

media, the public remains in the dark. How did this happen? Is something amiss with our system of government and the control it wields?

For decades successive governments have felt a paternalistic need to impose uniform approaches on various public institutions. This has particularly affected education, health, employment, science, and the management of risk. Various bodies like the advertising standards authority, the employment relations authority, the accident compensation commission, the courts, etc are tasked with administering legislation fairly. All of these bodies are funded by the Crown and therefore subject to varying degrees of ministerial control.

Ardern's government realised that under the law they could, if they wished, exercise great power over the decisions of these supposedly independent public institutions. They did wish to do so. Rapidly all of our public institutions fell into line with ministerial directives, and the pronouncements of prime minister Ardern and her cabinet:

- Courts ruled that they were obliged to follow government policy and set aside the provisions of the New Zealand Bill of Rights.
- The Accident Compensation Commission—a universal personal insurance scheme—denied compensation to many affected by Covid vaccination.
- Schools and the tertiary education sector rigorously imposed vaccine mandates and restricted educational access to the unvaccinated.
- Te Punaha Matatini—a government funded research body—issued papers stating that government policies were verified, labelling vaccine injury and herd immunity conspiracies.
- The protections of employment law against discrimination were waived in the case of the unvaccinated.
- Protest and dissent were no longer an impetus for discussion and debate, but a cause for suppression.
- The authorities moderating broadcasting, media, and advertising ruled they were obliged to follow the government line without ruling on truth
- Dissenting doctors were excluded from the medical profession.

Control of the Media is Increasing

The mainstream media were potentially in a position to ask questions, but they were generously funded by the government to back pandemic policies to the hilt. Social media giants like Metaverse have concluded an agreement with our government to control content. This week parliament moved to further cement their control over the media. The government introduced a bill which will amalgamate TV One and Radio NZ into a single crown entity under ministerial control. It seems likely to pass.

We don't need our government controlling the media and censoring social media and free speech. View this video to find out [what others think](#).

There are many areas of life where individuals alone are capable of making sensible decisions. Unfortunately, none among our political parties want to turn down the opportunity to exercise control. The prized object of all parties is to exercise control, and more of it.

We need more genuinely independent public and private institutions. We need more choice in health and education. We need more open debate. We need to reduce our isolation from international scientific standards. We need to refresh our understanding of Common Law and Human Rights. We need to restore concepts of personal freedom and articulate a new social compact backed by legislation and protected by constitutional provisions.

In a recent fawning interview by Stephen Colbert, Dr. Anthony Fauci said with reference to Covid vaccines “*Safety is off the table. There is no doubt*”. Our government expert’s safety claims sound very similar. Did Fauci mean that safety is proved (risible), or was it a Freudian slip implying he no longer cares about safety? You decide.