By Dr. Guy Hatchard

The pandemic response has broken the social compact

The Social Compact is an evolution of theories attributed to enlightenment philosophers Locke, Hobbes, and Rousseau. In the modern context, a *Social Compact* is an implicit understanding between the government and the people and between individuals on the roles and responsibilities that each play. The aim is to ensure they can live successfully and safely together and shape the orderly and mutually fulfilling growth of society in both the present and the future.

Implicit in the social compact is the notion that differences of opinion, ideas, and styles of living can happily coexist. The belief that individuals and the government can rationally discuss and defend their ideas and proposals between each other without conflict and rancour. Except, that is, in the case of deliberate intention to cause harm.

The social compact has been broken because pandemic policies have imposed harm on individuals and society

The rate of adverse effects following Covid mRNA vaccination is more than fifty times that of any previous vaccine. Covid vaccination is strongly correlated with excess rates of all-cause mortality in countries across the globe. The normalisation of medically induced mortality marks the end of the social compact.

This involves one of the most disturbing results of pandemic policy—the denial and rejection of the accepted principles of medical causality. Suspicious deaths proximate to vaccination have been labelled “unrelated” or “cause unknown” because of the a priori assumption of Covid vaccination safety. Apart from death, a huge range of serious adverse effects have been labelled unrelated in the absence of reliable evidence. It cannot be overstated how concerning this is. It ranks among the great mistakes of history, where obvious truths have been overturned through coercion or propaganda.

The correct initial response, according to the pre-existing social compact, should have been a precautionary pause of vaccination, followed by further investigation involving collection and analysis of data including vaccination status, disease type or cause of death, and age. This has only been undertaken on data voluntarily reported on adverse event systems. These systems hugely underreport adverse events. CARM in New Zealand is estimated by Medsafe to only capture 5% of adverse events. Thus, the conclusions of its analysis are worthless statistically speaking and break the notion of medical ethics inherent in the social compact.

Just released data from the CDC indicates rates of vaccine adverse events greatly exceed historical background rates of conditions

Due to underreporting, CARM records that only 1 in 180 vaccinations resulted in any adverse event and only 1 in 3500 were judged to be serious. Medsafe then analysed these figures and concluded that this rate was lower than the rate of similar historical medical events in the general population. Therefore, Medsafe erroneously concluded they were of no concern.

Three days ago in the USA, after a prolonged legal battle, the CDC released the raw data from its v-safe adverse event monitoring program. V-safe involves 10 million users and

facilitates the reporting of adverse events via the user's smartphone. Among the alarming safety signals in the data set:

- Over 7.7% of v-safe users had a health event requiring medical attention, emergency room intervention, and/or hospitalisation.
- Over 25% had an event that required them to miss school or work and/or prevented normal activities – a quarter of all the people, that's huge. These rates are at least 15 times higher than those recorded by the voluntary CARM system in NZ, probably more.

The Hatchard Report has been asking the Ministry of Health to institute mandatory reporting of adverse events for over a year. In December 2021, Dr Astrid Koornneef, Director of the National Immunisation Programme, replied to me on behalf of Dr Ashley Bloomfield as follows:

"In regard to your comments on reporting of adverse effects, the current passive [voluntary] *monitoring system's purpose is to assign causality for individual cases where there is a suspicion the vaccine might have played a role.* ***An accurate measurement of all adverse events is not required."***

The v-safe data suggests that if CARM reporting had been mandatory, it would have recorded close to one million adverse events following an mRNA vaccination in New Zealand. This figure is consistent with the estimate of a 5% underreporting of adverse events at CARM. It suggests that the New Zealand population has experienced very high rates of severe illness and death proximate to Covid vaccination – figures that remained hidden from the public because of the government's refusal to fully count adverse effects.

V-safe data provides fresh evidence that the unprecedented record rates of NZ excess all-cause mortality (in July 35% above historical levels) are related to mRNA vaccination. It also suggests that the voluntary method of reporting and the subsequent analysis and conclusions offered by Medsafe have misled the population about Covid vaccine safety and mortality. This has left many vaccine-injured persons unaware that their health conditions may be related to vaccination. Many families remain unaware that the death of a relative could have been the result of vaccination. GPs have also been under-informed of risks by the government.

We have been kept in the dark because government advertisements claiming vaccine safety were misleading and because Medsafe follow-up safety research was inadequate. This was curated by exaggerated claims of mRNA vaccine safety promoted by Pfizer who stood to profit greatly during the pandemic.

The impact on the social compact which expects honesty and accountability can be gauged by an example: A young woman who experienced a stroke minutes after mRNA vaccination here in Northland was incorrectly informed by her doctors that it was because she was overweight – an unlikely cause.

In summary, the medical profession and government can deceive the people and pretend innocence because they have omitted to correctly monitor and investigate all adverse events.

Deceptive use of data is continuing. On 30 September 2022, the Ministry of Health ("MoH") released a document claiming their mRNA vaccination programme saved lives and improved health outcomes for New Zealand. They did so based on inadequate and incomplete data including that described above and failed to reference international Covid-19 publishing in learned scientific journals. The MoH claims do not stand up to scrutiny.

The age of social engineering

Historically periods of instability ensue when governments seek to unilaterally impose questionable social ideas or harmful products, procedures, or restrictions on individuals, segments of the population, or their people as a whole. Note for example the growth of the theory of eugenics beginning in the nineteenth century which eventually led to Nazi ideas of racial superiority and cleansing, and even today informs genocidal conflict.

As control of information in all its forms has increased in the digital age, the opportunities to impose ideas on whole populations have increased, especially because wealth and political power has become concentrated in fewer hands around the globe. The pandemic has facilitated the exercise of this global power over individual life.

In the imagination of a few, uniform and universal compliance with novel ideas have become possible outside of the accepted norms of the social compact. An age of social engineering has arrived.

Safe genetic engineering is a figment of the imagination

During the pandemic, the concept of faultless prevention of disease through genetic technology took hold of the public imagination through massive public relations campaigns which also concentrated the fear of disease. This heavily funded effort involves the cooperation of governments, social and heritage media, and the medical establishment. Behind the scenes, the commercial pharmaceutical lobby, mega investment funds, and futuristic global control movements shape the dialogue. This is the antithesis of the social compact.

It is a verified principle of gene editing that there will always be unexpected effects. This is because genes perform multiple roles and cooperate with one another in different combinations to perform diverse tasks. Therefore, inserted genetic instructions will always have unanticipated and unwanted effects in an organism. There are trillions of cells in the body, each containing DNA which expresses itself in the complex multi-dimensional epigenetic web of microbiology, organ systems, and the organism as a whole. Alter DNA or its immediate connection with the wider physiology through RNA, there is not just a risk but the guarantee of adverse impacts on the whole physiology and its constituent parts.

Over a period of nearly fifty years, the dream of faultless redesigned genetics—a super race concept—has been cultivated by biotech dreamers, scientists, and commercial interests. The false notion that genetic engineering could eradicate disease and prolong life, has led to the situation we now face. Experimental interventions on whole populations have been accepted as a necessary step to usher in a new genetic age. The imagined benefits have been exaggerated and widely publicised, while the huge risks have been deliberately hidden from all but a few players. The pandemic provided the opportunity to rush this through.

Three years into the pandemic, the genetic dream is unravelling into a nightmare and the social compact is in tatters

The accepted norms and freedoms of the social compact are dissolving into chaos:

Communication: Restrictions on information and ideas are being imposed. Legitimate questions about mRNA vaccination safety are labelled as disinformation or even treason. Media platforms can be cancelled without explanation. Bank accounts of those asking hard questions can be closed or their freedom of movement and speech curtailed. Government funding controls mainstream media messaging.

Diversity: Special restrictions have been mandated for unvaccinated individuals imposing a form of medical apartheid. In New Zealand, certain population subgroups have been prioritised and offered incentives to mRNA vaccinate without informing them of the risks.

Science: The accepted process of repeated scientific debate, testing, and publishing to determine validity has been curtailed and limited to pro-biotech medicine narratives. This has created a pipeline to rush through new drugs and vaccines. Gain of function of experiments have been refunded.

Medical ethics: Medical experimentation on unwitting populations without informed consent has been normalised. Trust in the medical profession has hit an all-time low. Doctors asking questions have been censored.

Protection of the young: Incredibly, studies showing an elevated risk of vaccination and low risk from Covid infection for young persons have been dismissed as irrelevant.

The unborn child: The significance of studies finding reproductive risks such as low sperm count and menstrual irregularities and the presence of spike protein in reproductive organs have been downplayed. Spike protein has recently been found in breast milk. Elevated rates of stillbirth and miscarriage have been ignored or hidden.

The elderly and vulnerable: Record rates of euthanasia, in countries where it is allowed such as Australia and Canada, have been hailed as a victory. Doctors have been encouraged to recommend euthanasia more often and more widely, even to younger or less sick individuals.

Fresh air and water: Mandatory masking has adversely affected respiratory systems. The addition of chemical additives to water systems has been legitimised.

Freedom of movement: Unprecedented lockdown restrictions on movement from home and across borders have been normalised without sufficient justification. These are modelled on those of repressive regimes and include digital tracking and surveillance.

Compulsory medical treatments: Coercive vaccination mandates are backed by legislation compelling medical compliance. Laws have not been removed from the statute books. In some cases, they have been extended. Doctors in California and other places face fines, disbarment, and even imprisonment if they fail to recommend certain genetic interventions.

Employment: Hard-won anti-discriminatory employment rights have been revoked allowing employers to control their employees' medical choices and access their health records.

Education: Participation in education at every level has been limited in many countries to students who comply with pandemic policies. The result has been reductions in educational attainment and setbacks such as zoom-only classes and lengthened course time. Youth suicide rates and self-harm have increased.

The economy: Small businesses have been impacted adversely by lockdowns and government debt has blown out. The terms of international trade have been tilted in favour of monopolistic mega-corporations.

The damage to society is so extensive that it will take years to fully recover but it will only have a chance to do so if immediate curbs are placed on risky biotech medicine and experimentation. Vaccine adverse effect rates are now known to be much higher, longer term, and more serious than first thought. Covid vaccination programmes should be halted immediately. Research protocols should be revised to fully take account of new data. All vaccine mandates in the public and private sectors should be halted.

About the Author

New Zealand's Guy Hatchard, PhD, is an international advocate of food safety and natural medicine. He was formerly a senior manager at Genetic ID, a global food safety testing and certification laboratory. He has lectured and advised governments in countries around the world on health and education initiatives. You can find more articles by Hatchard on his website *The Hatchard Report* HERE.