

**PANDA KNOWLEDGE FACTORY NPC**  
Reg. no. 2018/364043/08

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Dear Mr Gore,

Thank you for your reply to our letter of 13 August 2021. PANDA required your response by 18 August. We received your letter by email on 30 August 2021. We note that the letter was created on 25 August 2021. It is signed electronically by you. It is our understanding that the document could not have been signed electronically before it had been created. It would be deeply problematic for you to represent that you signed a document other than on the date you actually signed it.

We began our letter of 13 August by explaining that PANDA supports the use of safe and efficacious vaccines. PANDA's vaccine stance is a matter of public record. We are certainly not anti-vaccination and we have never engaged in the dissemination of misinformation.

In the penultimate paragraph of your letter, you raise "concerns" relating to organisations that attempt to "sew public discord, to spread COVID-19 and/or vaccine disinformation." We could not agree more. Sewing public discord, including by stigmatising and discriminating against people on the basis of their health status offends basic principles of medical ethics and is morally reprehensible. Spreading inaccurate information about vaccines and other aspects of COVID-19 contributes to a lack of trust in public health "experts" and to what you refer to as "vaccine hesitancy". It must be stopped for myriad reasons including the preservation of our public health service and this is precisely why we wrote to you.

There is a view that the public is not sophisticated enough to understand information about matters impacting their health and that public health officials (who know better) should curate the information flows to these people to ensure that they "do the right thing". Those who hold this Machievellian view seek to hide the serious side effects of the vaccines.

**OPEN SCIENCE. HUMAN AGENCY.**

**Directors** Nick Hudson, Shayne Krige, Peter Castleden

We do not agree with your statement that "discouraging public vaccination in any way whatsoever" is morally reprehensible. The end does not always justify the means. As with any medical procedure, there are groups who should be discouraged from taking these vaccines. For example, the WHO and the manufacturers of the vaccines discourage children from taking them. Discovery should not confuse its own views on morality with its ethical obligations.

To the extent that Discovery, as an insurance provider, has any role whatsoever to play in public health, it is to inform. It so happens that Discovery is encouraging members to be vaccinated and the only information that members are being given prior to vaccination is the information that you publish on your website. Informed consent is a basic ethical obligation of all healthcare providers and we consider its application to Discovery in these circumstances to be appropriate.

The Health Professions Council of South Africa sets out the requirement for informed consent as including obligations to give patients the information they need about a treatment and, importantly, not to withhold any information that is known to be in the patient's best interests. The elimination of "vaccine hesitancy" and the controlling of the narrative in order to encourage public vaccination - virtues that you espouse in your letter - are not ethical imperatives. In fact, they are the antithesis of the obligations those in the public health sphere have. Healthcare decisions are taken by the patient, not the insurer. Your obligation is not to present information in such a way as to encourage vaccination and address vaccine hesitancy - it is to present accurate information that allows individuals to make informed decisions. It is not ethical, for example, to decide that people under 40 do not need to know about the risks of myocarditis following vaccination - even if the purpose of that non-disclosure (encouraging public vaccination) is morally laudable. It is also a fact that properly informing people is considered by [experts](#)<sup>1</sup> to be the best way to address "vaccine hesitancy" because it enhances trust in the information being provided.

In the Pfizer trials, lymphocytopenia was observed, and in the Astra Zeneca trials neutropenia was observed in 46% of recipients. This places recipients at significantly enhanced risk of contracting Covid, a phenomenon that is so pronounced as to be observable in the national Covid death curves of some

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<sup>1</sup> <https://covid19vaccinescommunicationprinciples.org/>

90 countries, some of which were substantially free of Covid deaths prior to the inception of mass vaccination programmes. That such deaths are being obscured by public health officials in South Africa and elsewhere, by way of categorizing them as Covid deaths among the unvaccinated, instead of as vaccine adverse events, is cynical. The fact that people receiving vaccines are not being informed of these documented risks places them at risk. People should be informed that they are more susceptible to COVID-19 post-vaccination.

In light of the above, we were pleased to see that following our letter Discovery did make a change to its website - namely the removal of the misrepresentation that, "No deaths related to vaccines have been reported." Quite how this misrepresentation could have been made in the first place and was allowed to persist for as long as it did is a mystery. The fact of the matter is that misinformation in relation to vaccines is unethical whether it results in more or less vaccination.

Numerous other inaccuracies persist on your website including the following:

1. Discovery says that, "All vaccines have undergone thorough clinical trials globally before they have been approved for use." As noted, the implication that the vaccines have been "approved" was, and remains inaccurate. Subsequent to our 13 August letter, the US Federal Drug Administration ("FDA") has approved the Pfizer vaccine. This is the only approved vaccine (singular) and there is therefore no factual basis for your use of the plural, "vaccines" when using the word "approved". Moreover, the FDA's approval is irrelevant in South Africa. The Emergency Use Listing ("EUL") of the World Health Organisation is not an "approval" and the absence of any clarification in this regard creates the impression that the vaccines are no different to any other fully approved drug. The issue is exacerbated by the verbiage around the SAHPRA listing, which fails to note that the vaccines have been registered under Section 21 only, which is a temporary, 6-month emergency listing that we understand would expire if the state of disaster were not extended in any given month.
2. Discovery's list of side effects omits all of the serious side effects that have been admitted by the manufacturers. It would be simple for Discovery to create a link to the manufacturers' listed side effects or to summarise the full scope of side effects more accurately. Discovery has been made aware of this omission. Similarly, the failure to list any of the

categories of person who the manufacturers recommend should not be vaccinated is a breach of the informed consent principle.

In our previous letter, we gave Discovery until 18 August 2021 to respond. Discovery not only failed to respond within that time limit, but failed to take steps to ensure that its website presents the information accurately. As such and in accordance with our letter of 13 August 2021, this correspondence will be published on our website.

We also wish to bring to your attention misrepresentations contained in your latest annual financial statement. This graphic appears on page 6 of your investor relations document. It purports to set out various predictions as they existed in May 2020 for COVID-19 fatalities in the first wave (until 20 December 2020).



No sources are provided for the information set out therein. It is inaccurate in the following respects:

1. The first wave did not last until 20 December 2020. Positive tests began rising in early November 2020 when confirmed COVID-19 deaths were at approximately 20,000 and by 9 December 2020, they had reached

the level at which a second wave was officially called by the Minister of Health. At that time, there had been approximately 23,000 confirmed deaths. South Africa entered the second wave on 9 December 2020.

2. You say that Discovery was, in May 2020, predicting 87,000 deaths on its medium scenario. We were unable to find any reference to this prediction. However, your chief actuary, Emile Stipp, was [quoted](#)<sup>2</sup> on 18 May 2020, as saying that “[T]he group’s current models align closely with those of government which show that as many as 40,000 South Africans could die from the coronavirus by the end of November.”
3. Discovery quotes the actual deaths in the first wave as 76,000. It notes that this is based on 90% excess deaths.
  - a. The South African Medical Research Council quotes excess deaths as at 20 December 2020 at around 40,000, not 84,444.
  - b. Excess deaths is not a fixed number, but a model of expected deaths. It makes no sense to claim that your prediction is correct because another prediction agrees! For this reason, all of the models that were produced the world over were of confirmed COVID-19 cases and can only be verified against actual deaths.
  - c. Confirmed COVID-19 deaths in South Africa as at 20 December 2020 were 25,143. This means that Discovery’s model of deaths as at 20 December overestimated the number of deaths by more than 63,000. Put differently, you expected 3.5 times more deaths than were actually confirmed. The statement that Discovery predicted the first wave well has no basis in reality.
4. It is a matter of [public record](#)<sup>3</sup> that in May 2020, PANDA predicted 20,000 confirmed COVID-19 deaths during the first wave and not 12,000. This remains the most accurate model of the first wave produced by any organisation in South Africa. We were unique in producing a daily update of the model which was measured against reality in real time.

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<sup>2</sup> <https://businesstech.co.za/news/lifestyle/399953/discovery-data-shows-age-is-a-big-factor-in-covid-19-infections-and-mortality/>

<sup>3</sup> <https://businesstech.co.za/news/trending/400597/8-different-models-predict-how-coronavirus-cases-could-increase-in-south-africa/>

It is not clear to us why Discovery chose to make such egregious misrepresentations regarding its own work and that of PANDA. We require an explanation for the defamatory statements about our work.

We wish to once again note our commitment to safe and efficacious vaccines as part of the response to COVID-19. We must, however, reject the anti-scientific, anti-democratic and unethical suggestion that organisations like Discovery (and PANDA) should manipulate or hide information, including safety data about the vaccines with a view to promoting public vaccination. Those engaged in science and public health must, at all times, remain critical of all information they receive. Our ethical and moral duty is to ensure that individuals are in the best position to make decisions for themselves by giving them all relevant information; not to take a patriarchal attitude that assumes we know what is best for the public.

Sincerely

**Nick Hudson**

Chairman of PANDA

