



PANDEMICS - DATA & ANALYTICS

PANDA KNOWLEDGE FACTORY NPC

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TO: Mamokgethi Phakeng
Vice Chancellor
University of Cape Town
By Email: [REDACTED]

AND TO: Sheetal Kassim
Desmond Tutu Health Foundation
[REDACTED]

AND TO: Linda-Gail Bekker
Desmond Tutu Health Foundation
[REDACTED]

Dear Ms Phakeng, Ms Kassim and Ms Bekker,

UCT STUDENT ENGAGEMENT

1. We refer to the student engagement session on mandatory vaccination at the University of Cape Town ("**UCT**") that took place on 14 October 2021 (the "**Session**").
2. As you are no doubt aware, PANDA is recognised globally as one of the foremost sources of independent information relating to COVID-19. We have been approached by a number of students regarding the Session. During the Session, Dr. Bekker undertook to supply students with sources of the information that was imparted. The purpose of this letter is to request sources of certain information and to pose follow-up questions.
3. We also note that in terms of Regulation 14 of the regulations published under the Disaster Management Act relating to the outbreak of COVID-19 in South Africa, any person who publishes any statement, through any medium, with the intention to deceive any other person about COVID-19 or any measure taken by the government to address COVID-19 commits an offence.

OPEN SCIENCE. HUMAN AGENCY.

Directors Nick Hudson, Peter Castleden

4. FUNDING & CONFLICTS OF INTEREST

- 4.1. UCT selected participants in the Session who, in addition to their links to UCT, have links to the Desmond Tutu Health Foundation ("**DTHF**") and to the Sisonke COVID-19 vaccine health study.
- 4.2. According to the Bill & Melinda Gates Foundation ("**Gates Foundation**"), UCT has received grants totalling more than R1 billion from aforementioned foundation, which is also one of the largest investors in vaccines. The DTHF in August 2021 received a grant of R190 million from the Gates Foundation.¹
- 4.3. We understand that the Sisonke trial was funded by Janssen Pharmaceuticals, which is wholly-owned by Johnson & Johnson.
- 4.4. Why did UCT choose Dr Kassim ("**Kassim**") and Dr Bekker ("**Bekker**") to participate in the Session?
- 4.5. Were any conflicts of interest disclosed prior to, or during the Session?

5. COMPARISON TO THE 1918 FLU

- 5.1. At around the 6 minute mark in the Session, Kassim said that COVID-19 was similar to the 1918 flu outbreak. Roughly 5 million people are known to have died from COVID-19 out of a population of 8 billion, representing about 0.06% of the global population. 50 million people died from the Spanish flu at a time when the global population was just 1.5 billion people.
- 5.2. Does UCT agree that in terms of deaths per million, the Spanish flu was about 55 times more deadly than COVID-19?
- 5.3. Does UCT agree that COVID-19 presents negligible risk to healthy student-aged people, whereas the Spanish flu hit young people very hard?

6. NOVELTY OF THE VIRUS

- 6.1. At around the 7 minute mark in the Session, Kassim said that our immune systems had never encountered a virus like this before.

¹ <https://public.tableau.com/app/profile/aukema/viz/GatesFoundationGrants/Overview>

- 6.2. Does UCT acknowledge that in terms of the genomic comparison, SARS CoV-2 is 87% similar to SARS-CoV and that it is closely related to four widely circulating betacoronaviruses?
- 6.3. Does UCT acknowledge that multiple studies have found T-cell reactivity against SARS-CoV-2 in people with no known exposure to the virus?²
- 6.4. Does UCT endorse an approach of using fear to motivate students to be vaccinated?

7. EXCESS DEATHS

- 7.1. Does UCT concede that some of the excess deaths referenced by Kassim at 7:44 could have been caused by causes other than COVID-19?
- 7.2. How many deaths does UCT believe were with COVID-19 and of those, how many were caused by COVID-19?
- 7.3. How does UCT reconcile its support for the efficacy of NPIs with its suggestion that despite one of the harshest and longest lockdowns in the world, with an additional 250,000 "unofficial" COVID-19 deaths South Africa would have the worst age-based track record against the disease of any country in the world?

8. ASYMPTOMATIC TRANSMISSION

Does UCT agree with Dr Anthony Fauci that, "Even if there is some asymptomatic transmission, in all the history of respiratory born viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person."³

9. COMMUNITY IMMUNITY

- 9.1. At 18:30, Kassim stated that community-wide immunity only happens through mass vaccination. Later, Dr Bekker ("**Bekker**")

² <https://www.bmj.com/content/370/bmj.m3563/rr-14>
³ <https://www.dailymotion.com/video/x7w10hm>

acknowledges what is universally accepted in epidemiology - that community immunity can also be attained through infection.

- 9.2. Does UCT acknowledge that a virus ceases to circulate when a sufficient percentage of people in a community are immune to infection, either as a result of vaccination or infection, or is it UCT's position that community immunity cannot be reached through any other mechanism than vaccination?
- 9.3. Does UCT acknowledge that recovered individuals who overwhelmingly benefit from "sterilising immunity" contribute to herd immunity?

10. COVID-19 VACCINES vs PRIOR VACCINES

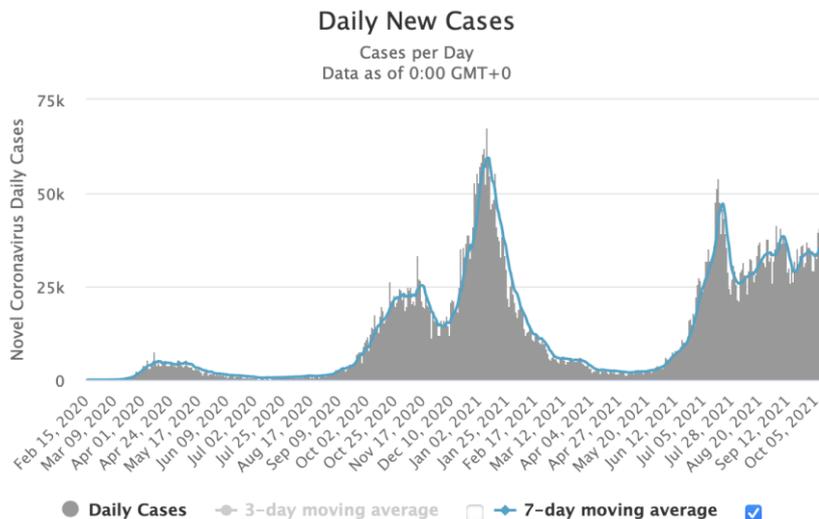
- 10.1. At 11:40 in the Session, Kassim said that all vaccines work towards the same goal - inducing immunity so that our immune system is no longer naïve. Please would you supply us with copies of studies suggesting that the J&J vaccine and the Pfizer vaccine induce immunity in the individuals who are vaccinated.
- 10.2. At 11:51, Kassim stated that we know that the COVID-19 vaccines can provide long-lasting protection. At 11:59, Ms Kassim stated that for up to 12 months the vaccinated have immunity to COVID-19. Please would you supply evidence that the J&J vaccine and the Pfizer vaccine induce immunity against each of the variants we have seen to date.
- 10.3. Please provide us with evidence for Kassim's claim that the vaccines have long-standing efficacy for her 12-month efficacy claim and a definition of "long-standing".
- 10.4. Does UCT have an example of any other vaccine that is mandated anywhere in the world that requires bi-annual or annual dosage?
- 10.5. At 12:30, Kassim suggests that the primary purpose of the vaccines was to prevent hospitalisation and death. Please would UCT provide a source for this statement. Various sources, including the Pfizer vaccine supply agreement, noted that the primary purpose of the vaccine was to protect the vaccinated against infection with the virus.
- 10.6. At 52:35, Bekker says, "Vaccination is a shot in the arm and walk away. You were vaccinated as a child and you didn't have to think

about polio or measles after that." We note that the polio vaccine is 99% to 100% effective against infection, unlike the COVID-19 vaccines which have limited effectiveness in preventing infection against the delta variant. Does UCT support the idea that a person vaccinated against COVID-19 no longer needs to think about COVID-19?

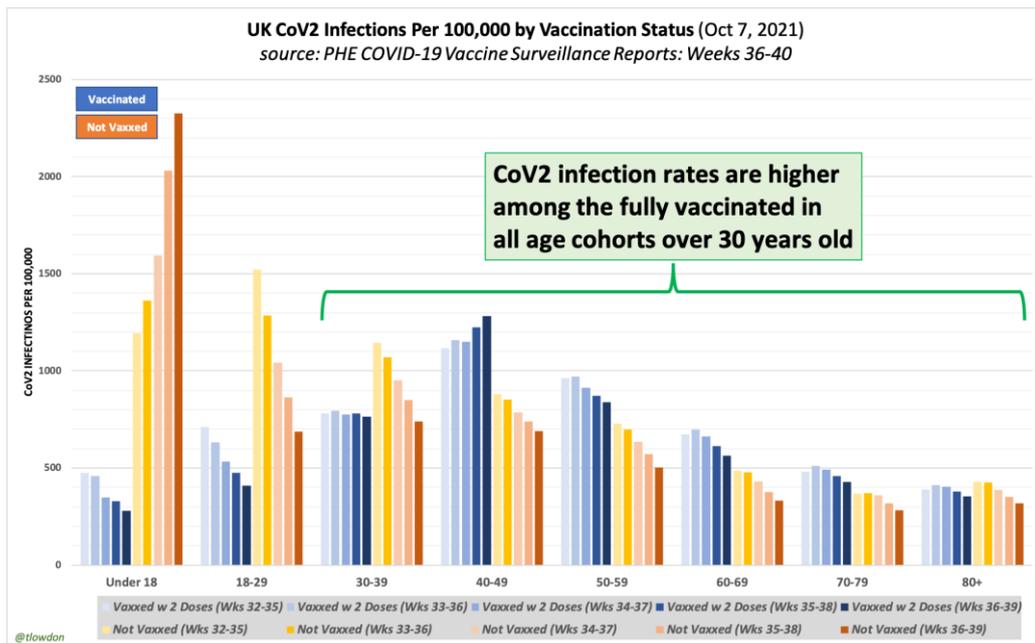
11. REAL WORLD COMPARISONS

- 11.1. At various points in her presentation, Kassim suggested that in the real world the vaccines have held up well. She cited the United Kingdom as an example and presented a graph showing a reduction in cases. Why did the graph Kassim presented only show the period December 2020 to April 2021 and not the subsequent period where there have been high levels of transmission?
- 11.2. The graph below shows the full story, including the period since April 2021. Does UCT concede that there is no evidence that the vaccines have reduced the transmission of COVID-19 in the United Kingdom?

Daily New Cases in the United Kingdom



11.3. Please would UCT comment on this data for the United Kingdom.



11.4. Please would UCT supply us with the names of countries where there is real world evidence of a reduction in cases (transmission) attributable to vaccination.

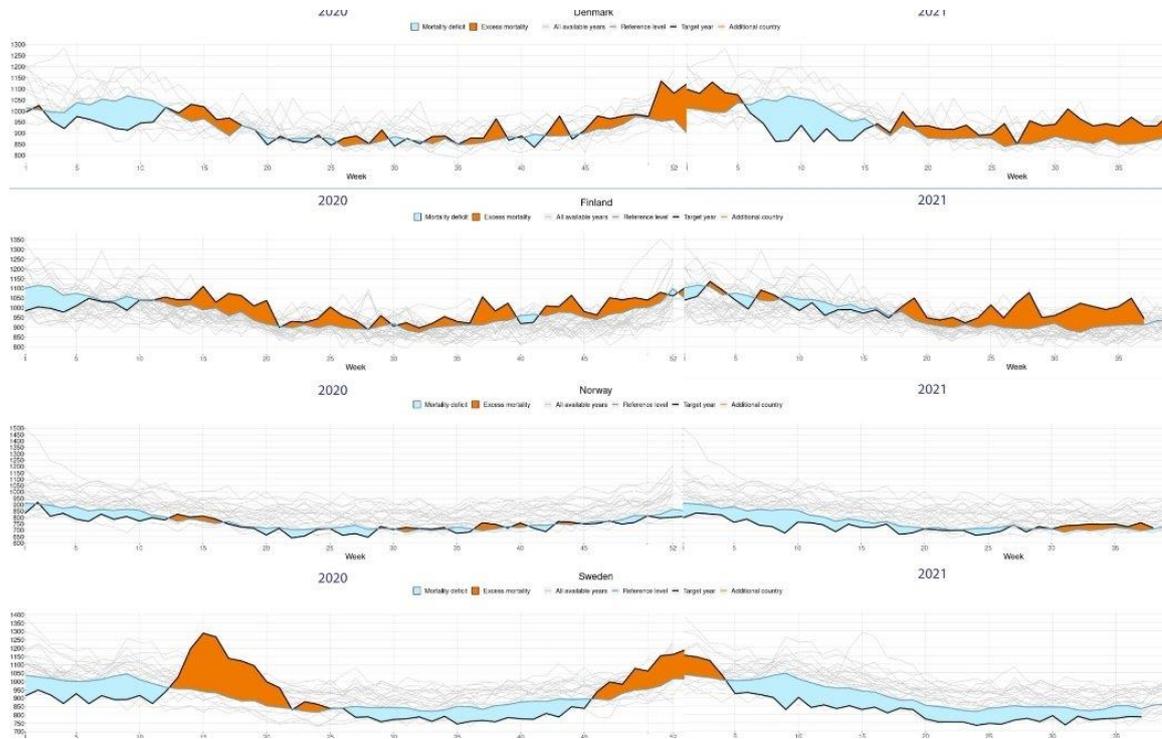
11.5. In response to the reality that Israel has experienced a surge in cases and deaths despite high levels of vaccination, Bekker stated that Israel has only vaccinated about two thirds of its population and that this is insufficient. Does UCT acknowledge that many people in Israel have lost their vaccinated status as a result of a change in the definition of "vaccinated" to dosed with three shots?⁴ Does UCT concede that enough vaccines have been administered in Israel to fully vaccinate 87% of the population with two shots?

11.6. At 21:49, Kassim claims that Denmark has been able to return to normal because of vaccination. Does UCT concede that Denmark dropped its COVID restrictions in August 2021, when roughly 70% of the population had been vaccinated?

11.7. Does UCT concede that Denmark has higher excess mortality currently than Sweden, which implemented no lockdowns and

⁴ <https://www.wsj.com/articles/in-israel-being-fully-vaccinated-now-means-three-shots-11630426257>

which has vaccinated around 65% of the population, a figure Bekker stated to be insufficient in the context of Israel?



12. REDUCTION OF INFECTION

- 12.1. Kassim and Bekker repeatedly claimed that vaccinated individuals are less likely to get infected with COVID-19. Please supply evidence of this.
- 12.2. Kassim stated at 20:30 that with vaccines we are aiming for a decreased viral load. Does UCT concede that there are independent studies showing no difference in viral loads between vaccinated and unvaccinated individuals with the delta variant?⁵

13. RECOVERED PEOPLE

- 13.1. At 84:00, Bekker says that natural immunity is not like vaccine immunity, it is not fool proof. In what sense is vaccine immunity "fool proof"?

⁵ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733.

- 13.2. At 19:43, Kassim stated that vaccinating a recovered person increases the depth and breadth of our immune response. Please would UCT explain how this result is achieved and supply scientific evidence of the alleged phenomenon?
- 13.3. At 43:10, Bekker states that there is no strong scientific evidence that the immune response from infection is stronger than the immune response after vaccination. Please confirm that UCT does not consider the footnoted body of science to be "strong scientific evidence."⁶
- 13.4. Does UCT concede that there is evidence that vaccinating recovered people may be harmful, notably the evidence of higher incidences of myocarditis in recovered people who are vaccinated?
- 13.5. Does UCT concede that there are studies showing that natural immunity is broader and longer lasting than vaccine immunity?^{7,8}
- 13.6. At 43:10, Bekker says that we are seeing breakthrough infections in both vaccinated and recovered people. Is it UCT's position that the incidence of symptomatic infections in recovered people are similar to symptomatic infections in vaccinated people and if so, please supply evidence thereof? If not, what is the difference?
- 13.7. Please supply evidence that the T-cell response is stronger after vaccination than after recovery as claimed by Bekker.
- 13.8. Bekker states, at 44:20, that there is a global move to require recovered people to prove not only that they are recovered, but also that they are not infected. Does UCT concede that it is illogical to require this of recovered people and not of vaccinated people?

14. RETURN TO NORMAL

- 14.1. At 12:28, Kassim suggests that we can only return to seeing our friends and hugging when we are vaccinated. Is it UCT's position that until a majority of people are vaccinated, there should be no family visits or hugging?

⁶ <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

⁷ <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

⁸ <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v1>

- 14.2. At 22:35, Kassim claims that the vaccines will procure a return to normality on campus, but Bekker later notes that this will depend on what happens in society at large (where government has stated that vaccines will never be mandated). Does UCT acknowledge that the return to normal will not be driven by what happens on campus, as much as by what happens off campus?

15. IVERMECTIN

At 95:00, Bekker claims that she knows of at least 4 large trials that have been retracted because of fraudulent information. She claims that high ranked journals have had to publish retractions because the information was made up. Please would you supply details of these retracted papers and fraud, it being noted that similar stories have been debunked.⁹

16. UCT LIABILITY

- 16.1. UCT did not answer the question on liability for vaccine injuries. Will UCT indemnify students against harm they may suffer as a result of taking UCT's recommendation and getting vaccinated in order to complete their degrees?
- 16.2. At 61:00, Bekker states that this is not a forced, coercive instruction. Please clarify in what sense the mandatory vaccination scheme will not, as a minimum, be a coercive instruction? If someone who does not wish to be vaccinated is induced to be vaccinated, is that not by definition coercive?

We look forward to receiving your urgent response to the questions set out above.

Yours sincerely,

Nick Hudson
Chairman

⁹ https://www.youtube.com/watch?v=zy7c_FHiEac&t=927s