

08 June 2022

To: Dr Noluthando Nematswerani  
Head of the Centre for Clinical Excellence  
Discovery Health

By e-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)

Dear Dr Nematswerani

**INVITATION FOR PUBLIC DEBATE: MANDATORY COVID-19 VACCINATION**

The above, as well as the HR Indaba Online Event, held yesterday, 07 June 2022, refers.

Following the panel discussion yesterday, I believe same opened up the opportunity for further discussion and/or debate on the issue of mandatory Covid-19 vaccination policies within the workplace.

I am of the view that yesterday's event did not provide us with adequate time to properly ventilate the issue at hand.

For this reason, I hereby wish to formally invite yourself, along with a team of medical practitioners of your choice, to an open debate with myself and a team of our selected medical practitioners.

Should you be accepting of the invitation, my office will get in contact with yourself to finalise logistical arrangements herein.

I look forward to hearing from you.

Yours Faithfully,

Gerhard Papenfus  
**CHIEF EXECUTIVE**

**Head Office**

**Other Offices  
Executive Committee**

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Chairman JG Grobbelaar, MA Venter, TJ Duvenage, W Louw, HL van Tonder  
Chief Executive GC Papenfus

*Employers' Association in terms of the Labour Relations Act 1995 Reg no LR2/6/3/295*

13 June 2022

To: Dr Noluthando Nematswerani  
Head of the Centre for Clinical Excellence  
Discovery

And to: Mr Steven Teasdale  
Chief People Experience Officer  
Discovery

By e-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)  
[stevent@discovery.co.za](mailto:stevent@discovery.co.za)

Dear Dr Nematswerani,

#### INVITATION FOR PUBLIC DEBATE: FOLLOW UP

This is a follow-up on our request on 08 June 2022.

During the HR Indaba debate on 07 June 2022, an invitation was extended for you to convince me of the benefits of the 'vaccine', to which you agreed.

If being 'vaccinated' is the only solution to the Covid-19 dilemma, or what is left of it, then, surely, it is profoundly important that all South Africans are privy to such a conversation. We therefore suggest that it be held on a public platform.

We are of the view that it is essential for Discovery's Chief People Experience Officer, Steven Teasdale, to also attend this conversation. His role in respect of the 'vaccine' mandate, may prove invaluable in this discussion.

I look forward to hearing from you herein.

Yours Faithfully,

Gerhard Papenfus  
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22 June 2022

To: Dr Noluthando Nematswerani  
Head of the Centre for Clinical Excellence  
Discovery

And to: Mr Steven Teasdale  
Chief People Experience Officer  
Discovery

By e-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)  
[stevent@discovery.co.za](mailto:stevent@discovery.co.za)

Dear Dr Nematswerani,

#### INVITATION FOR PUBLIC DEBATE: FOLLOW UP

Our correspondence dated 08 June 2022 and 13 June 2022 respectively, refers.

We confirm that to date, and despite our follow-ups, no response to the public debate invitation, which was extended during the HR Indaba debate on 07 June 2022, was received.

Attached with this letter is a short video clip extracted from the uploaded recording of the debate on the HR Indaba website, wherein you stated “...I am happy to engage you outside of this platform.”

We reiterate our position in our most recent correspondence, that if being ‘vaccinated’ is the only solution to the Covid-19 dilemma, or what is left of it, then, surely, it is profoundly important that all South Africans are privy to such a conversation. We therefore suggest that it be held on a public platform.

We further reiterate that we remain of the view that it is essential for Discovery’s Chief People Experience Officer, Steven Teasdale, to also attend this conversation. His role in respect of the ‘vaccine’ mandate, may prove invaluable in this discussion.

I look forward to hearing from you herein.

Yours Faithfully,

Gerhard Papenfus  
**CHIEF EXECUTIVE**

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## Chanté du Preez

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**From:** Noluthando Nematswerani <NoluthandoN@discovery.co.za>  
**Sent:** Wednesday, 22 June 2022 13:08  
**To:** Chanté du Preez; Steven Teasdale  
**Subject:** RE: FORMAL LETTER TO DR NEMATSWERANI, 22 JUNE 2022

Dear Chante',

Thank you for your emails. We acknowledge receipt of your previous 2 letters. It's important to note that while we were keen to engage Mr Gerhard Papenfus outside the HR Indaba, we since reflected on the nature of the engagement and note the significant deterioration towards the end of that session in the manner of the engagement and feel that the proposed session will therefore not be constructive.

Thanking you in advance for your understanding.

Kind regards

**Dr Noluthando Nematswerani**  
Head: Centre for Clinical Excellence  
Discovery Health  
Office: +27 (0) 11 529 2760  
Mobile: +27 (0) 828259894  
E-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)

**From:** Chanté du Preez <chante.dupreez@neasa.co.za>  
**Sent:** Wednesday 22 June 2022 9:55 AM  
**To:** Noluthando Nematswerani <NoluthandoN@discovery.co.za>; Steven Teasdale <StevenT@discovery.co.za>  
**Subject:** FORMAL LETTER TO DR NEMATSWERANI, 22 JUNE 2022  
**Importance:** High

[Email from external sender. Proceed with caution.]

**Attention: Dr Noluthando Nematswerani**  
**Head of the Centre for Clinical Excellence**  
**Discovery**

The above refers.

Kindly find hereto attached a letter from Mr Gerhard Papenfus, Chief Executive of NEASA, for your urgent attention.

We trust that you find the above in order.

Kind Regards,



**Chanté du Preez**  
Executive Secretary  
Office of the Chief Executive

T 012 332 5350 | F 012 332 4347  
[chante.dupreez@neasa.co.za](mailto:chante.dupreez@neasa.co.za)

04 July 2022

To: Dr Noluthando Nematswerani  
Head of the Centre for Clinical Excellence  
Discovery

And to: Mr Steven Teasdale  
Chief People Experience Officer  
Discovery

By e-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)  
[stevent@discovery.co.za](mailto:stevent@discovery.co.za)

Dear Dr Nematswerani and Mr Teasdale

**NEASA // DISCOVERY**

Dr Nematswerani, towards the end of our HR Indaba debate on 7 June 2022, you offered to engage me outside of the HR Indaba platform in order to argue the 'vaccine' issue on a scientific basis.

I took you up on this offer, in communiqués to you dated 8, 13 and 22 June 2022. On 22 June 2022, you responded by stating that, in view of the "significant deterioration (of the engagement) towards the end", you "feel that the proposed session will therefore not be constructive".

I wish to point out to you that the "deterioration" of this debate was as a result of your controversial statements, *inter alia*:

- you equated this experimental treatment (injection of viral mRNA or DNA) with the vaccines we received as children; and
- your arrogant and summary dismissal of the credibility of those doctors and scientists who do not share your views on this topic.

Discovery played a vital role in promoting the acceptance of the mRNA and DNA 'vaccines' as the only cure for SARS-CoV-2. You made these, and other statements dealt with below, on a public forum, and you will have to justify these statements by answering questions about them on a public forum. Your 'feelings' in respect of the first debate are not sufficient reason for attempting to manoeuvre yourself out of this obligation to the public of South Africa.

In the conversation in which we wish to engage you, we want to afford you every opportunity to convince us, and the whole of South Africa, of the suitability of the mRNA and DNA 'vaccines' as the appropriate and only solution to SARS-CoV-2 and to share, as you call it, "the right science" with everyone. This is an opportunity you cannot afford to miss, and a platform you never had before. We would really like to understand your factual and scientific reasoning.

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During this debate you will also have the opportunity to, apart from the statements referred to above, explain and/or justify the following:

- your “credible sources of information” and the “truths and science behind ‘vaccination’”;
- your statement that this is not an “experiment”;
- how Discovery dealt with ‘vaccine’ hesitancy;
- how you dealt with your staff in terms of convincing them to accept your ‘vaccine’ solution;
- how you utilised the opportunity of the mandates to overcome ‘vaccine’ hesitancy;
- your view and application of informed consent;
- your views on the ‘myths’ and ‘misinformation’ surrounding ‘vaccination’;
- the clinical data you supplied in respect of the Johnson&Johnson- , AstraZeneca- and Novavax ‘vaccines’, as well as CoronaVac, the “other” vaccine you referred to; and
- the “top epidemiologists and virologists” whose credentials you questioned.

Mr Teasdale, in your opening remarks, you made statements which also need to be the subject of scrutiny:

- that there was “unequivocal” evidence that the ‘vaccines’ “work”;
- your “internal data from customers” and “clients”;
- how you dealt with the “obstacle” of “vaccine hesitancy”;
- Discovery’s “moral and social obligation” in “safeguarding all employees from potential risk”;
- the manner in which you executed this “obligation”;
- credible evidence that ‘vaccination’ safeguards employees from risk; and
- Discovery’s leading role “on declaring mandatory vaccines”.

We suggest that two full days be set aside for this purpose. This matter is of national, in fact, global interest, a matter of ‘life and death’, and deserves intense deliberation and scrutiny.

We suggest that each team involve the experts, medical or otherwise, of their choice. Logistical detail can be agreed upon.

We reserve the right to, at any time, publish this invitation as an ‘open letter’ on any and all public forums.

Yours faithfully

**Gerhard Papenfus**

**Head Office**

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**Chief Executive** GC Papenfus

*Employers' Association in terms of the Labour Relations Act 1995 Reg no LR2/6/3/295*

## Chanté du Preez

---

**From:** Noluthando Nematswerani <NoluthandoN@discovery.co.za>  
**Sent:** Tuesday, 12 July 2022 13:32  
**To:** Chanté du Preez; Steven Teasdale  
**Subject:** RE: NEASA // DISCOVERY

Dear Chante',

Sincere apologies for the delayed response to your email. We will collate all relevant information required but maintain our decline to participate in the public debate.

Kind regards

**Dr Noluthando Nematswerani**  
Head: Centre for Clinical Excellence  
Discovery Health  
Office: +27 (0) 11 529 2760  
Mobile: +27 (0) 828259894  
E-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)

**From:** Chanté du Preez <chante.dupreez@neasa.co.za>  
**Sent:** Monday 04 July 2022 9:14 AM  
**To:** Noluthando Nematswerani <NoluthandoN@discovery.co.za>; Steven Teasdale <StevenT@discovery.co.za>  
**Subject:** NEASA // DISCOVERY  
**Importance:** High

[Email from external sender. Proceed with caution.]

**Attention: Dr Noluthando Nematswerani**  
Head of the Centre for Clinical Excellence  
Discovery

And

**Mr Steven Teasdale**  
Chief People Experience Officer  
Discovery

Dear Dr Nematswerani and Mr Teasdale

The above refers.

Kindly find hereto attached a letter from Mr Gerhard Papenfus, Chief Executive of NEASA, for your urgent attention.

We trust that you find the above in order.

Kind Regards,

**Chanté du Preez**

16 August 2022

To: Dr Noluthando Nematswerani  
Head of the Centre for Clinical Excellence  
Discovery

And to: Mr Steven Teasdale  
Chief People Experience Officer  
Discovery

Cc: Mr Adrian Gore  
Founder & Chief Executive  
Discovery Limited

By e-mail: [noluthandon@discovery.co.za](mailto:noluthandon@discovery.co.za)  
[stevent@discovery.co.za](mailto:stevent@discovery.co.za)  
[adriang@discovery.co.za](mailto:adriang@discovery.co.za)

Dear Dr Nematswerani and Mr Teasdale

## **NEASA // DISCOVERY**

The above, our recent string of communiqués, as well as your email of 12 July 2022 refers.

We invited you on four occasions to an open debate to which you declined twice.

In light hereof, we once again extend the invitation for a public debate, and wish to provide you with insight on the manner in which we suggest to structure same.

With this communiqué we highlight each statement made by you on 7 July 2022, during the HR Indaba. We ask relevant questions or request information in response. This, in our view, will form the basis for future engagement, whether you choose to do so in debate or in writing.

The statements include the following:

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## **Statements by Dr Nematswerani:**

### **1. Your opinion that “Covid-19 vaccines” are “safe” and “effective”, leads to the following questions:**

- (a) Are these your own conclusions, based on your own analysis, or are you repeating what somebody else told you?
  - (b) If they are your own, please provide your reasons, with supporting facts and rational analysis, that led you to reach these conclusions?
  - (c) Do you have any conflicts of interest, or potential conflicts of interest, in expressing these opinions?
  - (d) Since safe and effective implies the existence of a thorough benefit-risk analysis, does this analysis exist as a result from research done by your actuarial team or the like?
  - (e) Assuming your benefit-risk analysis exists, it is in the interest of all your employees and clients to have access to the analysis that supports your research, will you kindly make this analysis available?
- 

### **2. The fact that you equated this experimental treatment (injection of viral mRNA or DNA) with the vaccines we received as children, raises the following questions:**

- (a) Do you understand that childhood viruses, like measles, have almost zero ability to mutate to evade the immune system? (In a published study led by Miguel Ángel Muñoz-Alía, Ph.D., the authors conclude that there is a near-zero probability for the natural emergence of a new measles virus capable of evading vaccine-induced immunity).
  - (b) Further to this, do you understand that the mRNA and DNA vector ‘vaccines’ are a novel technology never used before?
  - (c) Do you realise that this technology has a completely different method of functioning compared to conventional childhood vaccines?
  - (d) What in your opinion are the similarities and differences between live attenuated vaccines, such as measles, mumps, rubella and yellow fever on the one hand; and the newer SARS-CoV-2 spike protein inducing viral mRNA or DNA injectables such as Pfizer, Moderna, Johnson & Johnson and AstraZeneca?
- 

### **3. Your summary dismissal of the credibility of those doctors and scientists who do not share your views on this topic, leads to the following questions:**

- (a) Science is never consensus. Science is about debate. If the doctors and scientists who disagree with your views are in fact wrong, surely it would be easy for you to prove them

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wrong and yourselves right in a public debate. We yet again invite you to participate in such a debate with our doctors and scientists.

- (b) Can you submit the names of the persons whose views you have dismissed, and can you explain the rationale for dismissing the credibility of any person without having heard the reasons for their opinions, and without having provided the reasons for your own opposing opinions?

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**4. You referred to “credible sources of information” and the “truths and science behind ‘vaccination’”, that lead to the following questions:**

- (a) To which sources of information do you refer as credible? What are your reasons for concluding that the sources are credible?
- (b) To which “science behind ‘vaccination’” do you refer? What are your reasons for concluding that such science is true?
- (c) Were the unbiased inputs of all medical specialists, not only your own, considered when the risk of this new treatment was considered? Which unbiased inputs were considered, and on what basis were opposing views and facts discarded? That is, please provide the sources of your body of knowledge used as reference.

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**5. Your statement that this is not an “experiment”, leads to the following questions:**

- (a) The vaccines used for SC-2 are the prototype vaccines authorised by the European Medicines Agency (EMA), SAHPRA has adopted the EMA guidelines for the use of the mRNA vaccines. Under these guidelines, Pfizer / BioNtech must adhere to obligations as stipulated in the annual renewal of the conditional marketing authorisation. One of these obligations state: “In order to confirm the efficacy and safety of Comirnaty, the MAH (Marketing authorisation holder, BioNtech) should submit the final Clinical Study Report for the randomized, placebo-controlled, observer-blind study, C4591001, by December 2023”. Is this not proof that this, indeed, is an experiment and were you aware of this process and of these obligations?
- (b) Kindly provide the results from long-term studies that you have conducted, including the experimental / study parameters and the outcomes of long-term studies as used in your benefit risk-analysis.

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**6. Your explanation as to the manner in which Discovery dealt with 'vaccine' hesitancy:**

- (a) Would you label unwillingness to take habit-forming drugs as "drug hesitancy"?
  - (b) In what ways, if any, are SARS-CoV-2 spike protein inducing viral mRNA or DNA injectables any better for human health than habit-forming drugs?
  - (c) If you believe that they are, kindly provide your reasons?
  - (d) Based on your benefit-risk analysis, what information was provided to your employees and your clients to ensure all risks were made visible, as opposed to only providing biased opinion from Discovery?
  - (e) Please provide an answer to the principle that hesitancy of employees and public was based on experienced or known risks as opposed to your perception of safety.
- 

**7. Your statement as to how you dealt with your staff in terms of convincing them to accept your 'vaccine' solution, and your view and application of informed consent:**

- (a) Did you provide your staff with accurate, factual and scientific information?
  - (b) If so, what information did you provide?
  - (c) Do you admit that you could not possibly know the answers to certain important questions?
  - (d) Did you answer the questions of concerned staff truthfully and directly or evasively?
  - (e) Kindly refer to the above requests for information on COVID-19 'vaccine' risks – please provide evidence that the full extent of risk was made available to employees, as well as to clients and the general public.
  - (f) When, how, and to whom was this risk analysis made visible (with reference to employees, clients, and public)? Was full informed consent provided on short or long-term risk data?
- 

**8. Your statement as to how you utilised the opportunity of the mandates to overcome 'vaccine' hesitancy:**

- (a) In contemplating "vaccine mandates" did you have due regard for the provisions of section 36 of the Bill of Rights of the Constitution of South Africa?
- (b) Specifically, did you have regard for the question of whether a private company, such as Discovery, is empowered by section 36 of the Bill of Rights to pass a law of general application, or whether that right is limited to the legislative arm of government?
- (c) Furthermore, did you take into account the reasonableness and justifiability of such a limitation of individual rights in an open and democratic society, based on human dignity, equality and freedom, and taking into account all relevant factors provided for in subparagraphs (a) to (e) of section 36 of the Bill of Rights?
- (d) Due to the fact that the 'vaccine' mandates are based on the OHS Act of 1993 (including regulations on biohazardous substances), what risk management process was followed to

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ensure: (i) workplace assessment was done, (ii) occupation risk assessment was done, and (iii) individual health assessments were done, as opposed to following the blanket mandate approach? These records must be available, by law, and must be provided to personnel as a matter of due process.

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**9. Your views on the “myths” and “misinformation” surrounding “vaccination”:**

- (a) What information do you regard as "myths" or "misinformation" surrounding "vaccination"?
  - (b) What are your factual and/or scientific reasons for concluding that such information constitutes "myths" or "misinformation"?
  - (c) To dispel the myth that Discovery only used its own limited opinion as opposed to unbiased, uncompromised sources, kindly provide the verified set of facts on safety and efficacy, and the resources referenced used to construct said set of facts. Please provide the scientifically sound references or results from unbiased (independent) studies.
- 

**10. Your clinical data in respect of the Johnson&Johnson- , AstraZeneca- and Novavax ‘vaccines’, as well as CoronaVac, the “other” vaccine you referred to:**

- (a) Please provide any credible factual and/or scientific information in your possession regarding the efficacy and safety of these injectables?
  - (b) Kindly provide the benefit-risk analysis of each ‘vaccine’ as it is known that these treatments differ.
- 

**11. The names of the “top epidemiologists and virologists” whose credentials you questioned:**

- (a) Who are the “top epidemiologists and virologists” whose credentials you questioned, and why do you question their credentials?
- 

**Statements by Mr Teasdale:**

**12. Your statement that there was “unequivocal” evidence that the ‘vaccines’ “work”:**

- (a) Are these your own conclusions, based on your own analysis, or are you repeating what somebody else told you?
- (b) If they are your own, please provide your reasons, with supporting facts and rational analysis, that led you to reach these conclusions?

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- (c) Evidence that any drug, or in this case the mRNA ‘vaccine’, is effective must be derived from level 1 scientific evidence. Level 1 scientific evidence is based on sound and well-designed randomised clinical trials. In the case of mRNA vaccines, the phase 3 studies apply. Are you aware that the Pfizer/BioNTech phase 3 study made an inaccurate claim of efficacy (91% for symptomatic and 96% for severe cases) using a poorly chosen statistical method of Relative Risk Ratio instead of using Absolute Risk Ratio which shows only 4% to 0,1% efficacy for the same outcomes?
- (d) Please provide a balanced meta-analysis or studies of BOTH pro-vaccine outcomes and opposing outcomes, with the results from the analysis. Kindly indicate what decision-support process and information were used to draw the conclusion that the COVID-19 ‘vaccines’ are providing more benefit than risk, and by how much the reduction and increase in risk differs.
- 

**13. In respect to your “internal data from customers” and “clients”:**

- (a) With reference to the principles of evidence-based medicine, with defined classes of evidence indicating varying degrees of reliability, to which class of evidence do you believe this "internal data from customers" and "clients" belongs?
- (b) Where was the informed consent obtained from your clients to use their data as part of this study, and were these clients fully informed on the use of their data according to the POPI Act?
- 

**14. In respect of your statement, how you dealt with the “obstacle” of “vaccine hesitancy”:**

- (a) Would you label unwillingness to take habit-forming drugs as an “obstacle” of "drug hesitancy"?
- (b) In what ways, if any, are SARS-CoV-2 spike protein inducing viral mRNA or DNA injectables any better for human health than habit-forming drugs?
- (c) If you believe that they are, kindly provide your reasons.
- (d) The statement that “vaccine hesitancy is an obstacle” clearly implies the existence of unequivocal evidence that the ‘vaccines’ are only safe and do not introduce harm, and supports the notion that vaccination is an end-goal of Discovery. Please provide a complete benefit-risk analysis as required by the 1993 OHS Act, 1993.
- 

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Chief Executive GC Papenfus

*Employers' Association in terms of the Labour Relations Act 1995 Reg no LR2/6/3/295*

**15. In respect to Discovery's "moral and social obligation" in "safeguarding all employees from potential risk":**

- (a) Against which potential risks did you believe you were "morally and socially obliged" to "safeguard employees"?
  - (b) Please provide your reasons, with supporting facts and rational analysis, that led you to conclude that a "vaccine mandate" would "safeguard all employees"?
- 

**16. The manner in which you executed this moral "obligation" referred to in 15 above:**

- (a) Once again, in executing this "obligation", did you have due regard for the provisions of section 36 of the Bill of Rights of the Constitution of South Africa?
  - (b) Specifically, did you have regard to the question of whether a private company, such as Discovery, is empowered by section 36 of the Bill of Rights to pass a law of general application, or whether that right is limited to the legislative arm of government?
  - (c) Furthermore, did you take into account the reasonableness and justifiability of such a limitation of individual rights in an open and democratic society, based on human dignity, equality and freedom, and taking into account all relevant factors provided for in subparagraphs (a) to (e) of section 36 of the Bill of Rights?
  - (d) It is well known that all people have unique health characteristics. Which alternative risk mitigation methods were considered for each member of your personnel, as required by the 1993 OHS regulations on biohazardous materials in the workplace?
  - (e) Please provide the comprehensive risk analysis (including hazard analysis and evaluation of mitigation alternatives). When, where, and how were the comprehensive risk analysis and individual risk assessments shared with your employees?
- 

**17. Your statement that Discovery possesses credible evidence that 'vaccination' safeguards employees from risk:**

- (a) Against which risk did you believe that 'vaccination' would safeguard employees?
  - (b) Please provide your reasons, with supporting facts and rational analysis, that led you to conclude that a "vaccine mandate" would "safeguard all employees"?
  - (c) Please provide the abovementioned benefit-risk analysis.
- 

**18. In respect of your claim to Discovery's leading role "on declaring mandatory vaccines":**

- (a) Having regard to the above questions referencing section 36 of the Bill of Rights of the Constitution of South Africa, who gave Discovery the authority to declare a violation of individual rights, and who appointed Discovery as a leader in this regard?
- 

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**19. Further to this, in a recent press statement, Discovery defended its vaccine mandate and in summary provided 4 reasons therefore:**

**19.1 The vaccine continues to be effective against severe illness and death, even in light of the variants BA.4 and BA.5:**

- (a) Are these Discovery's own conclusions, based on Discovery's own analysis, or is Discovery repeating what somebody else told it?
  - (b) If they are Discovery's own conclusions, please provide the reasons, with supporting facts and rational analysis, that led Discovery to reach these conclusions?
- 

**19.2 The most recent analysis by Discovery, regarding the effectiveness of the Pfizer-BioNTech 'vaccine' against Omicron, showed a reduced risk of 88%-90% against severe illness after 3 shots of the 'vaccine':**

- (a) With reference to the principles of evidence-based medicine, with defined classes of evidence indicating varying degrees of reliability, to which class of evidence does Discovery believe this analysis belongs?
  - (b) In this analysis, did Discovery employ a "test negative" design? If so, please explain the rationale and reliability for "test negative" designed analyses?
  - (c) How did the 'vaccines' fare against natural immunity, considering the risks associated with COVID-19 'vaccines' – please indicate what data was used in this study?
- 

**19.3 The danger that someone will be infected by someone who has been vaccinated is 68%-72% less vs a person who has not been vaccinated. When vaccinated persons do get infected, they have a much-reduced chance to spread the virus to others:**

- (a) Once again, are these Discovery's own conclusions, based on Discovery's own analysis, or is Discovery repeating what somebody else told it?
  - (b) If they are Discovery's own, please provide the reasons, with supporting facts and rational analysis, that led Discovery to reach these conclusions?
- 

**19.4 The 'vaccine' provides added protection for people who were previously infected with the virus. Persons with previous infections who have been vaccinated, are four times less likely to get reinfected compared to persons who did not get the 'vaccine':**

- (a) Once again, are these Discovery's own conclusions, based on Discovery's own analysis, or is Discovery repeating what somebody else told it?
  - (b) If they are Discovery's own, please provide the reasons, with supporting facts and rational analysis, that led Discovery to reach these conclusions?
- 

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**20. You made the recent statement, in the media, that there is still much uncertainty about future variants and waves of infections, and that the best way to manage this risk is vaccines:**

- (a) Are these Discovery's own conclusions, based on Discovery's own analysis, or is Discovery repeating what somebody else told it?
- (b) If they are Discovery's own, please provide the reasons, with supporting facts and rational analysis, that led Discovery to reach these conclusions?
- (c) Please provide the results from independent long-term studies to validate this statement.

We look forward to hearing from you. We also urge you to revisit your earlier decision to not participate in a public debate. As mentioned before logistical details can be agreed upon.

Yours faithfully

**Gerhard Papenfus**

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*Employers' Association in terms of the Labour Relations Act 1995 Reg no LR2/6/3/295*



23 August 2022

NEASA  
Brooklyn Bridge Office Park,  
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570 Fehrsen Street,  
Brooklyn,  
Pretoria,  
0181

Our ref: NEASA Letter dated 16 August 2022

Dear Mr Papenfus,

Thank you for your letter dated 16 August 2022. Below are responses to the comments and questions you have raised.

**1. Your opinion that “Covid-19 vaccines” are “safe” and “effective”**

COVID-19 vaccines are safe and effective as determined by various global regulatory authorities responsible for ensuring access to safe and effective interventions (not only COVID-19 vaccines). See links below for reference

<https://www.gavi.org/covid19-vaccines>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html#:~:text=COVID%2D19%20vaccines%20are%20safe,years%20and%20older%2C%20i%20eligible.>

[https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-vaccines-safety](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines-safety)

[https://www.sahpra.org.za/wp-content/uploads/2022/03/Media\\_Release\\_Response\\_To\\_Pfizer\\_Safety-Report\\_11Mar2022-FINAL.pdf](https://www.sahpra.org.za/wp-content/uploads/2022/03/Media_Release_Response_To_Pfizer_Safety-Report_11Mar2022-FINAL.pdf)

<https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines/vaccines-covid-19/safety-covid-19-vaccines#:~:text=The%20authorised%20COVID%2D19%20vaccines,is%20continuously%20monitored%20and%20evaluated.>

<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-vaccines/safety-side-effects>

**2. The fact that you equated this experimental treatment (injection of viral mRNA or DNA) with the vaccines we received as children.**

Although mRNA technology may be considered novel, mRNA technology is not new and there has been extensive work on and evidence available for vaccine technology, more broadly.

*See attached MRNA vaccine article.*

Viruses may mutate differently - some never, others slowly and others frequently. The concept of vaccination remains the same what differs is the requirement for repeat doses and boosters.

<https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

<https://www.nicd.ac.za/what-you-need-to-know-about-vaccines-in-general/>

**3. Your summary dismissal of the credibility of those doctors and scientists who do not share your views on this topic.**

In any profession there are individuals who are specialists in certain disciplines or scientific domains. This also applies to COVID-19 with various experts in the fields of public health, epidemiology, virology, vaccinology, infectious diseases etc. We are open to exploring the opinion and research by any credible researchers and specialists in these domains.

**4. You referred to “credible sources of information” and the “truths and science behind ‘vaccination’.**

Sources already referenced in point 1.

These sources include the World Health Organization, National Institute for Communicable Diseases, The US Food and Drug Administration (FDA), the US Center for Disease Control and Prevention (CDC), the European Centre for Disease Prevention and Control (ECDC), the South African National Institute of Communicable Diseases (NICD), the South African Health Products Regulatory Authority (SAHPRA), National Department of Health (NDoH).

**5. Your statement that this is not an “experiment”**

Please refer to links in point 1

All COVID-19 Vaccines had undergone Phase 3 Clinical Trials prior to being rolled out to global populations. See attached Phase 3 trial data.

<https://www.cdc.gov/vaccines/basics/test-approve.html>

**6. Your explanation as to the manner in which Discovery dealt with ‘vaccine’ hesitancy**

See attached mRNA vaccine article.

Also see below link to COVID-19 vaccine content that all Discovery employees had access to. Discovery also hosted several webinars with experts in the field of public health, virology and vaccinology including a webinar with the South African Health Products Regulatory Authority (SAHPRA) Chief Executive Officer Dr Boitumelo Semete-Mokokotlela and the chair of the SAHPRA Board, Professor Helen Rees.

<https://www.discovery.co.za/corporate/covid-19-vaccine>

**7. Your statement as to how you dealt with your staff in terms of convincing them to accept your 'vaccine' solution, and your view and application of informed consent:**

As per point 6 above.

Staff members also had access to one-on-one sessions with the clinical team to address any questions they might have and were provided with supporting clinical data to back all answers provided.

**8. Your statement as to how you utilised the opportunity of the mandates to overcome 'vaccine' hesitancy.**

Extensive guidance was sought from specialised medical, occupational health, constitutional and labour law experts before the implementation of the vaccination policy. We also undertook extensive internal debate and discussion before implementing the vaccination policy.

**9. Your views on the "myths" and "misinformation" surrounding "vaccination":**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

<https://www.gov.za/covid-19/vaccine/myths>

<https://sacoronavirus.co.za/2021/01/12/vaccine-myths-facts-infographics/>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-24---vaccine-myths-vs-science>

**10. Your clinical data in respect of the Johnson & Johnson, AstraZeneca- and Novavax 'vaccines', as well as CoronaVac, the "other" vaccine you referred to:**

<https://www.yalemedicine.org/news/covid-19-vaccine-comparison>

**11. The names of the "top epidemiologists and virologists" whose credentials you questioned**

The comment was about the questionable credentials of various scientists and opinion leaders who have been making unsubstantiated comments about COVID-19 vaccines. Most of these are widely circulating on social media platforms without clear evidence of their scientific and/or medical credentials.

**12. Your statement that there was "unequivocal" evidence that the 'vaccines' "work**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>

<https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection>

<https://www.discovery.co.za/corporate/health-insights-2-doses-of-the-j-and-j-or-pfizer#:~:text=In%20summary%2C%20this%20study%20found,requiring%20critical%20or%20intensive%20care>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00007-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00007-1/fulltext)

**13. In respect to your “internal data from customers” and “clients”**

a) <https://www.nejm.org/doi/full/10.1056/NEJMc211927>

b) See attached Privacy statement, refer point 12.

**14. In respect of your statement, how you dealt with the “obstacle” of “vaccine hesitancy”:**

See attached mRNA article.

**15. In respect to Discovery’s “moral and social obligation” in “safeguarding all employees from potential risk”:**

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792598>

**16. The manner in which you executed this moral “obligation” referred to in 15 above:**

Extensive guidance was sought from specialised medical, occupational health, constitutional and labour law experts before the implementation of the vaccination policy. We also undertook extensive internal debate and discussion before implementing the vaccination policy.

**17. Your statement that Discovery possesses credible evidence that ‘vaccination’ safeguards employees from risk:**

The risk of exposure to COVID-19 infection in the workplace. The below article confirms the benefits of vaccination in preventing the spread of infection.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792598>

**18. In respect of your claim to Discovery’s leading role “on declaring mandatory vaccines”:**

Extensive guidance was sought from specialised medical, occupational health, constitutional and labour law experts before the implementation of the vaccination policy. We also undertook extensive internal debate and discussion before implementing the vaccination policy.

**19. Further to this, in a recent press statement, Discovery defended its vaccine mandate and in summary provided 4 reasons therefore:**

**19.1 The vaccine continues to be effective against severe illness and death, even in light of the variants BA.4 and BA.5:**

Discovery Health research in collaboration with the South African Medical Research Council.

**19.2 The most recent analysis by Discovery, regarding the effectiveness of the Pfizer-BioNTech ‘vaccine’ against Omicron, showed a reduced risk of 88%-90% against severe illness after 3 shots of the ‘vaccine’:**

<https://www.discovery.co.za/corporate/health-insights-2-doses-of-the-j-and-j-or-pfizer#:~:text=In%20summary%2C%20this%20study%20found,requiring%20critical%20or%20intensive%20care>

**19.3 The danger that someone will be infected by someone who has been vaccinated is 68%-72% less vs a person who has not been vaccinated. When vaccinated persons do get infected, they have a much-reduced chance to spread the virus to others:**

COVID-19 update by Professor Salim Abdool-Karrim

<https://www.nature.com/articles/s41591-022-01816-0.pdf>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792598>

**19.4 The ‘vaccine’ provides added protection for people who were previously infected with the virus. Persons with previous infections who have been vaccinated, are four times less likely to get reinfected compared to persons who did not get the ‘vaccine’:**

<https://www.nejm.org/doi/full/10.1056/NEJMoa2118946>

<https://www.nature.com/articles/s41577-022-00771-8.pdf>

**20. You made the recent statement, in the media, that there is still much uncertainty about future variants and waves of infections, and that the best way to manage this risk is vaccines:**

<https://www.who.int/news/item/17-06-2022-interim-statement-on-decision-making-considerations-for-the-use-of-variant-updated-covid-19-vaccines>

Yours sincerely

Dr Noluthando Nematswerani and Mr Steven Teasdale

16 September 2022

To: Dr Noluthando Nematswerani  
Head of the Centre for Clinical Excellence  
Discovery

And to: Mr Steven Teasdale  
Chief People Experience Officer  
Discovery

Cc: Mr Adrian Gore  
Founder & Chief Executive  
Discovery Limited

Dear Dr Nematswerani and Mr Teasdale

**NEASA // DISCOVERY**

Our letter dated 16 August 2022 and your response thereto dated 23 August 2022 refer. Our earlier letter sent on even date referenced the OHS Act "1996", in paragraph 2, in error, and is hereby rectified to read 'OHS Act 1993'.

In your reply to our letter dated 16 August 2022, you referenced several websites and opinions that we have carefully analysed. Since you did not provide your own interpretation of the referenced information and legal requirements, Discovery's own position on vaccine mandates was not evident from your reply. To remove any confusion and to ensure your position is clear on the COVID-19 vaccine mandates, the following:

1. You directly referenced, in particular, the CDC website without providing your own interpretation or opinion on the issue. In doing so, you clearly follow direct instruction from the CDC, which is thus your position on mandatory vaccination. Kindly note that there is no reference to mandatory vaccination on the CDC website.

In a press release dated 11 August 2022, the CDC reiterated that "...regardless of vaccination status, you should isolate from others when you have COVID-19." This clearly shows that the CDC does not consider the COVID-19 vaccines to prevent transmission. This is in direct contrast with a mandatory COVID-19 vaccination position, as the purpose of a mandatory policy is the prevention of transmission.

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Chief Executive GC Papenfus

*Employers' Association in terms of the Labour Relations Act 1995 Reg no LR2/6/3/295*

**Kindly clarify which part of the CDC guidelines, as published, you are referencing as your official position.**

2. You did not provide any actuarial risk assessment or Occupational Health and Safety (OHS) risk assessment in your reply. Failing to perform such a risk assessment and failing to make said assessment available to all employees is in contravention of the OHS Act 85 of 1993.

Specifically, the “Regulations for Hazardous Biological Agents, 2022” refer to the availability of a documented risk assessment to employees in regulation 4 of said Act. Regulation 6 refers to the risk assessment requirements, which include a specific obligation to conduct a workplace, occupational, and individual risk assessment. The assessment must be reviewed if there has been a change that affects the threat level or mitigation methods associated with the hazardous biological agent.

Discovery surely must have done such risk assessments, seeing that the CDC has changed its position on the effectiveness of the mitigation method and that COVID-19 threat levels are reduced (a change in threat level and control methods). Furthermore, Discovery must have informed their employees, as is specifically required by regulation 6(7): “The employer must ensure that all employees, the relevant health and safety representative and health and safety committee are informed of the results of the risk assessment, who may comment thereon.” All records of the above must be kept for a minimum period of 40 years.

**Kindly provide confirmation that Discovery has followed due process.**

3. Did Discovery provide a clear indication of the safety risks of the COVID-19 vaccinations to its employees as part of full and informed consent, and to the general public as informed by your publicised position?

You cited selected references on the safety of the COVID-19 vaccines, and specifically referenced articles from (i) Nature (Nature Reviews, April 2018) and (ii) the New England Journal of Medicine (NEJM, 31 December 2020) in your reply.

Similar to point 1, the absence of your own interpretation indicates that you present the information presented in these articles as your position on this issue. Both these articles indicate that the safety of mRNA vaccines has not been established since:

- (a) safety monitoring must still be done from December 2020 onwards; and
- (b) only two mRNA platforms have been evaluated in 2018 with further studies required.

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This must thus be Discovery's official position on the safety of COVID-19 (mRNA) vaccines. Specifically:

- a. Reference (i) clearly states: "While preclinical studies have generated great optimism about the prospects and advantages of mRNA-based vaccines, two recent clinical reports have led to more tempered expectations. In both trials, immunogenicity was more modest in humans than was expected based on animal models, a phenomenon also observed with DNA-based vaccines, and the side effects were not trivial. We caution that these trials represent only two variations of mRNA vaccine platforms, and there may be substantial differences when the expression and immunostimulatory profiles of the vaccine are changed. Further research is needed to determine how different animal species respond to mRNA vaccine components and inflammatory signals and which pathways of immune signalling are most effective in humans."
  - b. Reference (ii) states: "Safety monitoring will continue for 2 years after administration of the second dose of vaccine."
4. Your own study on the safety and efficacy of the COVID-19 vaccines was not provided or published for public scrutiny, yet the study is being held forward as a scientifically sound study to inform the general public.

We still request access to this study as the results of this study have been promoted by Discovery as health advice on which the general public has made decisions to vaccinate, or not. Specifically, conclusions from your study were put forward as your own evidence of the safety and efficacy of the mRNA vaccines. This seems to contradict your position in point 3 above, as obtained from peer-reviewed studies (your own references).

**Kindly provide the documented study in support of an open and informed process on public health and safety and kindly inform which level of evidence supports your study and how it should be interpreted by the general public.**

5. With respect to general safety data published on official government platforms and other peer-reviewed studies, **kindly indicate if Discovery has included information from the broader spectrum of sources not easily available to the broader public, but most certainly to the team of researchers that conducted the publicly promoted Discovery analyses. For example, but not limited to:**
- a. The European Medicines Agency (EMA, 6 April 2022: EMA/204784/2022), and Germany (Paul-Ehrlich-Institut, 4 May 2022: Safety Report). The EMA communication clearly indicates the absence of data and the risk of adverse effects. The list of adverse events from the EMA, or any reference to such lists, was not provided in your

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*Employers' Association in terms of the Labour Relations Act 1995 Reg no LR2/6/3/295*



communication to the public as part of your campaign to support COVID-19 vaccination.

The German data clearly shows significant adverse effects, which is definitely information the public and your employees require to make an informed decision. Discovery is requested to provide the reference list, analyses, and conclusion(s) utilised with reference to the broader spectrum official sources, as part of its investigation into safety, before it informed the public on its highly influential position.

- b. A library of scientific publications exists on the safety risks and concerns associated with COVID-19 vaccines. However, the full spectrum of references did not appear in your reply as only selected references were provided.

By taking a responsible, balanced position, Discovery must have researched these sources and must have drawn conclusions from said references in order to provide an unbiased opinion to employees and the general public. Discovery is requested to provide the full list of references, the analyses, and conclusion(s) with reference to scientifically researched safety data.

We are rather taken aback at the number of serious questions you have not answered. Would we be correct in concluding from your failure that you are unable to answer these questions?

We look forward to your urgent response.

Yours faithfully,

Gerhard Papenfus  
**CHIEF EXECUTIVE**

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19 September 2022  
NEASA  
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Dear Mr Papenfus,

We refer to your letter dated 16 September 2022 and our various exchanges of correspondence prior thereto.

Discovery does not intend to debate with you via correspondence and neither does it intend to provide you with any further materials on the topic or its internal health and safety documents.

We are of the view that we have sufficiently dealt with all the topics raised by yourselves on the vaccines.

Insofar as Discovery's stance on vaccine mandates in the workplace, we would like to assure you that:

1. Discovery has undertaken extensive due diligence insofar as the applicable legal framework and the health and safety risks are concerned and we are confident in the rigour of our process and the lawfulness of the implementation of mandatory vaccination in Discovery's workplace.
2. Discovery is confident in the evidence that the vaccines approved for use in South Africa by the South African Health Products Regulatory Authority have been through proper review and approval processes.
3. Discovery has taken a strictly scientific and data-driven approach to the implementation of vaccination as a mitigation measure to the risks COVID-19 presents in the workplace; and
4. Discovery has undertaken all necessary risk assessments in compliance with the Code of Practice on Managing Exposure to COVID-19 in the Workplace, read together with the Occupational Health and Safety Act, 1993 and the relevant regulations.

We trust this clarifies any confusion as to Discovery's stance on vaccine mandates. Discovery thanks you for taking an interest in its stance on the vaccines and its implementation of mandatory vaccination in its workplace.

Yours sincerely

Dr Noluthando Nematswerani and Mr Steven Teasdale