

**IN THE JUDICIAL CONDUCT COMMITTEE OF THE SOUTH AFRICAN JUDICIAL
SERVICE COMMISSION OF SOUTH AFRICA**

In the matter between :

THE AFRICAN ALLIANCE

Complainant

And

**CHIEF JUSTICE MOGOENG THOMAS REETSANG
MOGOENG**

Respondent

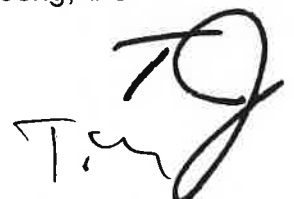
**COMPLAINT AFFIDAVIT IN TERMS OF SECTION 14(3)(b) OF THE JUDICIAL
SERVICE COMMISSION ACT, 1994**

I, the undersigned

TIAN JOHNSON

make oath and say that:

1. I am a non-binary adult residing in South Africa and am the founder and head of the African Alliance, a non-profit organisation working to advance health rights for all. I am also a founding member of the non-profit group, the Vaccine Advocacy Resource Group ("**VARG**") established to ensure that vaccine research is accountable, transparent and community-owned.
2. In this affidavit, I will variously use the African Alliance, "we" and "us" to refer to the Complainant. The Respondent is Chief Justice Mogoeng Mogoeng, the Chief Justice of the Constitutional Court of South Africa.



3. This complaint is brought in terms of section 14 of the Judicial Service Commission Act, 1994 (the "**JSC Act**"). It relates to utterances by the Respondent on 10 December 2020 and 11 December 2020 in relation to the COVID-19 vaccine.
4. As is required by section 14(3)(b) of the JSC Act, this affidavit will set out (i) the nature of the complaint and (ii) the facts upon which the complaint is based.
5. This complaint is based on and arises from facts which are largely public knowledge. My recordal thereof and attestation thereto is therefore based on various sources of information, including official reports and statements. I can attest to the truth thereof because I have confirmed the information through my own investigation and I believe the information set out in this affidavit to be both true and correct.

THE AFRICAN ALLIANCE'S INTEREST IN LODGING THIS COMPLAINT

6. The African Alliance is a South African based non-profit organisation working to advancing health rights for all.
7. At the time of submitting this complaint, the African Alliance has been working in and with communities to prepare for the rollout of the COVID-19 vaccine in South Africa. This work includes helping communities navigate the dangerous peddling of misinformation around the safety, efficacy and acceptability of vaccines.
8. Since the onset of COVID-19, the African Alliance has embarked on a wide range of community engagement and consultation interventions to ensure that

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- communities hardest hit by COVID-19 will have access to accurate, evidence-based information on COVID-19, its transmission, its prevention and its potential treatment.
9. These interventions take the shape of multiple public webinar and community engagements with leading scientists and researchers to ensure that research around COVID-19, especially vaccine research, is accountable, transparent and community-owned.
 10. In addition, the African Alliance is currently undertaking a series of community engagements to lay the groundwork for the national COVID-19 vaccine roll out and to counter the harmful spread of misinformation around vaccine research.
 11. In recognition of this work, the African Alliance also serves on the Ministerial Advisory Committee on the COVID-19 Vaccine ("MAC") - Workstream 4.
 12. This workstream has been mandated to develop a COVID-19 vaccine allocation framework for South Africa and will provide recommendations to the MAC. The MAC, in turn, will make recommendations to the Minister of Health.
 13. The African Alliance has a long history of public health interest including the Complainant being one of the lead writers of South Africa's current National Strategic Plan on HIV, TB and STI's.

THE NATURE OF THIS COMPLAINT

14. This complaint is based on the grounds as set out in section 14(4)(e) and, in addition, or in the alternative, 14(4)(b) of the JSC Act.

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15. Section 14(4)(e) of the JSC Act provides that a complaint may be lodged on the grounds of:

"Any other wilful or grossly negligent conduct, other than conduct contemplated in paragraph (a) to (d), that is incompatible with or unbecoming the holding of judicial office, including any conduct that is prejudicial to the independence, impartiality, dignity, accessibility, efficiency or effectiveness of the courts."


16. In relation to the grounds based on section 14(4)(e) of the JSC Act, we will submit that the Respondent has acted in a manner that is incompatible with or unbecoming the holding of judicial office.

17. Section 14(4)(b) of the JSC Act provides that a complaint may be lodged on the grounds of:

"Any wilful or grossly negligent breach of the Code of Judicial Conduct referred to in section 12, including any failure to comply with any regulation referred to in section 13 (5)."

18. In relation to the ground based on section 14(4)(b) of the JSC Act, we will submit that the Respondent has breached the following articles of the Code of Judicial Conduct referred to in section 12 of the JSC Act (the "**Code of Judicial Conduct**"):

- 18.1. article 5, which requires that a judge must always and not only in the discharge of their official duties, act honourably and in a manner befitting of judicial office; and

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18.2. article 6, which requires that a judge must at all times and also in relation to extrajudicial conduct, comply with the laws of the land.

BACKGROUND FACTS

19. On Thursday, 10 December 2020, speaking at Tembisa Hospital in Gauteng, the Respondent said: *"If there be any vaccine that is the work of the devil, meant to infuse 666 in the lives of the people, meant to corrupt their DNA ... may it be destroyed by fire."*

20. A full transcript of the Respondents address is attached marked annexure **AA1**.

21. On Friday, 11 December 2020, at a media briefing on the 2019/2020 Judiciary Annual report in Midrand, Gauteng the Respondent defended his earlier remarks and said: *"If there is a vaccine with 666, I want God to destroy it. If there is any vaccine meant to corrupt the DNA of people, I'm asking God to interrupt it. Any clean vaccine, they must produce it quickly.*

...

I don't care about the consequences. We've been quiet for far too long, toeing the line. I'm not going to toe any line, and it doesn't matter how many people criticise me. When I believe that I need to address this issue, I'm going to do it.

I don't know anything about vaccines. What I can say now is that I don't think the vaccine must ever be compulsory. I saw something today in fact that and I hope it was a lie statement attributed to a very important global organisation to the fact that they are considering e-vaccine or e-vaccination certificate for

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travelling. It must be voluntary. People must just run test on us if we are not positive, they must allow us to travel. You can't impose a vaccine on people. Why should you? Why should I have a vaccine in my system if I'm not positive?"

22. A transcript of the full media briefing of 11 December 2020 is attached marked annexure **AA2**.

THE GROUND BASED ON SECTION 14(4)(E) OF THE JSC ACT

23. It is our considered view that the Respondent has acted in a manner that is incompatible with and unbecoming the holding of judicial office.
24. The remarks made by the Respondent on 10 December 2020 and on 11 December 2020 cast suspicion over the safety and efficacy of vaccines. These remarks, which have the potential to cause widespread confusion and fear about the safety of vaccines generally and the COVID-19 vaccine, in particular, have no basis in science.
25. Preliminary data from phase 3 clinical trials show that four vaccines (Pfizer-BioNTech, Moderna, Russian, and ChAdOx1) have acceptable safety profiles and are efficacious against symptomatic COVID-19. The trials for each vaccine involved tens of thousands of people.¹

¹ The Lancet, 8 December 2020 Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32661-1/fulltext#seccestitle10](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32661-1/fulltext#seccestitle10).

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26. Before a vaccine can be tested in humans, it undergoes laboratory research and testing in animals to obtain information about how the vaccine works and whether it is likely to be safe and work well in people.²
27. Scientists usually develop a rationale for a vaccine based on how the infectious organism causes disease. The scientists then conduct laboratory research to test their idea for a vaccine candidate, including testing in animals. When these tests show positive signs, the research can move to humans. The scientists compile the results of their laboratory and other preclinical testing as well as information pertaining to the manufacturing technology and the quality of the vaccine and submit these to national regulatory authorities in the countries where clinical trials would be conducted. In South Africa, the documents would be submitted to the South African Health Products Regulatory Authority ("**SAHPRA**"), which would evaluate the data and determine whether it is reasonably safe for testing of the vaccine to move forward in humans.
28. With approval from the national regulatory authority and local research ethics committees, the trials are conducted in humans in successive phases from phase 1 to 3; moving to a higher phase only when positive findings are obtained from a lower phase. A phase 1 trial is a first in human study, which recruits a few hundred (or less) healthy volunteers, to assess whether a candidate vaccine is safe. Phase 2 trials are typically conducted among several hundred participants, to assess whether the candidate vaccine elicits

² US Food and Drug Administration (FDA). Vaccine Development – 101.
<https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101>

an immune response. A phase 2 trial also gathers information on the most frequent short-term side effects of the vaccine. Finally, phase 3 trials recruit and test the vaccine candidate among thousands of volunteers, to assess whether the vaccine is effective and safe. Phase 3 vaccine trials also document the most common side effects of the vaccine being tested.

29. When a vaccine has been found to be safe and effective in phase 3 trials, the vaccine manufacturer would apply to national regulatory authorities for licensure to use the vaccine routinely in human populations. Each national regulatory authority reviews trial results and decides whether to license the vaccine for use in the country or not. The regulatory authority should only license a vaccine if it is satisfied that the vaccine is safe and effective, and the vaccine's beneficial effects outweigh potential risks.
30. All vaccines currently in use in South Africa (including those against measles, tetanus, rotavirus, and other diseases) have gone through clinical trials and were shown to be safe and effective, before being licensed for use in the country.³
31. By Wednesday, 16 December 2020, there were 223 COVID-19 candidate vaccines in development worldwide; with 11 of these vaccines already in the phase 3 clinical trial stage.⁴

³ Wiysonge CS, Mahasha PW, Ndwandwe DE, et al. Contextualised strategies to increase childhood and adolescent vaccination coverage in South Africa: a mixed-methods study *BMJ Open* 2020;10:e028476. doi: 10.1136/bmjopen-2018-028476 , <http://dx.doi.org/10.1136/bmjopen-2018-028476>

⁴ World Health Organization. Draft landscape of COVID-19 candidate vaccines. <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

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32. In addition, there is a vast body of evidence to show that vaccines save lives. The World Health Organisation has demonstrated that vaccination significantly reduces disease, disability, death and inequality worldwide.⁵
33. Vaccination currently prevents about three million deaths every year worldwide. These are deaths that would have been caused by measles, diphtheria, tetanus, pertussis, and other diseases.⁶ More than a million additional deaths could be avoided, however, if global vaccination coverage improves. In Africa, the average vaccination coverage for the first dose of the measles vaccine improved from 53% in 2000 to 72% in 2016; leading to an 89% decrease in measles-related deaths from 340,800 deaths in 2000 to 37,500 deaths in 2016 on the continent.⁷ South Africa was the first country in Africa to introduce vaccines against rotavirus diarrhoea and diseases caused by *Streptococcus pneumoniae* (including pneumonia) in April 2009⁸. These introductions have led to substantial reductions of more than 50% in both rotavirus diarrhoea and pneumococcal diseases with significant reductions in deaths.^{9 10 11}

⁵ World Health Organisation, February 2008 "Vaccination greatly reduces disease, disability, death and inequity worldwide" available at <https://www.who.int/bulletin/volumes/86/2/07-040089/en/>.

⁶ <https://www.who.int/news-room/facts-in-pictures/detail/immunization>

⁷ World Health Organization. Progress towards regional measles elimination – worldwide, 2000–2016. *Wkly Epidemiol Rec* 2017;92(43):649-59.

<https://apps.who.int/iris/bitstream/handle/10665/259369/WER9243.pdf;jsessionid=96BDA80FE0A9F3BCFC1B1CF35193DC1B?sequence=1>

⁸ Wiysonge, C.S., Ngcobo, N.J., Jeena, P.M. et al. Advances in childhood immunisation in South Africa: where to now? Programme managers' views and evidence from systematic reviews. *BMC Public Health* 2012;12:578. <https://doi.org/10.1186/1471-2458-12-578>

⁹ Makgatho E, Patel F, Solomon F, Groome MJ, Lala SG, Vallabh P, Dangor Z. The Burden of Acute Diarrheal Disease in Young Hospitalized Urban South African Children Five Years After Rotavirus Vaccine Introduction: A Retrospective Descriptive Study. *Pediatr Infect Dis J*. 2019 Jul;38(7):752-756.

¹⁰ Msimang VM, Page N, Groome MJ, Moyes J, Cortese MM, Seheri M, Kahn K, Chagan M, Madhi SA, Cohen C. Impact of rotavirus vaccine on childhood diarrheal hospitalization after introduction into the South African public immunization program. *Pediatr Infect Dis J*. 2013 Dec;32(12):1359-64.

¹¹ Johnstone SL, Moore DP, Klugman KP, Madhi SA, Groome MJ. Epidemiology of invasive bacterial infections in pneumococcal conjugate vaccine-vaccinated and -unvaccinated children under 5 years

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34. The remarks made by the Respondent, which cause suspicion over the safety and efficacy of vaccines are, therefore, scientifically unsound. However, because of the prominent position he occupies, they could directly jeopardise the COVID-19 vaccine rollout.
35. In this regard, a number of South African public health specialists have raised concern about the Respondent's remarks, including head of the South African Medical Research Council Dr Glenda Grey and Wits University virology Professor Barry Schoub, who heads the ministerial advisory committee on COVID-19.¹² These specialists have explained that public confidence in vaccines is critical in the lead up to the COVID-19 vaccine rollout. Remarks of this nature, which may result in vaccine hesitancy, could severely compromise vaccine uptake. This could directly jeopardise the COVID-19 vaccine rollout, and in turn, this will impact on the health of South Africans and the ability of our healthcare system to provide and deliver services.
36. It is directly relevant that the Respondent occupies the position of Chief Justice and head of the judicial branch of the state. In this position, his words carry immense weight, and because of his position, it is not possible to

of age in Soweto, South Africa: a cohort study from a high-HIV burden setting. *Paediatr Int Child Health* 2020 Feb;40(1):50-57.

¹² See Dr. Glenda Grey's comments to the African News Agency reported by Jehran Naidoo, 14 December 2020 'Dr Glenda Gray to Chief Justice Mogoeng: Keep your religious beliefs to yourself' on IOL available at <https://www.iol.co.za/news/politics/dr-glenda-gray-to-chief-justice-mogoeng-keep-your-religious-beliefs-to-yourself-d9c466fe-4ad1-5cc5-86f6-596b858425f2>;

Kyle Zeeman, Tanya Farber and Matthew Savides reporting on remarks made by Professor Barry Schoub on 10 December 2020 'Top SA virology professor says it is 'unfortunate that someone of his stature is misleading people' available at <https://www.timeslive.co.za/news/south-africa/2020-12-10-watch-ilock-out-any-vaccine-that-is-of-the-devil-chief-justice-mogoengs-prayer-raises-eyebrows/> and Dr. Aslam Dasoo, 13 December 2020, "Mark of the beast: A perilous vaccine delusion foretold" published in the City Press available at <https://www.news24.com/citypress/voices/mark-of-the-beast-a-perilous-vaccine-delusion-foretold-20201213>.

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- separate the Respondent's personal views when speaking on a public platform.
37. In relation to the remarks made on 10 December 2020, the Chief Justice was invited to speak because of the position he occupies. He proceeded to publically make remarks about the COVID-19 vaccine, which were unsound.
38. In our view, he should have exercised greater judicial reserve in making the remarks that he made. Indeed, during the media briefing of 11 December 2020, he acknowledged that he does not know anything about vaccines and accordingly, we think that it was inappropriate for him to have made the remarks in the first place.
39. While we acknowledge his right to freedom of expression, the Respondent himself has ruled that "*Freedom of expression is a right to be exercised with due deference to, among others, the pursuit of national unity and reconciliation.*"¹³ The COVID-19 vaccine rollout is a national health programme. In our view, it was unbecoming for the Respondent not to have shown deference to the health and wellbeing of the people, an important component of national unity.
40. The comments made by the Respondent also contradict and undermine national and international public health messaging, which shows vaccination to be safe and necessary. As Hloni Bookholane, a medical doctor and a graduate of the Johns Hopkins Bloomberg School of Public Health has argued: "*With lives at stake and SA facing a second wave of the pandemic, we need to ensure our messaging remains on target. We do not need the*

¹³ *The Citizen 1978 (Pty) Ltd and Others v McBride* 2011 (4) SA 191 (CC) at para 233.

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Chief Justice of South Africa undermining science through public prayer with remarks about the Antichrist that are devoid of any scientific and medical truth, logic or reason."¹⁴

41. A further concern is that the comments made by the Respondent have also made it easier for people to mistrust vaccination and to spread and believe fake news regarding vaccination. In terms of Regulation 14 of the regulations published under the Disaster Management Act, 2000 it is an offence to intentionally deceive another person about any measure taken by the Government to address COVID-19. Regulation 14 of the Regulations published in terms of the Disaster Management Act, 2002 provides:

"14. Offences and penalties.—

(1) Any person who publishes any statement, through any medium, including social media, with the intention to deceive any other person about—

(a) COVID-19;

(b) COVID-19 infection status of any person; or

(c) any measure taken by the Government to address COVID-19, commits an offence and is liable on conviction to a fine or imprisonment for a period not exceeding six months, or both such fine and imprisonment."

42. The utterances made by the Respondent may cause people to doubt the safety of the COVID-19 vaccine despite it having an acceptable safety profile. In turn, this may make it easier for people to deceive and/or spread false information about the COVID-19 vaccine. In this regard, it is worth noting that

¹⁴ Hloni Bookholane 16 December 2020 'May it please the court – we cannot afford to be distracted by Judge Mogoeng's bizarre remarks' published in Daily Maverick available at [https://www.dailymaverick.co.za/opinionista/2020-12-16-may-it-please-the-court-we-cannot-afford-to-be-distracted-by-judge-mogoengs-bizarre-remarks/?tl_inbound=1&tl_groups\[0\]=80895&tl_period_type=3&utm_medium=email&utm_campaign=First%20Thing%20Thursday%202017%20December%202020%20Absa&utm_content=First%20Thing%20Thursday%202017%20December%202020%20Absa+CID_3cda16df246d2c1e091210818b63be4b&utm_source=TouchBasePro&utm_term=May%20it%20please%20the%20court%20%20we%20cannot%20afford%20to%20be%20distracted%20by%20Judge%20Mogoengs%20bizarre%20remarks](https://www.dailymaverick.co.za/opinionista/2020-12-16-may-it-please-the-court-we-cannot-afford-to-be-distracted-by-judge-mogoengs-bizarre-remarks/?tl_inbound=1&tl_groups[0]=80895&tl_period_type=3&utm_medium=email&utm_campaign=First%20Thing%20Thursday%202017%20December%202020%20Absa&utm_content=First%20Thing%20Thursday%202017%20December%202020%20Absa+CID_3cda16df246d2c1e091210818b63be4b&utm_source=TouchBasePro&utm_term=May%20it%20please%20the%20court%20%20we%20cannot%20afford%20to%20be%20distracted%20by%20Judge%20Mogoengs%20bizarre%20remarks) .

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following the Respondent's remarks, government communications released a statement cautioning against fake news narratives and reiterating that the Government's response to the pandemic is informed by science.¹⁵

43. It is our view that these facts demonstrate that the Respondent has acted in a manner which is incompatible with or unbecoming the holding of judicial office.

THE GROUND BASED ON SECTION 14(4)(B) OF THE JSC ACT

44. It is our further view that the Respondent has wilful or grossly negligently breached articles 5 and 6 of the Code of Judicial Conduct.

45. Article 5 of the Code of Judicial Conduct provides:

"Article 5: To act honourably

(1) A judge must always, and not only in the discharge of official duties, act honourably and in a manner befitting judicial office.

(2) All activities of a judge must be compatible with the status of judicial office."

46. The notes to article 5 state that it applies to professional and private life. It requires that a judge must act in a manner that enhances public trust in and respect for the judiciary and the judicial system. It also requires that a judge must avoid impropriety and the appearance of impropriety in their activities. For purposes of article 5, conduct is assessed objectively, through the eyes of a reasonable person.

47. As I have said earlier, the Respondent occupies a critical role, and it must be assumed that his words will carry significant weight. He is the most senior

¹⁵ Government statement by Phumla Williams reported on 11 December 2020 'Govt warns about Covid-19 vaccine misinformation amid comments from Mogoeng' published by News 24 and available at <https://www.news24.com/news24/southafrica/news/government-warns-about-covid-19-vaccine-misinformation-amid-comments-from-mogoeng-20201211>.

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judge and head of the highest court in the country. In this role, he is regarded as an intellectual leader in the judiciary and as someone who should set the standard of judicial conduct. The Respondent has also taken an oath to "*uphold and protect the Constitution and the human rights entrenched in it*" and is a steward of the right to health.

48. In our view, the remarks he made display a lack of sound and proper judgement and a lack of due regard for his position of influence. His remarks are underpinned by or alternatively lend weight to, nonsensical "anti-vaxxer" conspiracy theories which are a direct and severe threat to health and accordingly his remarks have the potential to cause serious harm.
49. Vaccination is one of the most cost-effective ways to prevent disease. Vaccine hesitancy, which the World Health Organisation describes as the reluctance or refusal to vaccinate, seriously threatens to roll back progress in tackling preventable diseases. In 2019, the World Health Organisation declared vaccine hesitancy to be one of the top ten threats to global health.¹⁶
50. The African Alliance submits as annexure **AA3** an interim literature and evidence review of vaccine misinformation, vaccine hesitancy and anti-vaxxer sentiment. This review was carried out in December 2020 and forms the basis of a multisectoral communications strategy by the South African Medical Research Council and the South African Department of Science and Innovation to respond to COVID-19 vaccine misinformation and vaccine hesitancy.

¹⁶ World Health Organisation "Top Ten Threats to Global Health 2019" available at <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>.

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51. It is our view that, in the eyes of a reasonable person, it was not honourable for the Respondent to have given credence to vaccine hesitancy at a time when so much depends on the uptake and confidence in the COVID-19 vaccine. We align ourselves with the following statement by Former Justice Johan Kriegler on the duty of a judge to act honourably:

"Accepting appointment as a judge creates a special kind of compact with society. While we entrust our judges with great freedom in the performance of their functions, they in return, accept the onerous duty at all times to be worthy of such trust. Judicial ethics is therefore not about the enforcement of obligations but about integrity, restraint and the protection of the moral authority of the judiciary. It is about trust."

52. Article 6 of the Code of Judicial Conduct provides:

"Article 6: Compliance with the law

A judge must at all times, also in relation to extrajudicial conduct, comply with the law of the land."

53. The regulations published in terms of the Disaster Management Act, 2002 make it an offence to spread fake news. Regulation 14 of the Regulations published in terms of the Disaster Management Act, 2002 provides:

"14. Offences and penalties.—

(1) Any person who publishes any statement, through any medium, including social media, with the intention to deceive any other person about—

(a) COVID-19;

(b) COVID-19 infection status of any person; or

(c) any measure taken by the Government to address COVID-19, commits an offence and is liable on conviction to a fine or imprisonment for a period not exceeding six months, or both such fine and imprisonment."

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54. While the Respondent may not have had the necessary intention to deceive, if one has regard to the purpose of this regulation and the urgent need to counter the spread of fake news, misinformation and fear, the Respondent has in our view not complied with the spirit of the law.

CONCLUSION

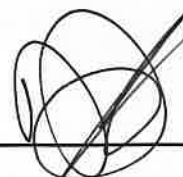
55. In this complaint, we have laid out facts which show that the Respondent has acted in a manner which is incompatible with and unbecoming the holding of judicial office and breached the Code of Judicial Conduct.

56. We, therefore, request that this affidavit be accepted as a formal complaint in terms of section 14 of the JSC Act.



TIAN JOHNSON

Thus signed and sworn to before me at Johannesburg on this the 8 day of December 2020, the deponent having declared that the deponent knows and understands the contents of this affidavit, that the deponent has no objection to taking the prescribed oath and that the deponent regards such oath as being binding on the deponent's conscience.



COMMISSIONER OF OATHS

Commissioner of Oaths
Thabang Macdonald Ngobeni
Practising Attorney Ex Officio
10 Bolton Road, Cnr Sussex, Rosebank

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Honoring Healthcare Workers _ Address at Tembisa hospital on Thursday 10 December 2020

SPEAKERS

Chief Justice Mogoeng Thomas Reetsang Mogoeng

Chief Justice Mogoeng Thomas Reetsang Mogoeng 00:01

The Vuka Africa Foundation, the Executive Management of Tembisa Provincial Tertiary Hospital, all heads of departments, frontline workers, the members of the media, honored guests. Good afternoon. I think I must begin by thanking Dr. Mogaladi for what he did. Some may understand but others not. I have received instructions from my maker. That's to go on a serious retreat, to reflect so that he can talk to me and I know to some its craziness but to me, it's life. Suddenly, the spokesperson for the Judiciary Mr. Nathi Mncube sent me a message saying that this hospital would like me to attend this event, and I said that can't be. Just last year, the then mayor of Johannesburg asked me to come and attend a similar event, and I said this man doesn't understand how many municipalities are in South Africa, if I accept this invitation, it means I will have lot to spread myself thin. And what excuse am I going to have for attending the event of one municipality to the exclusion of all others. And not long thereafter, the Premier of Gauteng extended the same invitation. I said I can't accept, I can't be all over the provinces, attending events, provincial events, I can't. So, my attitude relying on all understanding was I can't go there. But I suspect now that I know who you are, you must have prayed. Because you refuse to send the invitation when called upon to do so. You insisted on a personal representation. And from what I was told by Mr Nathi Mncube, you came with the whole team. And at the end of the meeting, he called me and said if it was within my powers to respond, I would have responded positively. I praise God and answer and that's why I'm here. It has got nothing to do with the fact that my wife's origins are in Limpopo somewhere. But everything to do with the fact that there is a message to be delivered from the heart at such a time as this. I've been made to understand that the theme is from Victory to Victory. That this is a Thanksgiving service. Let me just share a few reflections from the heart. Always that's best rather than come up with a scholarly presentation to rather speak to people, particularly when we're confronted by trying times. My greatest sources of inspiration growing up in my village, Koffiekraal where nurses and there was one nurse. I must mention that nurse because somebody sharing the same surname with her came here, nurse She was for many years, probably 20 years the only nurse in my village Koffiekraal. I used to observe her at a distance that

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cleanliness, I'm a real tumble and soil type. We are would swim in a dam or a river and do all mineral things in the water. So, I couldn't understand how somebody could be that clean and caring, notwithstanding the fact that the overwhelming majority of villagers were completely wholly uneducated. So, I desired to be like her, I desired to have an opportunity to minister health, to others. Some of my greatest sources of inspiration were policemen, by the way, because you lose the only cow you have or goat, a policeman would be there to step in and help. Not the kind that disgrace the police force who will be collapsing down. Also, the agricultural extension officers who made a point that the only source of livelihood for the people in the village was taking care of their cattle and their agricultural produce readily available to provide advice. I have attended a cattle auction during the course of November on the fourth of November. The other side on Friday, I met one of the agricultural extension officers who used to inspire me in my village Ntate Thulisi I didn't recognize him, you know the more you grow, the more capacity you develop, and the more unrecognizable, you tend to be. And he says, no wait i was in your village. And I said "Ntate Thulisi", wow you have shining shoe, you know to a child, these small things, how when you take care of yourself matter the most, I said, you used to be a great source of inspiration to me, but maybe I shouldn't dwell on him. Because this is about health professionals. And teachers, and priests not Fongkong priests, those that are concerned about the heart of the people and not those that take offering on top of the hats. No not those who have developed the capacity and strategies to extract money out of people, however poor there might be no genuine people who care about the souls of people. I was so inspired by nurses that I actually wanted to be a medical doctor and my mother and father wanted me to be a medical doctor. What nurses also did to me; I just want to say two examples. My little sister is here to work in a place called Mohawks. At the end of my first year as a university law student, and I got accommodation from my aunt, Grace, who is a nurse, Grace Mada, and my uncle, is a policeman and out of a sense, or driven by a sense of responsibility. I wanted to contribute. I look at the heart of a nurse. No, you are our son.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 06:52

It doesn't matter whether you have money or not. Allow us to nurture you. Save whatever cent you have, allow us to look at, I mean they cook so well. Granny you must tell these people how aunty cooks so well. I hope you're not overspilling your household. They took good care of me. Ultimately, my wife's aunt, Lydia Morena, who is a nurse somewhere around the Ekhluleni, she even took good care of me. But here is the point. Where are we? as health professionals. What seems to dominate the public domain about health professionals, is the mistakes they make or the mistakes they are thought to have made. Sadly, we have discovered that there are some who collude with some workers in the hospitals, those people being in the legal fraternity to pass things around in such a way that either tragedies happen or they may look like they are a consequence of heartlessness or a deliberate plan to cause death or injury. Nurses doctors are afraid to keep, take patients these days. Because slightest mistake can easily be made to look like something so huge that you must lose your job for it. And that is precisely why I'm here. I can't stop people from being corrupt. But I can come here, what is the village man done now? Is it finished? Is it sanitized? Where would we be without health professionals. I will focus even before delivery you need a health professional to take you through the process. That is why mother's or future mothers have to come to hospital to be guided along the path particularly because many of them have never had children before. It is nurses and unfortunately for me I was just born in the bush somewhere. Not that this thing and or make that is the technology to do. But all of my children were delivered safely because of health professionals.

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Chief Justice Mogoeng Thomas Reetsang Mogoeng 10:21

And whenever there is a health challenge, they are ever ready to step in and guiding in relation to what to eat, encouraging to exercise, tell you what to avoid, and what to focus on. Think about HIV and AIDS, health professionals not connected with this as a calling. They have more than enough reasons to pull out of the profession, why would you expose yourself to that danger? Why don't you open up some business somewhere and find out how to combat successfully so that you can become an instant millionaire like many others,

Chief Justice Mogoeng Thomas Reetsang Mogoeng 11:16

you could have left this public hospital to go out there so that you can be paid better. But or you could have preferred to be in Sandton somewhere or Cape Town, not Tembisa, who's going to recognize your place of work the minute you talk about this, that your love for a fellow human being your love for humanity has captured here. And unfortunately, we hardly ever give ourselves time to be in your midst, so that we can express our heartfelt gratitude for the incredible sacrifice that you make on a daily basis for the sake of humanity. So, I am here to say to you, we are grateful. We honor you, you have inspired me to be as selfless, as I have seen your health professionals be. You're always standards of that pin. Is it a pin to that niddle of the person who is HIV positive?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 12:30

Striking and it's gone. And you go into the job, people are going to say that useless because people are so lazy to search for knowledge, they are quick to pass judgement. Whatever goes on Twitter, they don't care as long as it's in the public domain it's the truthFor people to know, some irresponsible person has to either write a letter to a newspaper or send around a tweet and you are finished. It's never possible to undo the harm. So, I'm here to just say your selflessness is highly appreciated. The love for South Africans the love for humanity, the risks, some of you not even having vehicles the risk you expose yourself to either knocking off late at night or, you know, reporting for work late at night. I'm told that some health facilities have been infiltrated by backroom elements, probably because of the limited resources and the commander of the state. They are apparently not able to make sufficient security available to all these facilities, but you keep on soldiering, on and on and on for the good of us all. I mean, look at this Coronavirus it's a crazy thing you never know when it can strike and yet you are there. I just hope it is a lie that some people are so are such heartless corruption practitioners that when resources were made available to save lives, they saw it as an opportunity to enrich themselves I hope is a lie. Because if it is true, just imagine the negative impact it is likely to have on those who sacrificially wake up every day to go and try and save life exposing those health workers. To danger because some of them reportedly and I hope it was a lie, reportedly, provided masks that were not fit for purpose. To be true, I think the time has come for us to criticize but focus more on finding solutions. Because most of the time it is symptoms that we pay attention to. And the same applies to fighting gender-based violence. We don't go to the fundamental, why are people doing this? What is it that needs to be done to crack normally? We don't deal with the fundamentals behind the finest. Why is it among black people individually? Why? Why is it dominant among poor people? Why?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 15:52

And what have you say about the root cause? What measures? Are we insisting that they must be taken? Now we deal with it at the higher with the symptoms. Okay, the police are not arresting. The prosecutors are not prosecuting competently, the magistrates and judges are not convicting, it is good. But you can just focus that, you've got to deal with all our problems holistically, including the running down of the reputation, the integrity of health professionals by irresponsible characters, who is talking about seeking a solution to that. The moral all of our health professionals does not go down because I've come across some health professionals whose morale was down, I'm telling them, you wouldn't want to go to a health facility when they are in that state. As a result, So I asked Dr. Mokhaladi and the chairing man, I said, a few people and shot. There are measures in place to prepare health professionals for the traumatic experience that providing health services is all about. I'm telling you, though, I initially wanted to be a medical doctor. And I'm glad I didn't become one. When I was doing my law degree, we were doing a course including forensic medicine, and it entails attending postmortem examinations. For the first time I saw many corpses that as a student, and this man was cutting them as if it's an easy thing to do. Many of fellow students collapsed. It takes a particular heart and mindset to be a health professional. So, in so the trauma that you are exposed to is facilitating the birth of a child. A bouncing little baby boy, bouncing baby girl. And something you can't explain something you are not responsible for intervein and that child dies what do you think I'm going to say to the parent. Do you think I can be rational at that stage? Do you think I will not Tweet if I have a Twitter Account? So, I was asking about how you get prepared through your profession so that we don't lose health professionals out of health. We don't lose them out of depression. We don't lose them out of suicide. We don't get them so demoralized that they develop all kinds of sicknesses that they ought to know how to prevent and happily, both of them with a great sense of confidence, told me that there are measures in place. I raised it because at the judiciary, we only discovered I was telling them about a year or two ago that there was a need to expose judges and magistrates to a similar process. So, you will, I know the heart, at least to some extent, of a nurse and a medical doctor as a patient shows signs of improvement. You know, when my father-in-law was in hospital, the head of the medical team said you know he's coming up okay. Suddenly his situation changed. And he died and suddenly the family said, you know these doctors don't care about anybody anymore. He's reckless, they are heartless. You'll find patients not washed. Just imagine, I can only imagine what you're exposed to. So, you've done very well. You've done very well to embrace this clinical calling for the well-being of any society. You have done very well knowing the kind of danger you are exposing yourself to by staying on during this COVID-19. You will just at ground and say, well, I'm here for the sake of humanity, I'm going to be here. It is another kind of love. It's another kind of UBUNTU, the UBUNTU that we have lost I never have lost completely. That is why people celebrate insults. But when you pray, they will treat you worse than a murderer because we're asking God to help the nation. We have lost respect for the elders and nobody's doing anything about it. We have accepted it as a new normal. It's an abnormality, even the COVID-19 situation I refuse to say it is the new normal, I don't want legitimize it and to normalize it. It's a new abnormality.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 20:56

So, thank you for your sacrifice. Thank you for a job well done for the dedication, that cleanliness of environment, I was shocked to learn that you are second only to Baragwanath hospital in terms of the number of patients that you come that you bring in. And also, that sometimes patients have to sleep in

Tim

the corridors not because you don't love them, not because you are heartless but because you can't afford to say to a patient as if you are in the hospitality industry fully booked. You allow them in so that when an opening comes up, they would be attended to. Keep on doing the good work. It's such a great honor to be with you. You know I was telling them ,I have never been to Tembisa before . There are many people from my village who live here. I thought it was just some small township like Madikwe, next to my to my village. To my shock, I'm told that the population is around 1.8 million. So, thank you, for the many future leaders of this country that you deliver on a yearly basis and for the care, the love, that you demonstrate to them. I was amazed, you know, I asked about a shortage of medication. The good doctor was telling me as a CEO that you know that pharmacist is so competent, wow. It's a scarce commodity in South Africa. Many just want a cheque. So, I was gratified to learn that competence reigns supreme in this hospital. I don't know if I can thank you enough. Maybe Let me try and close because the bottom line was just to congratulate you for a job well done over the many years, particularly for those that are retiring, and to encourage those of you who like Dr. Mokhaladi must have found themselves in the spot where they had to cry. Unfortunately, they just don't have the capacity that he possesses of composing poems, that poem that day he graciously allowed me to listen to the condemnation and thank lessness by those that will do everything reasonably possible to take repair. So just keep on soldiering on its part of human nature. And you are leaders remember, when the going gets tough when people are frustrated? It is to the leader that they turn for criticism. So, don't give up. Take it from me for the better part of my life. Even as a young boy at school, I was subjected to incredible criticism, when I passed is that Ah, he's consulting a traditional doctor. Every step of my life I didn't know that it was preparing me for now, the capacity to say no when everybody else says yes, because they want to be praised. And they were developing the capacity for now it's important to be able to take a stand when everybody else is afraid and want to protect their fake reputation, the one that they give you and can take away whenever they want. You must call the line. You must be a good boy or good girl otherwise we will run you down the wind. Firstly, we need to deal with that. I'm not afraid of that. I live to serve like the nurses and the doctors. I live to serve. I'm not here to please aspirants team makers No. If you think you can me or run me down, you're joking. You didn't bring me here; you didn't make me what I am. I suffered my way through up to here and by the special grace of God, I'm not afraid to stand against multitudes and when they say Rule is right, I'll say it is right. Do what you want to do. The reason why South Africa, Africa and the rest of the world is in a terrible state in which it is, is because we have a lot of 'yes men' and 'yes women'. We don't, we are even lazy, to interrogate situations to say but is it true, you're not. Yes, look at his car, look at his house, you don't investigate? Let's desist from this laziness that has resulted in the great damage to the reputation of our health professionals. Let us interrogate everything that we get fed with by anybody, regardless of who they are. And only when you are satisfied that what you're affecting is factual, you can back it up, should you say. Where are we going if everybody wants to follow Twitter as I said, you don't even know who is Tweeting. I can have my own followers and whenever I say something, helps them Tweet to support what I say, and they say Oh its trending. Laziness and irresponsibility. Our trusting and responsibilities to others. What examples are you setting for your children what kind of a leader are you. I'm told there is a is the leader in one of the African countries I visited in October, he took a decision to fire his head of intelligence, because of the corruption that he was involved in. Messages come, turn the other way. He revoked the decision. He's satisfied by the manager. And he changes the decision. Let's assume like the nurses and the doctors who are prepared to soldier on regardless of who says what. Let's just take two from them. And believe in something and stand for something. Let's

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run away from this, you know who I compare you to, I compare you to health professionals. I compare you to the people who lay their lives down so that South Africa could be free. Those people were not hoping for a cabinet position, because it looks like a far-removed possibility that South Africa will be free. But they were not prepared to draw the line that the propaganda machinery was pointing to No. They said but this is unjust. This is wrong. Let them do whatever they want to do. Here I stay. And they lost their. Respect your lives treating and attending to a HIV positive patient, respect your lives, attending to people who are under this Coronavirus attack. Out of principle, why can't we all of us who call ourselves leaders,

Chief Justice Mogoeng Thomas Reetsang Mogoeng 28:47

emulate your leadership role, your sacrifice and stand for something? Don't pursue legacy. Somebody was saying, what legacy would you like to? I said I don't want any legacy; I don't care about that. And they said okay, how do you want to be remembered. I said I'm not here to be remembered. I have a privilege to serve. And I want to do it to the best of my ability. Because I want to build up a legacy. I'm going to be taking government resources to make sure that projects that would make me look good, are supported with the money that doesn't belong to me. And those that really need to be supported are not supported why?Am being paid to do this job. It's a privilege to occupy this job. Why do I want to be remembered? What if I'm dead how, how do I benefit from being remembered if I'm dead. Seriously.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 29:48

So, nurses and doctors and all the people who work in the hospital, I really take my hat off to you not because you are here but because of the good work you have done over the years and that you continue to do. You know sister Phuleng, I saw her for the first time at the place called I was ministering there. I'm rounding up now.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 30:18

So, as I was ministering the Lord said to me, no, no, get somebody to sing this song. So, she got up and sang the song. Man, the power of what was over. People were kneeling down, people were laying on their tummies on the floor. So, when I saw her standing up, I said erghhhee She's not singing for entertainment, she sings because it's a calling. She's just like the nurses and the doctors. I'm not surprised that you are here, my sister, there is a particular connection, a spiritual connection.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 31:06

Now, Srwhat you don't know is that I came listening to your song, there I was repeating your song . Because it speaks to me. It speaks to my heart. It's about a blessed assurance that this God will never leave you nor forsake you have always kept our nursing staff, our doctors and all the health professionals here to help you, if you stay focused on him for the rest of your life. Because when you do you become fearless, you don't care who is saying what, how many they are. No, you hear only him and nothing. I was shocked recently some journalist; a senior journalist sent the message to Nathi to say. You know we know the chief justice as we ask questions will be careful with him. I said this guy doesn't understand me. They think Because I will be taking media interviews, I'm afraid of something. No, no you don't understand I was baptized into this position with fire. So, you'll come and ask questions, what type of questions are you going to come up with thatwho are you?

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Chief Justice Mogoeng Thomas Reetsang Mogoeng 32:18

You're just a human being. So that focus on God that you are calling us to remember that when you focus on him all the days of your life, ah, he will protect you, just as he has protected functionalities in this hospital.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 32:38

Is he still here? Or as he here? He's not here. But anyway, let me just say what I wanted to say about you

Chief Justice Mogoeng Thomas Reetsang Mogoeng 32:46

You know, there's a powerful combination between being a medical doctor and then understanding that another way of ministering health, hope and restoration to people can be a word based some ministrations. That's what he did. He would have made monies; he would have specialized but there is nothing like following what you are here. Because when you follow your heart, your calling it doesn't matter how difficult it gets, you'll remember that this is not just a choice out of convenience, you will become a nurse or a medical doctor because you want money, or you want to be known as Dr so and so. No, it's a calling, and I remember as a little boy all I really wanted was that white coat I wanted that white coat. I wanted a stethoscope because in the village, there was no doctor. I mean, the only way to see a doctor was for you to go to..... And so, I wanted to be the first, I mean that's a carnality I didn't understand. So, I just want to thank you people. Those who minister in song for being here to encourage these our mothers and fathers who have looked so well after the people of South Africa. May you keep up the good work, there is no guarantee and there can never be any guarantee that criticism won't come your way and fair criticism, vicious criticism, lies. It happens all the time. It's part of the package. The one I believe in, says in his word, Jesus Christ. That is because people believe in all sorts of Jesus Christ is that a messenger can never be greater than the master. They persecuted me and they will persecute you unless you are one of them. So just so general, people don't understand. Every time I'm criticized people in my office, some of them get whacked out. What's your problem? Have you seen.....I say I don't even look at those things, I learned a long time ago, I was very careful, because otherwise we're going to be mediating about wrong things? When you know that certain people are permitted run you down, don't to read anything about them, why are you exposing yourself to sleepless nights for nothing. That's why I'm enjoying it. Anytime you see man just busy anyway, because I am, I have overflowing joy, peace, that passes all understanding. So, all the best to you. I hope those of you that are retiring will be called back soon as a scarcity of mentors. Another retired nurse was looking after my mother-in-law when she was unwell before she passed on. She said, you know that I number of nurses who I am who need our mentorship, unfortunately, they let us go much earlier, I hope that going forward, we will at some stage be brought back so that you can keep on mentoring the young ones and encourage them because your experience has taught me so much. I'm not going to ask for permission, I just do what I feel I like to do.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 36:23

And if you somebody tried to put you in trouble, just ignore him. Now you can tell him you guys use me as an excuse. I'm gonna pray. Heavenly Father, in the name of Jesus Christ of Nazareth. I know that

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this hospital is a point of contact for me to pray, hope, healing, restoration, and even revival in this land. People are losing jobs. People are dying people are afraid of this giant called COVID-19. My father My God, I pray that you will strengthen the nursing staff and all the health professionals Father, in this and all other hospitals. That all mighty our own national anthem assures us father that you will protect us and bless us. For this reason, my god and anything that..... our Constitution. I asked you to have mercy on South Africa. This demon called COVID-19. Lord All mighty in the sword of justice you have given me. I slay this giant now in the name of Jesus. My brother and my brother and the people of South Africa and Africa they will not be killed in their numbers by this COVID-19. Just as you answered our prayers to cancel the over million..... people. Lord God all mighty whatever phase is said to be coming. Lord I..... it, I run it down in the name of Jesus. I lock out every demon of COVID-19. I lock out any vaccine that is not of you. If there be any vaccine that is of the Devil, meant to infuse 666 in the lives of people, meant to corrupt their DNA, any..... vaccine, Lord all mighty may it be destroyed by fire in the name of Jesus. Any legalizing agent law for wickedness in this nation, for wickedness in Africa and across the nations of the world, Lord God all mighty send your angels, send even your angel of the media, send all the angel of fire, the angel of....., the angel of the winds of the Lord to enforce your will in the name of Jesus, no more suffering Lord, no more suffering.

39:01

Right Chief Justice Mogoeng Mogoeng ending off his keynote address there to healthcare workers in Tembisa with a prayer and speaking about the need to celebrate health workers the importance of the work that they do, bemoaning the allegations that people have benefited from COVID-19 tenders and the like putting health workers in jeopardy, using the example of a mask that's not fit for purpose that's been used to the detriment of health care workers. Also speaking about his faith quite a lot in saying it may get him into trouble. But he is praying against COVID-19 and speaking about the vaccine in that press. We'll have a little bit on that later on. But it's time for short break and we'll have more news here after that to stay with us.

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Chief Justice Mogoeng Mogoeng on the 2019_20 Judiciary Annual Report media briefing on 11 December 2020

SPEAKERS

Silindelo Masikane from eNCA, Khomotšo Mabelane from Power 987, Bongile, Journalist, Mr. Mncube, Chief Justice Mogoeng Thomas Reetsang Mogoeng

Chief Justice Mogoeng Thomas Reetsang Mogoeng 00:18

More interviews than the demands of our work permits, it's best that in response to them, we also at the same time notify others, that we're going to be having a media briefing today. And that's why we here. Before I make my brief remarks in relation to the annual report, let me be very upfront about how I perceive the purpose of this media briefing to be I'm aware that there has been a lot of hunger out there to ask me questions that have nothing to do with the performance of the courts. And I got a saying that some thought that there was somehow running away from having questions put to me, and I realized that people really don't understand me. I'm not the sort that runs away from his responsibilities. I'm not the sort that runs away from confronting issues that needs to be confronted, I believe with all of my heart that everybody, particularly leaders must own up to their utterances must own up to their actions must assume full responsibility for everything they say. It is irresponsible, of any leader to shy away from dealing with issues flowing out of what he or she has said. So, I'm upfront in saying, I'm here to present myself for questioning on anything, even if your questions would be about everything except the judicial accountability report. I am here to tackle those questions as frontally. As circumstances demand that I do, turn into the judicial accountability report. I will be brief, because the foreword to the annual report is structured in such a way as to be a combination of both what a foreword, is ordinarily supposed to entail, as well as the speech that I would ordinarily have delivered during the meeting and convened for the purpose of presenting the judicial accountability report. So, it's comprehensive enough for anybody who wants to know what my thoughts are as the leader of the judiciary to understand where I stand. Now, just a brief synopsis. You will recall that, in response to or as a reaction to questions that sometimes flow from how our report is compiled, we have deemed it necessary, just to give the public a sense of what informs our ability and inability to meet the targets that we set for ourselves. And as I indicated in our in the past, our targets are nothing more, but an aspirational goal. Ideally, our target should be 100%. But there are so many circumstances contesting for our ability to discharge our mandate, as admirably as we would want to, as a result of which we were not always

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able to meet the target that we have set for ourselves. What I also want to say is this, I have indicated how different courts perform. And why informs that I've touched on programs that we've set ourselves to implement that we have not been able to implement. I've touched on the significance of the informatization program that we have for years been talking about, unfortunately, funding has not made it possible for us to implement it as fully as we should have, which by the way, would have come in handy. Had it been implemented timelessly during the lockdown period. So, there's a wide range of issues there that I have covered, which I believe you're quite familiar with. You will recall that last year, we touched on the on the tools that we were developing for the magistracy. So that going forward, we factor the magistracy in the in the annual report, the performance of the magistrate's court. Some say it's there about the performance of the magistrate's court. We it's early days for the broader judiciary, our aim is to be able to provide a much broader accountability report that we've been able to but what we have seen the best practices that we have noted from other jurisdictions have informed us that what makes this possible is a fully digitized court system, because that system is able to take much more than a document like this can, and more importantly, when you report in this manner, it's more about the fundamentals. It's not about each and everything you can be reporting on how each magistrate how each judge performs, you'll have a book so voluminous, that people would just be intimidated from reading it upon side of it. So, in a nutshell, that's where we are, we are grateful that we are here. We are here to account, we satisfied with the progress that we were able to make under extremely challenging circumstances. And I will end it here because as I said, I've got a sense that there are more questions in the offing for me, and then about other things than about the accountability report. And I'm here for that over to Mr. Mncube.

Mr. Mncube 05:58

Thank you, Chief Justice for that opening remark in the briefing colleagues, you have the opportunity to ask questions, and also the colleagues who are joining us online, you just raise your hands and when I call your name then you will be able to speak, if I don't know, your name I'll just point you out with sir/madam and I think for now those (in-audible)

Bongile 06:22

Bongile News.Well, CJ (Chief Justice) I want to ask yesterday, right here, at Thembisa Hospital. You delivered the keynote address there. And then at the end, you closed with that prayer. Some of us tweeted that prayer. And there's been quite a lot of backlash in as far as the what the contents thereof. Among the things that were raised was the fact that they some politicking that is taking place within that prayer of yours. In reaction to what if you would have seen so far, too what has been happening on Twitter, I know you're not friends with Twitter but there's been a lot of negative comments coming to you with what you've said they on the vaccines specifically, for COVID-19.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 07:09

I don't know whether people I haven't been paying attention to twitter. I honestly do pay very little attention to the media. I don't know whether people honestly misunderstood what I said, or deliberately misunderstood what I said. And maybe it's necessary to reiterate what I said, I said, if there is any vaccine that is being manufactured to advance a satanic agenda of the mark of the beast triple six, if there is any vaccine that has been manufactured for the purpose of corrupting the DNA of people, that vaccine must be burned, it must die, God must intervene and destroy it. So, anybody who supports a

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vaccine that infuses triple six, in the bodies of people, anybody who supports a vaccine that is meant to corrupt the DNA of people, I would understand if they raise an alarm. That's it. I want every corrupt thing to be destroyed. And if it is politics, it is the kind of politics that I'm happy to advance any time anywhere. So, people must come up, do they support the satanic agenda? Tell us what they want us to have a triple six mark, they must tell us why I'm not saying all vaccines and I never said all vaccines are meant to advance that agenda, but if people want it to be made to look like that's what I was saying, then that's their problem. I'm never worried about backlash, because I've realized something it's almost as if for you to be positively reported on. You must check. Why is it that people are likely to be favorably disposed to what will the analysts say the regular analyst, I must say, what will the media say, I'm not that kind of a person. I don't live to be approved off. I don't suffer from affirmation or approval addiction. I reflect on what I believe needs to be said at any particular time. And I say whoever wants to run wild with it is free to do that. I will never look backwards to check who is happy with what I'm saying who is unhappy. I am independent minded. For far too long. People have been afraid to express themselves as free and as robustly as they need to remember, we just delivered a judgement as the Constitutional Court recently about the fundamental importance of freedom of expression, the EFF judgement. So, people are not going to be allowed to manipulate us to force us to tow their line to think the way they think everybody else in this country and around the world ought to think I'm not in that category. I'm not worried about fictional reputation. Oh, this is how a Chief Justice is supposed to behave, this is how a judge is supposed to behave. Where is the manual for them? Where do you get it from? What are you trying to have us comply with? I'm not a conformist. Our country our Constitution does not demand of us to be that way. So, I didn't watch the backlash. But maybe it was not unexpected. Remember what I said to the CEO and the Chairman. I said, you know, if they come against you for what I'm going to say, plus, I know, players controversial in South Africa, insults are never controversial. No, it is prayer. In the name of Jesus, that is controversial. All other prayers are fine. So, I'm not going to be begging for permission to pray never in public and in private, I'm going to pray all them all. It is my constitutional right. I'm a Christian, I'm not going to be hypocritical. Being a robust Christian in private in public, I pretend, maybe so that when I deliver judgments that are in line with my Christian principles, people cannot spot it. I'm not that guy. We need to be open; we need to be transparent. And that's where I am.

Silindelo Masikane from eNCA 11:20

I'm Silindelo Masikane from eNCA. Just to add on to my colleague's questions. Um, where do you get this information from Chief Justice about a vaccine that's alleged to infuse the antichrist in people's DNA? My second question is you have been criticized for not being able to separate your religious beliefs from your office? Do you think those criticizing you are missing the point perhaps?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 11:49

Well, for starters, one did I accept as a fact that there are vaccines with triple six, two where do you get this thing of separating my judicial responsibilities from my Christian beliefs from? Where can we look for it in the Constitution or anywhere else, the last time I checked the Constitution, it lists among the fundamental rights, freedom of religion, freedom of opinion, and freedom of thought. And two, not only does the preamble to our Constitution, talk about God, for God to protect us and to bless us. But the national anthem also alludes to the need for us, in fact, it's a prayer for God to protect us. So where do we get this thing from? Some people say, we are a secular state, but what is the meaning of a secular state? A secular state is not a state that is anti-religion. It is a state that is against the imposition of one

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religion, to the exclusion of others. So, this notion that you must separate the state from religion is misplaced. So where do you get it from? If you have it, point me to it so that I can address it. And so the thing about the vaccine, I'm not asserting it as a fact, I know that there is a lot of corruption in the world, in South Africa, in Africa and elsewhere in the world, look at what allegedly happened to the money that was allocated for the protection of people in this era, what happened? I tell you, if I had said if I had prayed openly, before allegations of corruption in relation to that manner, surface, if I had said law, anybody who's going to be involved in corruption in relation to this money, give me that person. You know what that is going to be the same question to ask, where did you get the information from? That there is corruption in relation to the funding for COVID-19 related matters? So, I'm praying unto God, whether you call it politics or not, it's neither here nor there for me, and I won't stop doing it. I'm crying unto God. If there is any vaccine, I don't want it. I'm crying unto God, this is the end times, according to we Christians. So if there is any vaccine with triple six, I want God to destroy it, if there is any vaccine meant to corrupt the DNA of people, I'm asking God to interact with it, any clean vaccine, they must produce it quickly. We people need that for their own health. So if anybody's going don't pray about against triple six, don't pray against Satan, don't pray against corruption of the DNA are they can criticize, until, I'm not worried about that.

Silindelo Masikane from eNCA 14:45

Just lastly on my part Chief Justice. The issue is that some of the scientists who form part of the ministerial committee that advises Government on how to deal with this pandemic are criticizing you and saying that a person of your stature, you're misleading people with that prayer by alluding to the fact that they could possibly be a vaccine that could infuse the antichrist in people's DNA.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 15:17

Well, people are not fools. And maybe there is an assumption that our people are thoughtless. And maybe there is an assumption that whatever somebody says in the public domain, our people are so foolish, that they will solve it without reflection. I refuse to buy into the narrative that our people are idiots. Our people are thoughtless, our people will just embrace whatever Mogoeng says, because it's in the public domain. Here is my position. My, my prayer is meant actually, and I hope it does touch every well-meaning Christian, to cry out to God and say, Lord God, if there is any vaccine, that would have this result. If there is any vaccine that would negatively affect the lives of people that vaccine must never see the light of day. So, people must pray against that it's important. You can't say we must as Christians just hold our arms, or whatever people come up with is fine. No, we can't people must pray. People must pray. Not everybody accepts as you've reported. Some people have already say no, this is wrong. Those are the people who will never buy into the it's a clear indication that our people are not idiots. They are not just going to embrace what I say. Others will take it as a prayer point. Others will reject it for whatever reason. That's how it's supposed to be. So I'm not going to be saying hey, the scientists are saying this. No, I'm not a scientist. I'm a prayer warrior. And I'm encouraging prayer warriors to pray.

Bongile 16:57

Okay, thank you so much. Okay, Chief Justice, again, in that prayer that you delivered Matabane at Tembisa. Before you say what, I'm trying to say right now, you did make mention of the fact that I will

not apologize for fame. Yes. And then you reached out to God to say, judge those who continue to perpetuate corruption, to enrich themselves and their friends. Any names behind?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 17:22

No, and that is the same thing with these prayers against the vaccines? The reality is there is corruption in South Africa, in Africa and in the world? Why should I be targeting people? Do I know who is corrupt? Was I there when they committed corruption? How can I name people, I'm basically saying, I believe that we know so much about corruption practitioners in South Africa and across the nations of the world? But God knows everything. So, anybody who's looking clean and smart, in fact, pointing fingers at others as the corrupt when in fact they are themselves corrupt, they must be exposed. I don't have the power to do that. But I'm asking God in whose unlimited power I have confidence to expose them. And if they don't repent to judge them and judge them speedily and hardily, that's where I'm coming from the same. I mean, you can't tell me there is no medication with scientific side effect, you can tell me that. So, what is this about this vaccine, that people must believe that they can be anything wrong about it? What is it? What are we afraid of? Why do we want to beat people into silence about it? why? we must speak freely about this is a free country. We must speak freely, even about the origins of Coronavirus. We must speak freely. This is a free country; people must be very careful about wanting to take us back to the era of colonialism and apartheid where freedom of thought and opinion was not allowed. You must be very careful. And I'm not going to be silent. I don't care about the consequences. We've been quiet for far too long towing the line, I'm not going to tow any line. And it doesn't matter how many people criticize me when I believe that I need to address this issue I'm going to do it when I feel the prompting of God to address it. I will. I'm not going to look back, as hey, they are coming, you know what they have done to you ever since you were nominated for the position of Chief Justice and they never stopped they are coming. There have been people have been critical ever since. But as it achieved, it has never been able to bring me down as was apparently hoped for and I'm still there. This God has never failed me.

Mr. Mncube 19:43

I don't know if you have follow ups. I don't see hands from the colleagues who are joining online.

Journalist 19:53

And I have a couple of questions. The one question on what you were saying yesterday. And that's essentially what I'd like to understand is, if I'd be correct in saying what you what you were praying against was a vaccine that would carry what the dangerous side effects or anything like that. So just want to understand that I understand correctly.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 20:17

That is, it. And if there is any vaccine that is deliberately intended to do harm to people, that vaccine must never see the light of day. And any other medication by the way. I extend it to any other medication that is intended to be harmful, or that will accidentally be harmful to the people in this country, in this continent and around the world, that medication must never see the light of the eye pray unto God to stop it from seeing the light of day.

Journalist 20:48

T. M. g

And then along the same lines and following on from that. When a vaccine does become available here in South Africa. And I just want some clarity in terms of whether or not you would encourage people to take up that vaccine and to get vaccinated.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 21:05

No, it's not my, I mean, I don't know anything about vaccines. What I can say now is that I don't think the vaccine must ever be compulsory. I saw something today in fact that and I hope it was a lie statement attributed to a very important global organisation to the fact that they are considering e-vaccine or e-vaccination certificate for travelling, it must be voluntary. People must just run test on us if we are not positive, they must allow us to travel. You can't impose a vaccine on people. Why should you? Why should I have a vaccine in my system if I'm not positive? So those who bear the responsibility to make sure that the vaccine works. Those who can vouch for the effectiveness of the vaccine, and that it doesn't have negative side effects must be the ones to propagate it. I'm not a scientist, but what I do is that I will pray for God's intervention.

Journalist 22:10

I mean, I have a couple of questions about the report about the annual report. So, the first one is also a question of clarity. It's around the table's indication of the different courts as performances. I just want to understand the baseline. So, when we talk about total cases, on those tables, are we talking about new cases that comes to the court during the period under review? Are we talking about getting new cases and cases that have been on the roll for an extended period of time for example? Yeah, if I could just have some clarity on that.

Mr. Mncube 23:11

Information is on page 27.

Journalist 23:18

Okay, yeah, so page 27. Performance of the Superior Courts compared April 2019 to March 2020. So, if we look at that table, it obviously has the class on the far left and then it says total cases and it says finalized the indexes percentage. I just want to think of what where we get the total cases from if that is the overall cases that have been sitting on the roll potentially since the previous period or if that's just new cases that were enrolled during this period

Chief Justice Mogoeng Thomas Reetsang Mogoeng 23:52

You want to take it now?

Mr. Mncube 23:58

On page 29 I think that's where we are referring to for all indicators and your finalized cases. So, all that appears there remember that the judges would have said their own indicators. So, you have to go and check the indicators at the back so that you have you contextualize what has been reported on. Otherwise, if you don't do that, then you ask the question that has been responded to, because the target what the report called, is specific to the target that was set and that's what it is. So, all of those cases finalized you'll find an indicator at the back that describes what is being measured and how it is being measured.

T, m g

Chief Justice Mogoeng Thomas Reetsang Mogoeng 24:49

Feel free. I'm not going anywhere until you're done.

Journalist 24:54

So, you spoke in the report about the preexisting comprehensive and futuristic court automation master plan and you mentioned it now when you speaking as well, are you able to give us a sense of a little bit of googling before and I couldn't really find a sense of what that sort of, quote, automation master plan looks like. What this futuristic plan looks like. I know you said budgetary wise it's obviously been, but it's taken some time to implement. But if there's any sense of when we might start to see the courts functioning like this.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 25:27

The when really as, as I indicated, depends on the availability of the resources. And you would recall that it's something that we raised as far back I think as 2013. And with we worked on the plan finalized it, but the budget is simply not available for us to be able to do that, ideally, and what we would want to see happening, and in this regard is from even our law reports is that of passing our law reports on to our judgments, to do time data waits for them to compile them and sell them back to us. They would want to do what the jurisdictions like your Ghana and Singapore and Qatar have done, you'll capture your own judgments reportable or unreportable, and you make them available in some jurisdictions, Qatar even makes them available to practitioners for free, they make them available to the public for free. And given our financial constraints, we may wish to charge a little fee for certain people. So, you compiler that you have them readily available for all who may be interested in video judgments. Two, you also have maybe I should rush to court hearings. Most of the witnesses, whether it would be for a commission, or whatever, most of the witnesses who are abroad, instead of paying as much money as we pay for them to travel at great inconvenience to them, and accommodating them, they would be able to testify from where they are even from within the country, all we have to do is satisfy ourselves. And the person who's going to testify is the person whose testimony we're really interested in, they can be testifying from Polokwane and we are here, that system, we've seen it work in other jurisdictions, it works well, e-filing these voluminous records, and can be phased out and people can simply access them, and file them and access them. And, you know, from the system, what we will still reserve room for paper because some people who may be in far removed, areas that are not as technologically advanced as your towns and cities may still need that when we visit that Malaysia, we realize that there is still room for a minority of people who still need paper, and so on and so on. So, e-filing, court hearings, and all documentation, we would want to see ourselves moving towards the stage where we are a paperless court. And when that happens, you'll see the problem that we had here with our IT system would not have had the profound negative effect that it had if we had moved into that space. Because what it requires is that you have your nerve Centre here, but you also have your offside nerve centre, when this system collapses, you will still have full access to all the information you need in relation to cases elsewhere. But that requires a full team of technicians to attend to system. Just to give you an example, when we visited the federal district court of Arizona in Phoenix with, they had about 13 highly qualified technicians just for that court. And that's those are the capacities we need. So that we can run the system as efficiently as possible the technicians who will ensure that the firewalls around

our systems are as tight as can be, you know, I was talking to colleagues in China and one of their I forgot the name of it, but that's where the technology really started at the highest level. They've got an equal day. You remove the information from that system, the court collapses so how do you get it right? How did you what kind of firewalls did you build around your nerve Centre they said we went all the way it's virtually impossible to penetrate our system. Those are the kind of things we would want to build into our information system.

Journalist 30:14

During lockdown, obviously, the figures that are contained in this report only go out to March. So really, they don't include, or they're not reflective of the impact that the lockdown would have had on the Judiciary or on the functioning of the judiciary, and how it's quite speculative, obviously, but how could we potentially expect to see the impact manifest in next year's report? What are some of the issues or how has the backlog basically manifested, or how severe has the backlog been over the quarter period.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 30:45

Take it at a high code level at the regional code level and at a district code level. During the lockdown those costs could not run as efficiently as they ought to remember, that's where most of the trials happen. And high costs have got to run trials civil and criminal, they even have to do set up costs. The inability to do so has had undesirable consequences. And the same extent, especially to the magistrate's court, it's been almost about trial staff. And they have not been able to cope with a workload all along. Just imagine what the impact of the workload of the of the knockdown has been on the proper functioning of those chords. So, we can only speculate we haven't looked into it. We haven't compiled that report yet. But I think the picture is likely to be bleak. Thank you, ma'am.

Mr. Mncube 31:51

I don't see any hands to indicate if you want to ask, I don't want you to feel that you're not given a chance. But we'll take the question, I don't see anything

Silindelo Masikane from eNCA 32:01

Silindelo Masikane from eNCA. Chief Justice, I'd like to get your thoughts around some of the members of the judiciary who are facing charges, such as the President Judge Hlope, and also the allegations around the relationship that the Deputy Chief Justice Zondo seems to allegedly have had with the former President Jacob Zuma, what do you think these relationships? What kind of impact do they have in terms of the work of the judiciary?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 32:39

What kind of impact does what have?

Silindelo Masikane from eNCA 32:41

the alleged relationships or political relationships that members of the judiciary seem to have with some members in the political sphere?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 32:52

Handwritten signature and initials, possibly 'T.M.' or similar, located at the bottom right of the page.

Now I would've to be very clinical there, and maybe we must take it one by one. Let's deal with, is it the Judge President Hlope you want to start with? or is it the Deputy Chief Justice you want to start with? And whoever you want to start with? Point to the specific problem that you want me to comment on? I don't want to assume that I understand your question when in fact I don't, because I want to be direct in dealing with your question. Just start with a particular person and say, there is a perception that this is a problem. And then you ask your question.

Silindelo Masikane from eNCA 33:28

So, in terms of the President Hlope, the fact that he's facing charges, what kind of impact does that have on the credibility of the judiciary? That's my one question. My second question with regards to the alleged relationship that the deputy Chief Justice Zondo has with President Zuma, how does that impact on the work of the judiciary?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 33:55

Okay, let me start with a second question. I believe that whatever issue we raise in the public domain, we must be raising it because there is reason to believe that there is some substance in that issue. There is lack of clarity. There is need to clarify what happened. You had two versions, the version of President Jacob Zuma, and the version of Deputy Chief Justice Zondo. And the last time I checked, the ruling by the Deputy Chief Justice is very likely to be a subject matter of litigation. rumor that emerged from the hearing was that a review is likely to be launched. And under those circumstances, it's most inappropriate for me as head of the judiciary to be commenting on a matter involving my deputy that still has to be pronounced upon. I know that I can't sit on any matter involved in the commission, that one and any other including the of summons, for instance, because I was very much at the Centre of the Constitution of that commission, because I had to identify the judge to preside over the commission. So, I think let's leave that to the court system to iron out for us. But I don't think that the reputation or the credibility of the judiciary is affected in any way whatsoever by that incident. I mean, I'll give you an example last year at a briefing of this nature, and on the occasion of presenting the annual judicial accountability report, there is an issue I dealt with. And somebody wrote an article saying the opposite of what I said. So, Mr. Mncube brought it to my attention that this person has misrepresented what you said. And he contacted the editor. And well, first the journalist was fuming. Then he said, okay, maybe there will be some reasonable response from the journalists, the editor, the editor was just as unreasonable. And we knew for reasons I won't go into, that we can refer the matter to the press ombuds-person. So after some toing and froing, with Mr. Mncube, and as some somewhat watered down apology and augmented version came up, which still amounted to a misrepresentation, a deliberate misrepresentation of what I said, now, for somebody to come in and say, you know, there is this thing between the journalists and the Chief Justice, does this affect the reputation of the media, having it's unfair, there has been incidents of journalists, reported to have taken brown envelopes and all manner of allegations, did that ruin the reputation of the media? I don't think so. The public does not expect you to be perfect people, because you are not the public, the reasonable public that is, those that do not distort things, do not expect the judiciary to be perfect. They know we are not. So, it's inevitable that people will lodge complaints against the judiciary. I'll give you an example. There is a person who goes under the name of a Mwape for the first name. And I don't know if it is one person. I don't know if it's a man or a woman. I don't know if it's a group of people or using a real name, that Mwape from time to time, and people don't think clearly those that comment on this thing and get taken

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up by sometime last year he lied and said he sent some he or she said something to me about corruption in the judiciary in the Free State. I addressed that during the judicial accountability report. you say it's a lie, he never sent anything to me and two I'm not the one who deals with those things is the judicial conduct committee and to the extent that it amounts to corruption, he must go to the police. I'm not a police person. This year, that person circulated the thing, again, and I'm told that the same one while I say you see now, people don't reflect they think it's a new thing. They have forgotten that this person circulated the same thing last year. Now, are you going to say that the reputation of the judiciary is under threat because Mwaphe says that he reported corruption to me about five judges in the Free State, and I did not do anything about it. So, the matter is, in the hands of the judicial of the courts, from what I understand, is going to be placed in the hands of the court. I don't think the integrity of the judiciary or the reputation of the judiciary is the further eyes of all well-meaning and right-thinking South Africans, I don't think it's compromised in any manner whatsoever. Turning back to Judge President Hlope. I don't think broadly speaking, the mere fact that allegations against him have been made is here all day. You see, we've been saying to the public, as Chief Justice, I don't have the power to interfere. And I don't, if people want me to have the power, they must speak to Parliament to amend the constitution and to amend the Judicial Service Act to give the Chief Justice, the power or the Superior Courts Act to give the Chief Justice, the power to intervene when there are allegations in any way. I don't have that power. And I'm not going to just to try and look powerful and responsive exercise the power that I don't have because it's against the doctrine of legality. So, we should be pleased that the South African public, though the matter took long to be finalized. We should be pleased that the judicial conduct tribunals set. Judges testified, Judge President testified we are being held accountable as judges, the public would be would have been entitled to be worried, had the matter been swept under the carpet, it was never swept under the carpet. It's out in the open. It took as long as the judge it took as long as the judges Pr..... and P..... and others matters. Those are the exceptions, only three matters. The many matters that have been referred to the judicial Service Commission, were almost promptly finalized. So, it doesn't affect the reputation of the division at all. It's a concern, I'm concerned when things like this crop up the question is, is the allegation well founded. If it is well founded, then consequences we'll deal with whatever reputational damage would otherwise have eventuated.

Silindelo Masikane from eNCA 41:24

I have another follow up, just another follow up with regards to the misconduct charges that you're facing following the complaints that have been laid by the organization. I think it's Africa for Palestine, they released another statement saying they're going to lay another complaint with the judicial commission with regards to your recent comments about the vaccine. I would just like to get your remarks with regards to these misconduct charges that you're facing. Do you have a case to answer to?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 41:53

Well, you know, ever sought out is a democratic country. I didn't even see that statement. Because as I said, I don't pay much attention to media reports, I think is proper, any South African who feels aggrieved by what any judge, any magistrate says, including me, there must lay complaints, whether the complaints are well founded or not, is a matter that will be decided by the relevant structures. So, think about it this way. Some member of the public or members of the public may hate me so much, that they are always looking for an opportunity to run me down. They are entitled, they are not under no

Tom

obligation to love me they are entitled to say, you know, how can we deal with this? Let's say let's just report him so that at least maybe when the cases pile up, the public may begin to see him as this irresponsible person who was mistakenly appointed to the position of Chief, they entitled to take their chances, so I'll wait for the complaint to come and I'll deal with it when it comes.

Silindelo Masikane from eNCA 42:57

Chief Justice. Lastly, if I can just quote from that statement, they say that the Chief Justice is again failing to uphold the integrity of the office and the position he holds by terming certain vaccines as triple six or the devil's vaccines. He is undermining not only the medical science, but also contradicting our government's position on vaccines.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 43:18

One I'm entitled to contradict anybody, why am I not entitled to contradict the government? Why? What is it that, what is there to say, I must agree with everything that Parliament or the executive does? Where is it written? people lack understanding they are desperate for nothing. So, they can write whatever they want to write, they have the freedom to do that. It is their right. And people should not look negatively at these people. No, they can pile up as many complaints as they want. It is their right. So, I'm not bothered by what they and other people may choose to do about me. But that also stopped me from speaking. No, whenever I feel that I need to speak, I will speak, I won't seek permission from anybody it's a free country, this one.

Bongile 44:08

And then just maybe Finally, from my side (speaks dialect), with regards to the vaccine again, and now the perception of the that maybe you might possibly be against any form of vaccination and everything. But the question now is, have you ever in your life been vaccinated as the rest of us, maybe when you were born you vaccinated against polio

Chief Justice Mogoeng Thomas Reetsang Mogoeng 44:29


When I was born, I wasn't old enough to see what do you mean?

Bongile 44:35

Well, the argument is you might be against this because maybe you've never you don't see a need or maybe you've never been vaccinated.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 44:40

But why do they get it wrong? You're not there is a problem with reporting that I've seen it in this country. It's actually crazy. Some people don't care about what you see. They care about sensationalizing what you want to have said, developing a narrative that is not a true reflection. What you have said, so they can extrapolate something and popularize it. Before you know it, there is no correlation between what you actually said, and what is being reported on, and what is trending. So where did I say I'm against vaccination? Wait, that is the problem with South Africa reporting? Where is it? So, there is, I don't know whether it is the laziness to think or a determination to push a particular agenda against some of us. I don't understand where I said that. Where does it come from? So, I'm not against vaccination, no. But any vaccination that will do harm to people I'm praying against it, and I'll

T.M. 

never stop. I'm asking anybody who cares about life to pray against it. Not to complain in the street about it, because you don't know whether it is good or bad? I don't know. They may all be excellent vaccinations? I don't know. But I'm saying in case there is a wrong one, that one must not see any light of day. And if anybody now want to say no vaccination must never be prayed against. I must not be reported to the Judicial Service Commission for praying it's no longer prayer. It's a political statement. These characters pray, let them go ahead, and let's see what is going to happen. So, all these people, they must know. I'm not they can even file as many complaints in your numbers. I'll never stop speaking whenever I feel the need to speak. We have been silenced for far too long. I'm not one of those.

Mr. Mncube 46:44

I don't see hands on the other side to the c..... line. I don't see any I think we've exhausted all the questions you have.

Khomotšo Mabelane from Power 987 46:54

Just one short question from me, Chief Justice. You previously emphasised, my name is Khomotšo Mabelane. I'm from Power 987. I just want to speak about your emphasis on the independence of the judiciary, if you are satisfied with how things are now?

Chief Justice Mogoeng Thomas Reetsang Mogoeng 47:12

No, I'm not satisfied with the institutional independence of the judiciary. I think the office of the Chief Justice as a national department must by statute, be rendered fully independent of the executive the SG (Secretary General) must not account to the judiciary partially and partially to the executive via the Minister of Justice and Correctional Services. We are an arm of the state. And if municipalities have institutional independence, as well as chapter nine institutions, it undermines the independence we deserve to have as the judiciary to have the administrative responsibilities that pertain to the judiciary and still shored up by the executive to the point where the Secretary General is appointed by the executive as well as the Deputy Directors General it is not right. Kind of independence that for instance, recently I had my colleague Judge President Bernard Ngoepe in his capacity as the text ombud articulating the need for his office to be independent from SARS. That's the kind of independent that independence administrative or structural independence that you need in relation to functions that are intimate to the running of the courts. So, I'm satisfied that judges are able to produce judgments have that space available to them to produce judgements without undue interference. If any judge any magistrate is interfered with, it can only be with his or her permission. That one is well secure. It is the administrative independent or institutional independence that I'm worried about.

Mr. Mncube 49:08

Are we good? Thank you very much colleagues, I don't see hands, I think they are also satisfied we should be done.

Chief Justice Mogoeng Thomas Reetsang Mogoeng 49:23

Thank you, good people. Stay safe and may we see you next year.

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EVIDENCE REVIEW OF VACCINE MISINFORMATION, VACCINE HESITANCY AND ANTI VAXXER SENTIMENT.

DECEMBER 2020

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Background

The advent of the COVID-19 pandemic has been described as one of the greatest tests since World War II, the economic impacts of which are reminiscent of the Great Depression. The pandemic is a stark reminder of the importance of international collaboration, political commitment and knowledge-sharing to deal with health emergencies by placing science and truth at the centre of national discourse.

Knowledge is and ought to be a public good to inspire public agency and enable community participation in issues that impact on the lives of citizens.

Science and truth have been under attack due to an 'infodemic' of misinformation that undermines science, institutions and health systems. As misinformation continues to hamper the response to the pandemic, a concerted effort to communicate with and inform the public about COVID-19 is now even more critical as South Africa enters its "second wave" and begins to plan for vaccine roll-out.

Context

Although the term "anti-vaxxer" has gained in popularity in recent years, there seems to be an international consensus among experts such as Heidi Larson (of the Vaccine Confidence Project) that "anti-vaxxers" or anti-vaccination proponents, i.e. people who are wholly against vaccines, are in the minority.

Rather, most people may be unsure about vaccination or a particular vaccine rather than entirely decided against it – a phenomena that has been referred to as "vaccine hesitant." Larson and others therefore argue that "vaccine hesitant" is more often the appropriate term to use rather than the term "anti-vaxxer," which Larson argues is too oppositional. The SAGE Working Group on Vaccine Hesitancy defined vaccine hesitancy in 2015 as "the delay in acceptance or refusal of vaccination despite availability of vaccination services."

The working group goes on to state that vaccine hesitancy "is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence." Relatedly, past theoretical frameworks have posited that vaccine uptake is contingent on five factors: Access, affordability, awareness, acceptance and activation. Misinformation by anti-vaccination groups about the safety of vaccines, for instance, explicitly targets acceptance.

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A snap shot of COVID-19 vaccine hesitancy in South Africa

An IPSOS survey conducted in partnership with the World Economic Forum on global attitudes towards a COVID-19 vaccine found that as at December 2020, just 53% of South African survey respondents reported that they would take the vaccine for COVID-19, if it were available. This represents a marked drop in vaccination intent in South Africa since October 2020, when 68% of respondents in the same study reported that they would take the vaccine if it were available. Overall, almost three out of four people said they would take a COVID-19 vaccine proven to be safe and effective while 14% would refuse it outright. In South Africa, 65% of those surveyed responded that they would take a COVID-19 vaccine.

In a similar study conducted online earlier this year in 19 countries and published in the journal Nature, it was found that across all 19 countries, people who had fallen sick with COVID-19 or had a family fall sick were no more likely to accept a vaccine than their peers. The study found that the following factors were likely to be associated with COVID-19 vaccine acceptance: high case fatality or mortality in high burden settings; trust in government; earning more per day as well as higher levels of education. The authors are quick to note that subsequent to their work, follow-up surveys in the United States and elsewhere have suggested that COVID-19 vaccine hesitancy is higher than this survey suggests.

Social media and its role

Many international studies have pointed to an increase in vaccine hesitancy in recent decades, fuelled by strong and sometimes funded presences on social media, including YouTube and Twitter. Research indicates that pro-vaccination advocates tend to confine themselves to pro-vaccination groups, creating an echo chamber effect. However, anti-vaccination groups, research shows, are better at infiltrating online communities of people who are undecided about vaccine use, targeting completely unrelated groups such as those for parents or around wellness issues. Work by Media Monitoring Africa to combat misinformation during the COVID-19 pandemic has also shown that WhatsApp is likely to be significant factor in vaccine misinformation in South Africa.

At the same time, multiple studies have documented the role of foreign disinformation campaigns using Twitter bots, cyborgs and troll farms, with Russia playing a leading role - particularly in the United States. A two-month content analysis of these kinds of non-human users' anti-vaccination tweets categorised them into one of nine categories:

1. Freedom of choice/anti mandatory vaccines
2. Can't trust government on vaccines
3. Pharmaceutical companies want vaccine profits
4. Vaccines cause bad side effects
5. Natural immunity is better
6. General vaccine conspiracy theories
7. Vaccines cause autism
8. Vaccine ingredients are dangerous
9. Diseases aren't so dangerous

Although some of this has been targeted at the United States, it's important to note that research and media reports have shared evidence of an increasingly international and transnational antivaccine movement.

Reasons for vaccine hesitancy

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A myriad of reasons can foster vaccine hesitancy, and these can be at once hyper local and fuelled by international disinformation and misinformation campaigns. Published research on levels of vaccine hesitancy and reasons for it in South Africa is lacking although some press reports suggest recent research may be in publication. Some vaccine hesitancy in South Africa (and throughout Africa more broadly) has been linked by Twitter users quoted in media reports to the continent's history of medical colonialism and apartheid. Suspicions related to these issues have also been expressed on social media in regards to COVID-19 vaccine trials. Additionally, themes documented in the media regarding vaccine hesitancy in Africa have included myths such as that vaccines include HIV, carcinogens and anti-fertility drugs or that vaccines are a money-making tool for pharmaceutical companies. Additionally, some hesitancy has centred around a perception that vaccines are yet another example of African governments favouring "Western medicine" over indigenous knowledge, e.g. discussions around artemisia following it being touted as an unproven COVID-19 treatment in Madagascar.

Communication and vaccine hesitancy

Traditionally, communication responses to vaccine hesitancy have been premised on the deficit model. The deficit model has two aspects: 1) public scepticism towards modern science and technology is caused primarily by a lack of adequate knowledge about science; 2) That "providing sufficient information about modern science and technology to overcome this lack of knowledge — or 'knowledge deficit' — the public will change its mind and decide that both science and the technology that emerges from it are 'good things'."

The deficit model is flawed in many respects, indeed as one writer noted: "People develop their beliefs through their life experiences. If you ignore culture, personal background, religion and political leanings, then you'll likely be disappointed by someone's reaction when you respond with the facts."

The model's faults include that it assumes

1. a lack of knowledge is the sole reason for distrust;
2. more knowledge can fill a perceived gap and
3. that humans calculate risk rationally.

Firstly, science denialism has showed that those with high degrees of scientific expertise can also promote misinformation. Secondly, "increased knowledge about modern science does not necessarily lead to greater enthusiasm for science-based technologies." In fact, there may be considerable evidence to the contrary: "For example, the more knowledge an individual has about a potentially dangerous technology (such as nuclear power or genetic engineering), the more concern he or she may well feel about that technology," argue some researchers.

Lastly, the deficit model lacks a clear understanding of how people understand their risk of a particular hazard, which can determine their buy-in to, for instance, vaccines.

But the public may define risk not quantitatively (based on incidence rates or mortality figures) but rather qualitatively and based on their level of outrage in at least 20 categories that risk communicator Peter M. Sandman lists such as whether a risk familiar or foreign; voluntary or imposed; or perceived as fair or unfair. Below are what Sandman considers the main tenants of outrage from among the 20 as quoted verbatim from his seminal 1988 research:

- *Voluntariness*
- *Control*
- *Fairness*
- *Process*
- *Morality*
- *Familiarity*
- *Memorability*

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- *Dread*
- *Diffusion in time and space*

What the public therefore experiences as a risk, Sandman argues, is the sum of hazard and outrage. "The public pays too little attention to hazard; the experts pay absolutely no attention to outrage. Not surprisingly, they rank risks differently." The solution, Sandman argues, is to reframe the problem. He points to examples of successful campaigns against drunk driving and second-hand smoke as models of efforts to increase public concern about serious hazards by feeding the outrage.

If, when and how to respond

As the concept of "vaccine hesitancy" denotes, some people may have more fixed views on vaccines (anti-vaccine activists) than for, for instance, a concerned vaccine-hesitant parent who remains undecided about vaccine safety. Research compiled in our limited research review found that results were mixed as to whether rebuttals to anti-vaccination lobbyists were beneficial. Some research found that they helped further fuel distrust while other authors found them to be a worthwhile exercise if only to inform the listening public.

Research was more consistent when it came to rebuttal techniques that not only focused on correcting the misinformation but also, more importantly, exposing the techniques being used in the anti-vaccination argument – and perhaps, in this regard, there may be something to learn from the anti-tobacco lobby's efforts at exposing Big Tobacco's tactics to manufacture consent.

Pro-active communication about this may also be beneficial in moving the counter-narrative to anti-vaccination out of "echo chambers" and into broader, unrelated spaces inhabited by people with undecided views. Reframing the pro-vaccine narrative into more emotive, story and visually-based campaigns drawing from risk communication theory may also be beneficial. It may be prudent to see whether if indeed there are any lessons to be learned from international campaigns on second-hand smoke and drunk driving for instance, such as incorporating storytelling.

There seems to be some growing consensus about the need to identify and support local science vaccine champions. This may be particularly important given the fact that distrust in government and other powerful institutions seems to correlate with vaccine hesitancy. Equally, local champions who are respected and trusted by their communities will be crucial in fostering another common theme in anti-vaccination: continuous dialogue about the issue. The need for repeated openings and spaces for empathetic discussions about vaccine hesitancy was a common theme in recent research.

Possible take-home messages for the way forward

South Africa will not have access to massive amounts of COVID-19 vaccines in the immediate future, therefore the country must use this time to prepare for a COVID-19 vaccine roll out. Plans to combat vaccine hesitancy should be separated into timeframes, i.e. short, medium and long term.

In the short term, it is essential to develop a localised understanding of COVID-19 vaccine hesitancy. Thus far, published research on this in South Africa has been limited and not nationally represented. It would be advisable to perhaps consider adding questions on vaccine hesitancy to upcoming NIDS-CRAM surveys being run with The Office of the Presidency's standing telephone database in order to understand the nature of vaccine hesitancy and formulate behaviour change communication that incorporates government, civil society as well as traditional and religious leadership. It may also be helpful to consult

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with Media Monitoring Africa's Real 411 volunteer fact-checking service to understand what COVID-19 vaccine myths it has unearthed so far.

It is impossible and inappropriate for government to solely be tasked with responding to vaccine hesitancy, and research tells us that it may not be best placed to do so. Care must be taken to identify and develop local science and vaccine champions at the grassroots, district, provincial and national levels who can respond to the changing nature of vaccine hesitancy and also create dialogue about it. These champions must be identified now and then consulted with regularly in the build-up to vaccine roll-outs, in order to ensure that the programs have local buy-in and can respond to local issues. This will prevent delays related to consultation similar to those South Africa experienced during the early COVID-19 community screening. Civil society should take an active role in identifying, developing, and supporting these champions.

Meanwhile, government and civil society meanwhile must continue to prioritise accountability measures when it comes to COVID-19. This is particularly critical, given that vaccine hesitancy is linked to distrust of government and South Africa already suffers from a lack of faith in the public health system. Government – including opposition parties -- should take steps to create consistent and factual messaging within its ranks and across departments about COVID-19 vaccines.

T. M. G.

Academic & Scientific Journals

1. [Mental Models of Infectious Diseases and Public Understanding of COVID-19 Prevention](#)
Southwell, Brian G. et al.
Health Communication
21 October, 2020

2. [Risk Communication: Facing Public Outrage](#)

[Full article via author website]

Sandman, Peter M

Management Communication Quarterly

1988

In one of Sandman's most frequently cited papers, integrates the relationship between risk and outrage as part of "outrage communication," a communication form most often employed recently in regards to vaccine hesitancy. He begins by noting that "the risks that kill you are not necessarily the risks that anger and frighten you." Experts, Sandman argues, define "risk" rationally, i.e. based on expected annual mortality — what Sandman calls a hazard. But the public may define risk not quantitatively but rather qualitatively and based on their level of outrage in at least 20 categories that Sandman lists such as whether a risk familiar or foreign; voluntary or imposed; or perceived as fair or unfair. What the public therefore experiences as a risk is the sum of hazard and outrage. "The public pays too little attention to hazard; the experts pay absolutely no attention to outrage. Not surprisingly, they rank risks differently." The solution, Sandman argues, is to reframe the problem. He points to examples of successful campaigns against drunk driving and second-hand smoke as models of efforts to increase public concern about serious hazards by feeding the outrage.

3. [A global survey of potential acceptance of a COVID-19 vaccine](#)

Lazarus, Jeffrey V. et al.

Nature Medicine

20 October, 2020

This article describes the 19-country study, including South Africa, mentioned earlier in the review via an article in The Conversation. To review, the study found that overall about 72% of people surveyed were willing to accept a COVID-19 vaccine. A relatively high tendency towards acceptance was demonstrated by middle-income countries such as Brazil, South Africa and India. China scored the highest in willingness to receive a COVID-19 jab, while Russian participants recorded the lowest overall acceptance rate. However, authors caution there is a need to better understand and address these varying levels of acceptancy. Falling sick with COVID-19 or having a family fall sick were

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no more likely to accept a vaccine than their peers, the research found. Finally, the following factors were also more likely to be associated with COVID-19 vaccine acceptance: High case fatality or mortality in high burden settings; trust in government; earning more per day as well as higher levels of education. The authors are quick to note that subsequent to their work, follow-up surveys in the United States and elsewhere have suggested that COVID-18 vaccine hesitancy is higher than this survey suggests.

4. The online anti-vaccine movement in the age of COVID-19

Burki, Talha

The Lancet Digital Health

1 October, 2020

This news story from The Lancet profiles a report by the Centre for Countering Digital Hate that tries to quantify the scope of anti-vaccination groups online. The centre estimates that anti-vaccination accounts on social media have increased by at least 7.8 million since 2019. Thirty-one million people follow antivaccine groups on Facebook, according to the report, while 17 million subscribe to similar accounts on Youtube. The Centre calculated that the anti-vaccine could net US\$1-billion in revenue for social media platforms. A small, 1663-people survey commissioned by the centre found that individuals who relied on social media for information about the coronavirus pandemic were more hesitant about COVID-19 vaccines. The centre defined the online anti-vaccine movement into four sometimes overlapping groups: Full-time campaigners who reach about 12% of total anti-vaccine movement); entrepreneurs punting quackery who reach about half of the community; conspiracy theorists; and lastly small Facebook communities. Efforts by social media firms to curb disinformation have been inadequate but the centre cautions that banning anti-vaccination advocates from platforms may turn them into "martyrs" and giving credence to their messages. Meanwhile, a survey found strong support for sanctions such as financial penalties and advertising boycotts against social media companies that declined to remove "material designed to spread fake news or misinformation on vaccines." In response to misinformation, experts suggest refuting information online and perhaps focusing the most on people who have not yet decided their views on vaccines.

5. Social media and vaccine hesitancy

Wilson, Steven Lloyd & Wiysonge, Charles Shey

BMJ Global Health

October 2020

This article describes research profiled above in *The Conversation* that finds that in countries where social media is used to organise offline action, more people tend to believe vaccinations are unsafe. Foreign disinformation campaigns are also associated with a drop in vaccination coverage and an increase in negative discussion of vaccines on social media. Anti-vaccine sentiments may be especially potent on social media not because they were "considered credible but because, on the unlikely chance it is correct, the consequences would be horrific," thus mimicking some of the theory drawn from the risk communication field. The study re-iterates the role of Russian bots and troll farms in online anti-vaccination efforts and includes in the part played by Russia's foreign broadcaster RT. The study also draws on the "5-As" to describe the dimensions of vaccine uptake: access, affordability, awareness, acceptance and activation. Misinformation by vaccine hesitant groups about the safety of vaccines explicitly targets "acceptance." In addition, argue authors, activation is defined as attempt to actively remind individuals and prod them into getting vaccines – foreign disinformation attacks this directly. In response to this, authors suggest that governments mandate that social media companies are responsible for taking down anti-vaccine content from any actors. Second, foreign disinformation campaigns should be addressed their source, possible

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via diplomacy. Lastly, the authors urge countries to use time they may have before COVID-19 vaccines are widely available as an “opportunity for action against social media factors contributing to vaccine hesitancy.”

6. [Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study](#)
De Figueiredo, Alexandre et al.
The Lancet
26 September, 2020

7. [Vaccines — lessons from three centuries of protest](#)
Leask, Julie
Nature
21 September, 2020

This book review begins by pointing out that vaccine hesitancy is not a new concept. In 19th century England, protests against mandatory smallpox vaccines had previously protested against gross human rights violations, including forced labour: “The protestors saw mandatory vaccination as a similar assault on poor people’s autonomy.” The author argues that a historical view on vaccine hesitancy calls for the root causes of vaccine hesitancy to be appreciated and addressed.

8. [Building trust while influencing online COVID-19 content in the social media world](#)
Limaye , Rupali Jayant
The Lancet Digital Health
21 April, 2020

- Eliminating misinformation can help social media users gather and disseminate accurate information, helping them stay safe and reduce risk to others. Emerging tools, including crowd intelligence-based misinformation detection, can support social media platforms to root out misinformation.
- A more ambitious role for social media platforms would be to boost efforts by public health authorities by, for example, up-ranking links to recommendations from recognised health authorities, and down-ranking ads for essential limited medical supplies, such as face masks, to prevent hoarding.
- For example, a common myth circulating on social media is that COVID-19 was engineered in a lab. By affirming the proliferation of misinformation about COVID-19, one can also point to the use of conspiracy theory rhetoric.

9. [The effects of corrective information about disease epidemics and outbreaks: Evidence from Zika and yellow fever in Brazil](#)
Carey, John M. et al.
Science Advances
29 January, 2020

There is some evidence that corrective information can reduce false beliefs about diseases under these circumstances, but studies conducted to date often rely on fictional scenarios and/or participants from unaffected countries we find that current approaches to combating misinformation and conspiracy theories about disease epidemics and outbreaks may be ineffective or even counterproductive. In separate experiments in 2017 and 2018, we found that a myths correction message fails to reduce overall belief in the Zika-related misperceptions it targeted. This failure was widespread and occurred

among respondents with both high and low motivation to endorse conspiracies. We also found unexpected evidence that the myths correction approach causes collateral damage by reducing belief in other factual claims about Zika that are actually true.

In a separate experiment conducted in 2018 on beliefs related to yellow fever, a myths correction treatment was more effective, decreasing false beliefs overall and for two of three misperceptions that the message debunked. This treatment also inflicted less collateral damage on the accuracy of people's beliefs about the outbreak than the one used in the Zika experiments.

One potential explanation for these differing results is that general knowledge about yellow fever is better established among Brazilians. The disease has been present in the Americas for over a century and has been a longstanding target of public health efforts. By contrast, Zika's first confirmed case in Brazil occurred in 2015.

As such, Zika-related beliefs may be less firmly rooted and more vulnerable to spill-over effects. This interpretation suggests that the risk of corrective information reducing the accuracy of other disease-related beliefs is lower in situations where baseline knowledge is well established (as with yellow fever in Brazil). By contrast, where public knowledge is less firm, as with Zika (and perhaps other recent epidemics like Ebola), the risk of collateral damage from corrective information to another knowledge may be higher. This distinction is consistent with the differing results from our yellow fever and Zika experiments, but should be tested further in future research, including other contexts besides Brazil.

10. [Coronavirus: the spread of misinformation](#)

Mian, Areeb & Khan, Shujhat
BMC Medicine
 18 March, 2020

11. [Effective strategies for rebutting science denialism in public discussions](#)

Schmid, Philipp & Betsh, Cornelia
Nature Human Behaviour
 24 June, 2019

Advocates for science who are very well versed on the science and are trained in topic rebuttal and technique rebuttal.

12. [Countering science denial](#)

Van der Linden, Sander
Nature Human Behaviour
 24 June, 2019

- [K]ey difference between healthy scepticism about science—a process which usually involves updating one's beliefs in light of new evidence—versus science denial, which is commonly thought to be the result of the motivated rejection of science. In other words, people may be motivated to update their beliefs only when the evidence confirms what they already want to believe.
- Overall, the authors consistently find that exposure to science denial has both a significant and substantive negative effect on public attitudes toward vaccines and intentions to vaccinate (similar results apply to the case of climate change). Importantly, this effect is further amplified by the absence of a science advocate.
- [A]n emerging line of research finds that pre-bunking rather than traditional debunking can be effective across the ideological spectrum. The inoculation

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approach is premised on the same logic as vaccines: it is better to prevent than cure.
(Note: Couldn't access articles on the evidence and tactics for "inoculation.")

13. [Weaponized Health Communication: Twitter Bots and Russian Trolls Amplify the Vaccine Debate](#)
Broniatowski, David A. et al.
American Journal of Public Health
October 2018
14. [Vaccine hesitancy – a potential threat to the achievements of vaccination programmes in Africa](#)
Cooper, Sara et al.
Human Vaccines & Immunotherapeutics
22 May, 2018
15. [Commentary to: How to respond to vocal vaccine deniers in public](#)
Schmid, Philipp et al.
Vaccine
4 January, 2018
 - The potential damage a vocal vaccine denier can cause through mass media as an amplifier of myths and misinformation is significant. Furthermore, unprepared or rash responses to vocal vaccine deniers in public fora may undermine the pro-vaccine stance of the audience and shift their beliefs. When engaging in a public discussion with a vocal vaccine denier it is not only necessary to provide scientific evidence, but also to mitigate his or her negative influence on the public audience by responding in a way that appeals to and is understood by the public. This poses a challenge when vocal vaccine deniers refer to alleged or quasi-scientific evidence and play on emotions that appeal to and raise concerns in the audience.
 - While general skills on engaging in a public debate or interview are helpful, they do not provide a strategy for how to address the specific issues and rhetoric techniques used by the vocal vaccine deniers.
 - The guiding principles of the algorithm are: **(1)** the general public is the target audience, not the vocal vaccine denier and **(2)** the aim is to correct the misinformation content and to unmask the techniques used by the vocal vaccine denier.
 - [T]he spokesperson should see it as his or her role to inform undecided individuals, equip vaccine advocates with evidence-based arguments and even convince sceptics and not be distracted by any ambition to convince the vaccine denier.
 - Designing responses to arguments of vocal vaccine deniers is an evolutionary process and a continuous challenge that needs context-specific tailored approaches and feedback on their effectiveness. The scientific community needs to discuss and refine approaches like those outlined in the document in order to clarify and strengthen the local evidence-based voice for vaccination.
16. [Scientific agreement can neutralize politicization of facts](#)
Van der Linden, Sander
Nature
11 December, 2017
17. [The Persistence and Peril of Misinformation](#)
Southwell, Brian G. et al.

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American Scientist
November 2017

A campaign to correct misinformation, even if rhetorically compelling, requires resources and planning to accomplish necessary reach and frequency. For corrective information to be persuasive, audiences need to be able to comprehend it, which requires either effort to frame messages in ways that are understandable or effort to educate and sensitize audiences to the possibility of misinformation. That audiences might not be aware of the potential for misinformation also suggests the potential utility of media literacy efforts as early as elementary school. Even with journalists, pundits, and scholars pointing to the phenomenon of “fake news,” people often do not distinguish between demonstrably false stories and those based in fact when scanning and processing information.

Future remedies will require not only continued theoretical consideration but also the development and maintenance of consistent monitoring tools and a willingness among neighbours and fellow members of society to agree that some claims that find prominence on shared airwaves and in widely available media content are insufficiently based in scientific consensus and social reality and should be countered. Misinformation arises as a function of systems structure, human fallibility, and human information needs. To overcome the worst effects of the phenomenon, we will need coordinated efforts over time, rather than any singular, one-time panacea we could hope to offer.

18. Neutralizing misinformation through inoculation: Exposing misleading argumentation techniques reduces their influence

Cook, John et al.

PLOS One

5 May, 2017

- The behavioural and societal consequences of misinformation underscore the need to improve our understanding of how misinformation might be corrected and its influence reduced. However, this can be a problematic exercise because misperceptions have been found to be remarkably persistent to corrections, and interventions are known to backfire if applied incorrectly. Perhaps the most pervasive backfire effect involves information that challenges people’s “worldviews”; that is, their fundamental beliefs about how society should operate. The worldview backfire effect refers to the fact that when corrective evidence contradicts a person’s prior beliefs, their beliefs may ironically be strengthened despite the evidence.
- [M]isinformation is often resistant to correction—in particular if a correction challenges a person’s worldview—alternative avenues of dampening the impact of misinformation need to be explored. One promising approach, derived from inoculation theory is to prepare people for potential misinformation by exposing some of the logical fallacies inherent in misleading communications a priori. The rationale of this pre-exposure is that by “inoculating” people in this manner, they will subsequently recognize flawed arguments and dismiss them as deceptive.
- These studies indicate that pre-existing attitudes influence how people respond to new information (or misinformation). Similarly, inoculation theory proposes that people can be “inoculated” against misinformation by being exposed to a refuted version of the message beforehand. Just as vaccines generate antibodies to resist future viruses, inoculation messages equip people with counterarguments that potentially convey resistance to future misinformation, even if the misinformation is congruent with pre-existing attitudes.
- Inoculation messages have been found to be more effective at conveying resistance to misinformation than supportive messages (i.e., messages that promote accurate information without mentioning the misinformation). Inoculation messages are also useful in behaviour-change interventions...

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19. [How to Convince Someone When Facts Fail](#)

Shermer, Michael
Scientific American
 1 January, 2017

- If corrective facts only make matters worse, what can we do to convince people of the error of their beliefs? From my experience:
- keep emotions out of the exchange,
- discuss, don't attack,
- listen carefully and try to articulate the other position accurately,
- show respect,
- acknowledge that you understand why someone might hold that opinion, and
- try to show how changing facts does not necessarily mean changing worldviews.

20. [Vaccine communication in the age of COVID-19: Getting ready for an information war](#)

B. Wiyeh, S. Cooper, A. Jaca et al,
Vaccine
 2019

Authors conduct a basic thematic analysis of responses to a 2019 Facebook post by the Western Cape health department announcing the school-based rollout of HPV vaccines. Authors compared the themes they found against basic conceptual frameworks on vaccine hesitancy. One in three reactions to the post were judged to be hesitant and people who were hesitant expressed strong objection to the rollout. Hesitancy around vaccines was largely driven by concerns around: safety; consent; whether this was a clinical trial; previous negative experiences with vaccines; side effects, including infertility; and a perceived lack of willingness by the department to meaningfully engage with parents with questions about vaccines. People who were supportive of the post were judged to be confident in the vaccine's safety and efficacy and felt that the risks of cervical cancer outweighed any risks associated with the vaccine.

21. [Vaccine communication in the age of COVID-19: Getting ready for an information war](#)

Schiavo, Renata
Journal of Healthcare Communication
 2020

In this editorial, the author reflects on communication challenges around COVID-19 vaccines. She argues that science communication needs a paradigm shift in which those most affected by the pandemic — low-income communities, communities of colour, the elderly, and other marginalised and underserved groups — take an active role in the design of communication efforts. She suggests this includes improving health, media and civic literacy to help people understand the impact of information and policies on their lives. She goes further to outline that community leaders should play a leading role as local champions and argues that these leaders are trusted sources of information and may be more impactful in discussing immunization given the many reasons that unfortunately contribute to mistrust among marginalized groups.

She adds that “professional associations, universities, and other organizations that interface with clinicians should start working on interventions and training modules to help healthcare workers engage in difficult conversations on vaccine hesitancy with their patients.” Policy communication and advocacy efforts can help support policymakers not only in the development of immunization policies for schools, workplaces and other settings, but also suitable strategies to prioritize vaccine availability for those groups whose differential exposure to or risk for the virus is greater.

Magazines & Newspapers (and related websites)

22. [Could a booster shot of truth help scientists fight the anti-vaccine crisis?](#)

McIntyre, Lee

The Conversation

8 March, 2019

Although it might lead to a more difficult conversation, I believe that embracing uncertainty and doubt as a strength, rather than a weakness, of science is a better strategy for fighting science denial in the long run.

In my view, what we need most to fight science denial is a better understanding of how science works. Not just more knowledge of scientific conclusions, but of the process by which scientific theories are tested and justified in the first place. Rather than pretend that science (or scientists) are perfect – that there is no such thing as cognitive bias or that conflicts of interest never arise – why not embrace what is most special about science, which is that in science there are transparent community standards by which we may discover and correct any error?

23. [Throwing science at anti-vaxxers just makes them more hard-line](#)

Stafford, Tom

The Conversation

19 February, 2015

- The author points out that some of the “The most scientifically literate are also some of the strongest climate sceptics.” A driver of this is a process that psychologists have called “biased assimilation” – we all regard new information in the light of what we already believe.
- Some studies have even shown that people can react to information that is meant to persuade them out of their beliefs by becoming more hard-line – the exact opposite of the persuasive intent.
- [W]e shouldn’t expect anti-vaccination activists to be easily converted by throwing scientific facts about vaccination at them. They are likely to have their own interpretation of the facts.
- [H]ow expert a particular group of people was perceived to be – government, scientists or journalists, say – was a poor predictor of how much they were trusted on

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the issue. Instead, what was critical was how much they were perceived to have the public's interests at heart. Groups of people who were perceived to want to act in line with our respondents' best interests – such as friends and family – were highly trusted, even if their expertise on the issue... was judged as poor.

- [N]o amount of information from these sources – and no matter how persuasive to you and me – will convert anti-vaccination activists who have different beliefs about how trustworthy the medical establishment is.
- [A]ttempts at debunking myths can serve to reinforce the memory of the myth while the debunking gets forgotten.
- Anti-vaxxers may be wrong, but don't call them irrational.
- Rather than lacking scientific facts, they lack a trust in the establishments which produce and disseminate science. If you meet an anti-vaxxer, you might have more luck persuading them by trying to explain how you think science works and why you've put your trust in what you've been told, rather than dismissing their beliefs as irrational.

24. Misinformation on social media fuels vaccine hesitancy: a global study shows the link
Wilson, Steven Lloyd & Wiysonge, Charles Shey
The Conversation
3 December, 2020

This article highlights recent research published in the *British Medical Journal* that sought to evaluate the effect of social media on vaccine hesitancy globally. The authors argue that in countries where social media is used to organise offline action, more people tend to believe vaccinations are unsafe. Foreign disinformation campaigns are also associated with a drop in vaccination coverage and an increase in negative discussion of vaccines on social media. The study suggests that policymakers need to begin planning now for ways to work against the patterns found in this study. Furthermore, the findings demonstrate that public outreach and education about the importance of vaccination will not be enough to ensure optimal uptake of COVID-19 vaccines. Finally, they argue that "key to countering online misinformation is its removal by social media platforms. Presentation of arguments against blatant misinformation paradoxically reinforces the misinformation, because arguing against it gives it legitimacy."

25. Covid-19 vaccines face a varied and powerful misinformation movement online
Zadrozny, Brandy
NBC News
30 November, 2020

This article summarises recent peer-reviewed research as well as work in print at the time of publication. Quoting work by Neil Johnson, a physicist at George Washington University who studies online extremism, the article outlines how although anti-vaccination groups were smaller than pro-vaccination groups, there were more of them and their messages were more diverse, emotive and often persuading. Anti-vaccination groups were also better at spreading messages outside their groups, thereby reaching more people. In work not yet published, Johnson argues that online groups not typically associated with anti-vaccination campaigns, e.g. pet owners, yoga lovers or parent

school groups are increasing connecting with the anti-vaccination movement. The article notes moves by favoured platform Facebook to curtail these groups' reach and misinformation on the platform have been inadequate.

26. [COVID-19: A global survey shows worrying signs of vaccine hesitancy](#)

Ratzan, Scott C. et al.

The Conversation

28 October, 2020

This piece summarises research published in the journal, *Nature*, that surveyed about 13,400 people in 19 countries, including Nigeria and South Africa. Overall, almost three out of four people said they would take a COVID-19 vaccine proven to be safe and effective while 14% would refuse it outright. An additional 14% said they would hesitate to take the vaccine. High acceptability was largely driven by positive responses from Asian countries included in the sample. Just less than half of Nigerians said they would take a COVID-19 vaccine; however, 65% of South Africans would. The authors emphasis the need for increased vaccine literacy with effective communication and community engagement strategies for acceptance "village by village" taking into account "community-specific issues, concerns or misconceptions and working with local religious and civil leaders and influencers."

27. [The pandemic is amplifying the U.S. anti-vaccine movement — and globalizing it](#)

Rauhala, Emily

Washington Post

7 October, 2020

This article argues that anti-vaccination US activists and influencers are leveraging fears that COVID-19 vaccine development was rushed to further an anti-vaccination agenda. This is mostly playing out on Facebook and Youtube where "misinformation about a potential coronavirus vaccine is flooding hate networks, neighborhood grounds and "wellness" communities focused on food or yoga. This information mixes with existing conspiracy theories and, the article warns, may be giving way to an international movement that opposes basic public health measures such as vaccines and masks or downplays the reality of the pandemic. The article quotes work the British-based Centre for Countering Digital Hate to warn that many leading anti-vaccination influencers are paid and that these US influencers may now be exporting the country's brand of anti-vaccine sentiment.

28. [What we know about vaccine hesitancy in South Africa](#)

Baleta, Adele

Spotlight

7 October, 2020

This piece looks at the results of a World Economic Forum Ipsos survey that found about 64% of South Africans would accept a COVID-19 vaccine. It is unclear how or if this survey is representative. Over half (53%) of the 180 South Africans who would not accept a COVID-19 vaccine, were also concerned about safety. The article also points out that South Africa has consistently low uptake of the seasonal flu vaccine among recommended populations that are also high-risk groups for serious COVID-19 disease. Quoting unpublished research from the South African Vaccination and Immunisation Centre (SAVIC), the piece also reports that low uptake of the flu vaccine among healthcare workers is limited by cost, time constraints, and stock-outs. Overall, the Ipsos survey found distrust of vaccines mirrors low confidence in public institutions. In South Africa, 32% of citizens said they had no confidence in hospitals and clinics compared to 27% in Africa and 24% globally.

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29. The rise of the anti-vax movement in the age of coronavirus

Zietsman, Gabi

Health24

28 July 2020

The article looks at vaccine hesitancy as well as some of the features that enable it. The reporter argues that people look to conspiracy theories as a means of "taking control over their lives." Citing *Psychology Today*, the author describes Dunning-Kruger Effect, a cognitive bias in which people overestimate their knowledge yet lack the "critical learnings" to realise it. The author contends that this becomes "especially prevalent" when experts themselves have limited knowledge and may prompt people to seek out non-expert sources of information, such as celebrities. The article turns to the role of the social media, describing how pro-vaccine advocates may seek out established pro-vaccination groups, inadvertently confining themselves to echo chambers. Meanwhile, anti-vaccination groups deliberately seek out online groups with people who are undecided. The article concludes by saying that anti-vaccination narratives can be extremely diverse "from the safety of loved ones to a fear of government." In South Africa, this also may involve historically-rooted distrust of colonial governments and what some people may perceive as a bias towards "Western medicine" versus for instance, traditional medicine. The reporter argues this may feed into some people's distrust of government, which has been shown to influence vaccine hesitancy.

30. Coronavirus vaccine: How will poorer countries get a fair shot?

Lopez Gonzalez, Laura

Al Jazeera

17 November 2020

Although this article focuses on vaccine availability for the Global South, it reviews scepticism in South Africa regarding COVID-19 vaccine trials. South Africa has high levels of clinical trial regulation, and varying levels of community engagement, clinical research in the country has been repeatedly accused of using South Africans as guinea pigs in the media and on social media however these fears tend to be disregarded by many in the health sector. To provide more context to these concerns, the article traces the legacy of medical colonialism on the continent and most recently in the context of Ebola outbreaks and links this to repeated distrust of clinical trials. Finally, the article includes the perspective of an HIV vaccine trial researcher who advocates for more community engagement within and about clinical trials to combat COVID-19 vaccine trial scepticism.

31. How to Talk to COVID-19 Deniers

McIntyre, Lee

Newsweek

18 August, 2020

- Five main tropes of science denialism
 - a. Cherry picking evidence.
 - b. Belief in conspiracy theories
 - c. Reliance on flawed experts
 - d. Insistence that science must be perfect
 - e. Illogical reasoning
- Science denialism isn't just about facts, it's about identity too.
- It's often enough to find out what the other people on your team believe for you to believe it too. But this means that no amount of evidence will likely convince a science denier, because their beliefs are not simply about evidence in the first place. Their denial also involves who they are and whom they trust.

Handwritten initials: TJ and Tim

- Yet research has proven that leaving science deniers' claims unchallenged and unchecked is dangerous...
- The best way to change someone's mind is through personal engagement.
- Practical tips:
- Provide more graphs, charts, and tables. Research on climate denial has shown that graphs work better than narrative.
- Emphasize scientific consensus. Denial thrives on doubt, and the idea that scientists disagree is corrosive.
- Stories are powerful.
- Challenge the five tropes. Technique rebuttal can lessen the impact of science denial, if not on the denier themselves, then at least on those who might be vulnerable to denialism.

32. [What COVID-19 Misinformation Says About All of Us](#)

Southwell, Brian G.

American Scientist

9 June, 2020

This article advocates for more empathetic dialogue when it comes to refuting anti-vaccination advocates. The piece begins by again laying out the complexity and diversity within anti-vaccination narratives. However, the author argues "these falsehoods nonetheless point to fundamental concerns about personal vulnerability... People search for answers in the face of uncertainty and threat, and they draw on what they already know about the world in doing so." Essentially, the author frames some types of misinformation as people's attempt to make meaning and sense of the extraordinary circumstances around them. The author suggests focussing on fighting the misinformation, not the person themselves.

33. [Vaccine Hesitancy, an Escalating Danger in Africa](#)

Wysonge, Charles Shey

Think Global Health

17 December, 2019

Drawing on the author's previous research on vaccines, this article argues that vaccine hesitancy is a growing issue in Africa but one that is hard to measure. The author notes examples from Northern Nigeria where national immunisation days were boycotted due to rumours that inoculations were contaminated with HIV, anti-fertility drugs or carcinogens. (Similar myths have also been documented in rural America.) The boycott led to a five-fold increase in polio incidence in Nigeria between 2002 and 2006 and contributed to polio outbreaks across three continents. The author notes that there is no gold standard for measuring vaccine hesitancy. While there have been several qualitative measures developed and investigations undertaken worldwide, there is no clear guidance for programme managers in sub-Saharan Africa, the author notes. Pilot research undertaken by the author that careful adaptation of existing tools is necessary for their use in sub-Saharan Africa.

34. [How to Debate a Science Denier](#)

Kwon, Diana

Scientific American

25 June, 2019

These results counter a so-called backfire effect, in which debating a science denier may actually reinforce people's misconceptions. While a handful of studies have provided evidence that such unintended results may be widespread, more recent investigations have found that these effects may be limited to specific circumstances—such as among

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people whose fundamental beliefs about a functioning society are challenged by the new information. "There was a period where everyone, especially psychologists and political scientists, were perhaps overselling the backfire effect," says Sander van der Linden, a social psychologist at the University of Cambridge, who was not involved with the research. "This study once again shows that this is not something that happens all the time."

In recent years, researchers have started to investigate so-called inoculation techniques, which aim to help people identify methods commonly used to spread falsehoods before they are exposed to misinformation... Inoculating people against false facts should be the priority, van der Linden says. But this is not always possible because misinformation is so widespread. "Sometimes you have no other options," he adds. "And what they're showing is that [these rebuttals] are an effective second line of defence."

35. The case for a 'deficit model' of science communication

Editorial,

SciDev.Net

26 June 2005

Authors reflect on the origin of the term, the "deficit model." Coined by social scientists studying science communication in the 1980s, the phrase characterises a widely held belief that underpinned much of the science communication of the time and arguably still does. The deficit model has two aspects: 1) public scepticism towards modern science and technology is caused primarily by a lack of adequate knowledge about science; 2) That providing sufficient information about modern science and technology to overcome this lack of knowledge — or 'knowledge deficit' — the public will change its mind and decide that both science and the technology that emerges from it are 'good things'.

Authors acknowledge that even the term's creators viewed it as flawed and evidence has supported this. Indeed, they write, "increased knowledge about modern science does not necessarily lead to greater enthusiasm for science-based technologies." In fact, they report that there is "considerable evidence to the contrary. For example, the more knowledge an individual has about a potentially dangerous technology (such as nuclear power or genetic engineering), the more concern he or she may well feel about that technology."

In response, authors argue that science communication as viewed in a top-down approach of solely education is not fit for purpose. Instead, the dissemination of accurate information should be accompanied by dialogue that should become an integral part of the scientific process.

36. In Nerds We Trust

Silberg, Josh

The Tyee

26 March 2020

The author reflects on what shapes people's responses to science communication. He begins by referring to the deficit model, or "the fallacy that a knowledge gap can be filled with information." Instead, the author writes: "People develop their beliefs through their life experiences. If you ignore culture, personal background, religion and political leanings, then you'll likely be disappointed by someone's reaction when you respond with the facts." He then goes on to argue that science communication during the

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COVID-19 outbreak should be informed by the public's perception of both risk and outrage, citing the work of risk communication researcher Peter Sandman. Sandman says that "the traditional calculation of risk is to multiply the magnitude — how bad something will be when it happens by the probability of it happening (risk = probability x impact)." However, Sandman says this traditional equation misses "outrage" as a factor.

"The actual magnitude or probability of risk is overcome by the cultural assessment of risk. Emotions and beliefs outweigh data." The author concludes by arguing that empathetic dialogue — rather than what he calls "info dumps" alone — are needed to communicate science, particularly during public health emergencies.

37. [A tale of two pandemics: Is COVID-19 repeating the mistakes of HIV's past?](#)

Bhekisisa Centre for Health Journalism

Lopez Gonzalez, Laura

This article looks at the early responses of informal communities to COVID-19 screening in South Africa. The author argues that various reasons led communities to resist initial screening, including more immediate unmet concerns such as a lack of food and clean water as well as a lack of prior consultation with leadership at the community level. The article was released against a backdrop of similar resistance to COVID-19 antibody screening by marginalised communities in the United States. Experiences of healthcare workers on the ground captured in this piece show that simple information about the benefits of screening were not enough to allow healthcare workers to gain access to communities. Moreover, there was no access to communities without first negotiating with local leadership, e.g. local organising committees or indunas. These negotiations were complex and sometimes frustrated by a disjuncture and tensions between national, provincial and district government departments and between departments themselves. However, consultation with hyperlocal leadership was essential for not only gaining access to communities but also giving healthcare workers an understanding of how to engage with communities' particular concerns, which were not uniform from one location to the next.

Organizational Resources

38. [Coronavirus disease \(COVID-19\) advice for the public: Mythbusters](#)

WHO

23 November, 2020

39. [Types, Sources, and Claims of COVID-19 Misinformation](#)

Brennen, Scott J. et al.

Reuters Institute for the Study of Journalism

April 2020

40. [The Conspiracy Theory Handbook](#)

Lewandowsky Stephan & Cook, John

COST Action COMPACT (Comparative Analysis of Conspiracy Theories)

March 2020

41. [Wellcome Global Monitor 2018](#)

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Chapter 5: Attitudes to vaccines
Wellcome Data Labs
18 June, 2019

42. Best Practice Guidance: How to Respond to Vocal Vaccine Deniers in Public
World Health Organization Regional Office for Europe
2017

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