

## Editorial: Does history really repeat itself?

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We all have, at some point in our lives, exclaimed that history repeats itself. The reason may well be that the dynamics of human behaviour change context but not motivation, i.e. inspiration remains constant. For example, politics of power of control over natural resources has repeatedly been the cause of revolutions, invasions, colonisations, genocides, and [exploitations](#)<sup>1</sup>.

Indeed, human history shows regular cycles of repetition. However, I am sure that none of us are convinced that it is really history that controls repetitive cycles. Surprisingly, despite the dynamic nature of human behaviour, it is human behaviour that causes history to be repeated. The phrase “history repeats itself” merely shifts and projects the blame from us to a process that is often passively judged but not punished. In doing so, we feel better about ourselves.

For centuries, religion was the dominant politics – where the public were expected to believe its doctrine affecting all aspects of life without question, or be punished. Through the dynamics of human behaviour, more recently science has emerged as the dominant politics. Indeed, through science many aspects of our lives have changed, but scientists expect us to believe their doctrine. Although, challenging the scientists will not result in being burnt at the stake, but it will have [social and health consequences](#)<sup>2</sup>.

Like religious leaders, science leaders, too, have been influenced by human behaviour that is politics. Over the centuries, the infighting amongst scientists has defied the ethos of free thinking and sharing of knowledge in order to increase insight into life processes. As a result, public trust of science and scientists [has begun to waver and wane](#)<sup>3</sup>.

Under the rule of religion the public was forced to “believe” decrees by religious leaders; under the rule of science, the public is expected to believe scientists’ judgments. The majority of the public is not well-versed with scientific research, thus, in effect the public has been coerced to “believe”.

One might be forgiven for thinking that we are governed by politics and politicians, and not religion. In the era of evidence-based decision making, politicians needed the input from science and scientists more than ever. Perhaps the erosion of public trust in science has been fuelled by this fusion of Politics with politics of science (scientist bias).

For example, the evidence shows that medicalisation of suicide was a mistake, and subsequent ownership of suicide by psychiatry has exacerbated the problem. Yet, the public is persistently being told to “believe” the “experts” (i.e. psychiatry is the solution to the suicide problem), and dismisses alternative approaches. The evidence also shows that some of the alternatives are actually more effective at addressing the suicide problem, (Shahtahmasebi & Pridmore, 2021a, 2021b).

Déjà vu! So humans repeat history; the same outcomes at different points in time and context. It is ironic that the same ideology, free thinking, used, with the best of intentions, by free thinkers (scientists, teachers, philosophers, writers and social commentators, etc), who often sacrificed everything, break free the shackles of social oppression, is frequently used by the same groups to put the shackles back on.

In 2019, the New Zealand Government, as part of their “wellbeing” budget established the [Office for Suicide Prevention](#)<sup>4</sup>. This approach was criticised in the DHH at the time (Shahtahmasebi, 2019a, 2019b), but the belief that the “experts” and politicians “know better” prevented progress. As a result, after two years at the helm of the Office for Suicide Prevention, its first director stepped down. There were mixed reactions, the Ministry of health was disappointed at the decision, whilst the [Mental Health Commission was more candid](#)<sup>5</sup>.

The comments that followed since the announcement of the resignation appear to place blame on the unsuitability of the Director, and politics at the Ministry of Health. The latter is accused of refusing to [allow the Office independence](#)<sup>6</sup>, whilst the former appears to explain the [lack of achievement by the Office](#)<sup>7</sup>.

Carla na [Nagara’s background on LinkedIn](#)<sup>8</sup> does not suggest a great deal of experience in suicide prevention. Certainly, a recent profile posted on [Health Quality & Safety Commission New Zealand](#)<sup>9</sup> suggests that the merits of her appointment by Ministry of Health was her interest in youth suicide during the latter part of her career as a coroner.

Such a top-down approach is evident in dealings with Covid19 and its variants, in particular, the New Zealand Government’s coercive mandate on vaccination. It is coercive and possibly illegal because the mandate demands: be vaccinated or be excluded – the problem is that there are at least three vaccines available but the government only provides one – just Pfizer; no choice, no options. As a result, unvaccinated people have lost their jobs and cannot partake in social and economic activities such as entering a gym, swimming pool, restaurant, or a bar.

The [vaccination campaign](#)<sup>10</sup>, visually promotes and equates having [two jabs to life at pre Covid19](#)<sup>11</sup>, potentially leading to public complacency and high rate of infection. This, too, is coercion by deception. On the one hand, the government is promoting social freedom for vaccinated people, on the other hand it is [preparing for increased infection rates](#)<sup>12</sup>.

The New Zealand Government began the fight against Covid19 fairly strongly, but with the resurgence of Covid19 and Delta taking hold, the Prime Minister staked her popularity on an exclusive approach; focusing on fully vaccinating at least 90% of the population. This has proved a slow process and has led to a reward/punitive action policy. Unfortunately, this approach was not well thought through, and has made the government look like it has lost its way. And the Prime Minister’s [popularity had taken a dive by the latest poll](#)<sup>13</sup>.

Those who do want to vaccinate but not Pfizerate are punished by firstly losing their jobs and then being alienated and excluded from economic and social activities.

With all the available technological solutions and other resources the government need not go down the punitive action route. A popular Prime Minister who has lost her way is hell-bent to Pfizerating over 90% if not 99% of the population. One does wonder whether this really is in the interest of public health or political manoeuvring?

The government's punitive action policy of introducing a traffic light system has meant that, starting from 3<sup>rd</sup> December what was possible under level 2 is only possible with a Pfizer jab "pass". In other words, people in the South Island which has been relatively Covid19 free, have been able to partake in social and economic activities with limitations (such as mask wearing and physical distancing). But, all such activities are now privileges exclusive to people with a Pfizer jab "pass" without justification. For example, out of those who were enjoying exercise in the gym or a swim till now, from 3<sup>rd</sup> December, 2021 can only do so if they have a Pfizer "pass".

The irony is that the government claims that this policy is designed to provide some normality for the Xmas festive season. Sure, some businesses will revive their fortunes, some will be back working, and so economy will pick up- but – how would the government and health and social services deal with the growing number of infections which have already disrupted health care delivery, growing acute and chronic mental illness, trauma and associated morbidity that will be pushed back due to serving Covid19 patients?

Déjà vu! The same motives/inspirations but different settings/context!

Under level 2 Covid19 Alert, we in the South Island, have been relatively safe from Covid19 and Delta. Nevertheless, I, along with family and friends have had our double Pfizer vaccine. Therefore, this editorial is **NOT** an anti-vaccination sentiment. This editorial is about exposing and standing up to the bully management culture that is ripe in New Zealand (Shahtahmasebi, 2004, 2016).

### Internet links

- 1- <https://www.rnz.co.nz/national/programmes/ninetoon/audio/2018821816/how-the-history-of-nutmeg-interfaces-with-global-warming>
- 2- [http://news.bbc.co.uk/2/hi/uk\\_news/education/7619670.stm](http://news.bbc.co.uk/2/hi/uk_news/education/7619670.stm)
- 3- <https://www.nature.com/articles/d41586-019-02379-w>
- 4- <https://www.health.govt.nz/news-media/media-releases/new-suicide-prevention-director-effort-needs-all-us>
- 5- <https://www.stuff.co.nz/national/politics/300392368/mental-health-head-of-suicide-prevention-office-quits-after-just-two-years-the-second-recent-health-ministry-departure>
- 6- <https://www.pressreader.com/new-zealand/the-dominion-post/20210827/281603833557772>
- 7- <https://newsbeezer.com/newzealand/mental-health-head-of-suicide-prevention-office-resigns-after-just-two-years-the-health-ministrys-second-recent-departure/>
- 8- <https://nz.linkedin.com/in/carla-na-nagara-20b03810a>
- 9- <https://www.hqsc.govt.nz/our-programmes/mrc/sumrc/about-us/advisors/>
- 10- [https://covid19.govt.nz/covid-19-vaccines/2-shots-for-summer/?gclid=EAIaIQobChMIrb7P8cjD9AIVzJVLBR0gAgmPEAAAYASAAEgJn-D\\_BwE](https://covid19.govt.nz/covid-19-vaccines/2-shots-for-summer/?gclid=EAIaIQobChMIrb7P8cjD9AIVzJVLBR0gAgmPEAAAYASAAEgJn-D_BwE)
- 11- [https://www.youtube.com/watch?v=O\\_Soj97CVUs](https://www.youtube.com/watch?v=O_Soj97CVUs)

- 12- <https://www.stuff.co.nz/national/health/coronavirus/127028152/south-island-icus-brace-for-delta-spread-ahead-of-auckland-border-opening>
- 13- <https://www.theguardian.com/world/2021/nov/11/jacinda-arderns-popularity-plunges-as-new-zealand-reckons-with-new-era-of-endemic-covid>

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- Shahtahmasebi, S. (2019a). Suicide prevention strategy: buzzwords and personal opinions. *Dynamics of Human Health (DHH)*, 6(2), [https://journalofhealth.co.nz/?page\\_id=1838](https://journalofhealth.co.nz/?page_id=1838).
- Shahtahmasebi, S. (2019b). A “Wellbeing” approach: flawed politics or a gimmick? *Dynamics of Human Health (DHH)*, 6(2), [https://journalofhealth.co.nz/?page\\_id=1830](https://journalofhealth.co.nz/?page_id=1830).
- Shahtahmasebi, S., & Pridmore, S. (2021a). Addressing Suicide: a commentary. *Dynamics of Human Health (DHH)*, 8(4).
- Shahtahmasebi, S., & Pridmore, S. (2021b). Addressing suicide: The final nail in the mental illness coffin? *J Altern Med Res*, 14(1), forthcoming.