Injured by Trust

A Memoir by Terry Brooks

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Key:
* Entry in Glossary
(†) Name changed to protect individual confidentiality
[1] Numbered entry in Reference list

PREFACE

This story began with trust.

Like most people, we believed that public health systems were fundamentally benevolent. We followed the rules, accepted restrictions, and rolled up our sleeves when we were told it was the right thing to do. For us, SARS-Covid-19* vaccination was not a political statement. It was an ethical reflex: protect the vulnerable, shoulder a fair share of risk, and help society move on.

Then one of us was paralysed.

In the weeks following the Covid-19 booster, I went from farming, driving, and being extremely fit and active to lying in a hospital bed unable to move my legs. I also lost most of my hand function, control of my bladder and bowels, and could not even sit up without help. Eventually the diagnosis came: Transverse Myelitis (hereinafter: TM)*, a serious inflammation of the spinal cord. The official language that followed was cautious, 'on the balance of probabilities', 'likely associated', but I did not experience probabilities. I experienced paralysis.

What followed was a second ordeal layered over the first. While I grappled with intensive care, enemas, medical testing, pressure sores, and the humiliation of being utterly dependent on others for even the most basic tasks, my partner and I also entered a different kind of system: the machinery that decides which injuries 'count' as vaccine events and which do not.

In New Zealand, that meant facing a compensation scheme that is often praised as a model of fairness and solidarity. Up close, it felt very different. The question was no longer just 'what happened to me?', but who gets to say what happened and whose word carries weight when science, policy, and lived experience collide?

This book is written from inside that collision.

Part I is the story of the Covid-19 virus and the development of the vaccine. Part II is a memoir; It tells the story of how our ordinary lives on a small Waikato farm in New Zealand were turned upside down: the day-to-day reality of sudden disability, the toll on a partnership, and the practicalities of keeping animals alive while one of us lay in a hospital bed. Then followed the long, uneven climb back to something like independence.

It also traces how we tried to make sense of what was happening using the tools we had: legal training, public-health research, and a stubborn refusal to look away from uncomfortable evidence.

Part III steps back from our story to ask harder questions about medicine, evidence, and power. It examines how population-level reasoning can erase individual harms; how official narratives are constructed and defended, and what happens when people injured 'for the greater good' discover that the systems they trusted are not designed to look back at them. It looks at the role of pharmaceutical companies and regulators, and also the more subtle forces like professional incentives, institutional reputation, and political messaging that shape what can be admitted in public.

This book is not an attempt to denounce every decision made during the Covid pandemic, nor is it a blanket rejection of vaccines or modern medicine. It is the account of two people who did what they were asked to do, then found themselves on the wrong side of a risk calculation they had once accepted in good faith. It is a record of what it felt like to live through that, and what it revealed about how contemporary societies handle harm when it is inconvenient to acknowledge.

Readers will bring different views about Covid, vaccines, and public health to these pages. The book does not ask for agreement on every point. It asks for something simpler and, in the current climate, more radical: that the experiences of those who were harmed are allowed to be seen and heard in full, without being edited to fit somebody else's story of what was supposed to happen.

This book in no way tells you what to do, nor does it attempt to dictate what we feel you *should* be doing. It is designed to inform and empower, so individuals are better equipped to make health decisions that could affect them for the rest of their lives.

INTRODUCTION

We have always seen ourselves as people with a social conscience. That instinct to weigh our own choices against their impact on others was shaped by our lived experiences. I am a former UK Government official and commission artist whose career included legal advocacy. I enjoyed participating in many sports over the years, including stock-car racing, ball sports, equestrianism and playing chess, so, an active and competitive person.

My partner, Chris, is an English teacher and fitness enthusiast. She retrained as a personal trainer just before the SARS-Covid-19 outbreak. Since then, she has completed an MPhil* in Public Health and is now working on a PhD* in the same field. She is an expert researcher and misses *nothing*.

We own a small fifteen-acre livestock farm in North Waikato, New Zealand, raising beef and dairy cattle, poultry, goats, and Kune Kune pigs. I grew up on farms in the UK and manage ours while Chris works and studies.

Chris spent years in classrooms trying to give young people a fair understanding of how the world works. One element of my work for the British government was as a legal representative which trained me to think rigorously about rights and duties, about evidence and policy, about where personal freedom ends and public obligation begins. Between us, we tend to approach medical and social questions through the twin lenses of ethics and data.

We often help and support people through difficult work and personal situations voluntarily, particularly where these may involve legal matters. Chris's grounding in public health research, and mine in legal frameworks, means she provides the research and proof, while I frame and present the case where necessary.

When it comes to politics, we're both sceptical about government competence, but not cynical about intent. I've worked with enough politicians firsthand to know that true competence is a rare quality, whatever their party colour. Yet neither of us believed that political leaders would intentionally inflict harm on their own populations in a time of crisis.

Overall, we trusted the system. We were exactly the kind of people governments rely on in an emergency; people who will accept inconvenience,

follow rules, and do what is framed as the right thing for society as a whole, not just for us as individuals.

That willingness to trust the system, to believe that public health institutions would act in good faith, was about to be profoundly tested.

When Covid-19 arrived in New Zealand in February 2020, our sense of social responsibility was pushed to a new level. Neither of us was particularly worried about catching the virus ourselves, and it took some time before the outbreak was significant enough to make us stop and think.

By the time things started to get more serious in New Zealand, we had friends and family back home who had all had the virus, and they confirmed that, for them, it had been no more than a bad cold, though we were well aware this was not the case elsewhere, and that some symptoms could be devastating, even fatal.

The situation with friends and family in particular, was a far cry from 'we're all going to die' which was circulating on some of the local social media. What concerned us more was the possibility of passing it on to someone who might become seriously ill.

The burning question was 'how do you strike a balance?' Everyone's life was disrupted in some way by the pandemic response, and many are justifiably outraged by its impact to this day. The vast majority of people didn't see themselves as being at risk of serious infection, yet everybody had to make a sacrifice. Many people realised that the economic cost of the pandemic response would be borne later and saw a sense of injustice that banks and big business were allowed to continue, and to profit, seemingly unhampered.

The whole thing became heavily politicised. Debate over how to handle the pandemic quickly mapped onto political affiliations, even though questions like 'how do we balance risk, freedom and harm?' are ethical, not partisan. For some people, it was a matter of economics.

For Chris, the price was more personal and immediate. Just before the pandemic hit, she had started her own personal training and health coaching business. After twenty-five years in teaching, she had finally begun to step out

of the classroom and into a new professional identity. She had built up a decent client base and was right on the cusp of the dream becoming a reality.

Then the measures tightened. Lockdowns started. No face-to-face training sessions were allowed. Gyms shut, parks were patrolled, and people's discretionary spending evaporated. Overnight, the personal trainer client base that had taken months to build disappeared, and the small business Chris had worked so hard for could not withstand a global pandemic. We had the conversation about potentially freezing the mortgage, but luckily, Chris received enough furlough payment from teaching to ride out the storm.

The real loss was not having the confidence to go back into business with the constant threat of future lockdowns, but then the phoenix rose out of the fire. Chris used the time at home to upskill. She enrolled in further study on health and nutrition online, which eventually led to her current PhD work via a Master's degree.

Ever since the crisis, Chris has been reluctant to try personal training again. Once you've watched something you care about vanish because of forces far beyond your control, the idea of putting yourself back in that position feels too risky. Teaching, with its steady salary and reliable demand, pulled her back. In the hierarchy of needs, job security and a mortgage beat entrepreneurship every time. She still believed in what her coaching could offer, but she returned to the classroom because losing her job would have meant losing our home.

It's only when you start to see the aftermath of the restrictions that you begin to ask whether it was all worth it. The economy took a hammering, with heavy collateral damage that would become clearer over time. Mental illness statistics rose, with young people, the ones Chris works with, among the worst affected.

Trust in the world outside has been slow to return. People still wear masks, and big social gatherings have been slow to regain their old energy and numbers.

The arrival of the vaccine split opinion just as sharply as lockdowns had. For many, it was framed and welcomed as the route back to normal life.

Borders would reopen. Businesses would stabilise. Social rules and restrictions would ease. Rolling up your sleeve was presented as an act of social responsibility, a way to protect the vulnerable and help the collective move on.

Others were sceptical, uneasy about compressed vaccine development timelines and limited pre-rollout safety data. Some were plainly hostile to vaccines, particularly because long-term effects could not yet be known. Some doctors and scientists who raised questions about trial design, adverse-event reporting, or risk stratification were censured or struck off.[1-6] That response opened a wider debate about autocratic control and freedom of expression, particularly when the concerns being raised drew on data from vaccine trials themselves.[7-9]

At the same time, wilder conspiracy theories flourished online. Some insisted there was no real virus at all and that the entire 'pandemic' was a staged operation to force through vaccines and digital control.[10-12] Others claimed the shots were secretly designed for mass depopulation, surreptitious infertility or mind-control, or that 5G towers were somehow activating the virus or the vaccine in people's bodies.[13]

The result of this meant that questioning the vaccine at any level collapsed into caricature. Anyone raising red flags risked being branded a tinfoil-hat wearer, regardless of how evidence-based their concerns were. The space for cautious, scientific dissent narrowed rapidly to the point where it became almost an underground movement.

The divide became stark. Social responsibility was set against bodily autonomy. Those who remained unvaccinated were no longer just people making a different medical choice. They were increasingly described as vectors of disease, risks to be managed, excluded, or compelled. The shift in tone reshaped public debate as much as the virus itself.

The pandemic may officially be over, but it has not disappeared. It lingers on in policy, in technology, and in the way power now imagines itself in moments of crisis. What began as an emergency response has, in many places,

hardened into precedent. The language has softened, but the infrastructure remains.

At a global level, Covid-19 accelerated alignment with long-standing international frameworks such as the United Nations' Agenda 2030.[14]

That tension extends beyond medicine into food and land. Covid-19 exposed how fragile global systems actually are, and how quickly control concentrates when disruption hits. Proposals for more centralised food production and distribution are typically framed as matters of efficiency and resilience.[15] But for those of us living rurally and on a small scale, they raise a different question: at what point does efficiency slide into control? Claims that vaccines might eventually be added to food supplies now circulate in this space of mistrust.[16]

This possibility is clearly (currently) in an experimental phase with the intended use of this technology yet unknown. But the fact that such fears take hold at all speaks to something deeper than misinformation. When people have seen bodily autonomy overridden and dissent shut down, trust erodes and anxiety does not remain neatly bound by rational argument. We now understand, in a way we did not before, how easily small-scale lives can be marginalised when policy is designed at scale and imposed from a distance.

This is no longer an abstract for me. I was harmed by the vaccine. I developed TM, a serious neurological condition that altered my body and my life in ways I could not have anticipated when I rolled up my sleeve in good faith. I did what was asked, trusting assurances that adverse outcomes were rare, distant, and unlikely to touch me. But they did.

That experience changed how I see everything that came before it. It changed how I hear phrases like 'the benefits outweigh the risks,' and who gets counted in those calculations. It changed how I understand consent when refusal carries consequences, and how harm is absorbed discreetly by individuals while wider systems move on. I now know, not theoretically but in actuality, what it means to be on the wrong side of a public health equation.

The pandemic was not only a test of healthcare systems. It was a test of power, truth, and how much harm a society is willing to tolerate in the name of the greater good. Whatever comes next, we no longer meet it untouched. We meet it knowing what it costs, and who pays when things go wrong.