



Date: 24.11.2021

Case Number before Hon'ble President of India	PRSEC/E/2021/33503
Case Number before Hon'ble Prime Minister of India	PMOPG/E/2021/0576844
Case Number before Central Vigilance Commission	188629/2021/vigilance-9

To,

Shri. Ajay Bhalla,

Home Secretary,

Government of India,

North Block, New Delhi – 110 001.

Email:- hshso@nic.in

Sub: (i) Immediate directions to C.B.I. or any authority for registration of case under section 51(b), 55, 54 of Disaster Management Act, 2005 and under section 166, 167, 115, 409, 120(B), 34, 52 etc., of IPC against Smt. Kritika Kulhari (I.A.S.), District Magistrate, Solan for passing an unlawful order and thereby discriminating the citizens on the basis of their vaccination status and acting in utter disregard and defiance of guidelines and policies issued by National Authorities, which mandates that there cannot be any



discrimination on the basis of vaccination status of a person.

(ii) Immediate steps for stopping the abovesaid offences across the country by passing appropriate directions to all Chief Secretaries of all states in India.

OR

iii) Treating this complaint as compliance of section 60 of Disaster Management Act, 2005 as a permission to complainant to file case against accused before the competent court.

Ref: i) D.O. No. 40-3/2020- dated 22nd August 2020, by Home Secretary Sh. Ajay Bhalla, IAS.

ii) Order dated 12th November, 2021 passed by the accused Kritika Kulhari bearing No. **SLN/DDMA/COVID-19/2021-33164.**

1. That, the National Authority and Hon'ble High Court in catena of decisions made it clear that, there cannot be any discrimination between vaccinated and unvaccinated people.

2. The excerpts from relevant judgments and the information and affidavit filed by the Under Secretary of Health Ministry of India, makes it clear that no authority can discriminate between vaccinated and unvaccinated people.



2.1. That, in affidavit dated **8.10.2021** by Shri. Satyendra Singh, Under Secretary Health Ministry of India before Hon'ble Bombay high Court in **Writ Petition No. 1820 of 2021**, it is made clear that the COVID-19 vaccination is completely voluntary for all citizens of India and Ministry of Health and Family Welfare, Government of India has not formulated or suggested any policies for discrimination between citizens of India on the basis of their vaccination status. The relevant paras of the affidavit read as under;

*"9. That, it is further humbly submitted that the directions and guidelines released by Government of India and Ministry of Health and family Welfare, do not entail compulsory or forcible vaccination against COVID-19 disease implying that **COVID-19 vaccination is completely voluntary for all citizens of India. Ministry of Health and Family Welfare, Government of India has not formulated or suggested any policies for discrimination between citizens of India on the basis of their vaccination status.***

10. That, it is duly advised, advertised and communicated by MoHFW through various print and social media platforms that all citizens should get vaccinated, but this in no way implies that any person can be forced to be vaccinated against her / his wishes.

11. That, as per the existing guidelines, there is no provisions for forcing any citizen to book appointment for Covid Vaccination on Co-WIN or visiting Covid Vaccination Centre for vaccination if a person above the age of 18 years visits a Covid Vaccination Centre by her / his choice for



vaccination and asks for the same, it implies that she / he is voluntarily coming to the center to get the benefit of Covid Vaccination.”

A copy of above said affidavit is annexed herewith at **Annexure – “A”**.

2.2. That, the Central Government’s reply dated **09.03.2021** to an application under RTI is as under;

“RTI reply by Government of India's Health Ministry on 09.03.2021 to Shri. Anurag Sinha

प्रश्न १: कोरोना वैक्सीन लेना स्वैच्छिक है या अनिवार्य , जबरदस्ती?

उत्तर: कोरोना वैक्सीन लेना स्वैच्छिक है।

प्रश्न २ : क्या वैक्सीन नहीं लेने पर सारी सरकारी सुविधाएं बंद कर दी जायगी, सरकारी योजना पेंशन?

उत्तर : आवेदन में लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।

प्रश्न ३ : क्या वैक्सीन नहीं लेने पर नौकरी नहीं मिलेगा, ट्रेन, बस, मेट्रो में चढ़ने नहीं मिलेगी?

उत्तर : आवेदन में लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।



प्रश्न ४: यदि कोई IAS, IPS स्वास्थ्य या पुलिस कर्मचारी नागरिक को धमकी दे की वैक्सीन ले नहीं तो ये कर देगे तो नागरिक क्या कर सकती क्या कोर्ट जा सकते हैं?

उत्तर : आवेदन में लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।

प्रश्न ५: क्या वैक्सीन नहीं लेने पर स्कूलों, कॉलेज, विश्वविद्यालय, गैस कनेक्शन, पानी, बिजली कनेक्शन, राशन आदि के लिए क्या वैक्सीन नहीं मिलेगे?

उत्तर : आवेदन में लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।

प्रश्न ६ : क्या वैक्सीन नहीं लेने पर नौकरी से निकला जा सकता है वेतन रोका जा सकत है, निजी और सरकारी विभाग दोनों में?

उत्तर : आवेदन में लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।

A copy of which is annexed herewith at **Annexure – B.**

2.3. After referring the abovesaid information under RTI and the stand taken in parliament, the Hon'ble High Courts have passed specific judgments that no state can bring any rule or circular which discriminates a person on the basis of his vaccination status.



2.4. In Madan Milli Vs. UOI 2021 SCC OnLine Gau 1503, ruled as under;

“3. The petitioner contends that as per the RTI Information furnished by the Ministry of Health & Family Welfare, which is available in the website of the Ministry of Health and Family Welfare, Government of India, Covid-19 vaccination is not a mandatory but a voluntary. A copy of the RTI Information available in the website of the Ministry of Health & Family Welfare, Government of India, has been annexed by the petitioner as Annexure 3 to the petition. The petitioner also refers to an answer given on 19.03.2021 in the Lok Sabha to an Unstarred Question No. 3976 by the Minister of State in the Ministry of Health & Family Welfare, Government of India (Annexure 4 to the petition) stating that there is no provision of compensation for recipients of Covid-19 Vaccination against any kind of side effects or medical complication that may arise due to inoculation. The Covid-19 Vaccination is entirely voluntary for the beneficiaries.

4. By referring to the fact that the Covid-19 Vaccination is entirely a voluntary exercise at the choice of an individual as indicated in the RTI answer and the answer given in the Lok Sabha by the Minister of State in the Ministry of Health and Family Welfare, Government of India, as referred to hereinabove, the learned counsel for the petitioner has contended that provision under Clause 11 of the Order dated 30.06.2021, issued by the Chief Secretary cum Chairperson-State Executive Committee, Government of



Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, allowing temporary permits to be issued for developmental works in both public and private sector to only those persons who are vaccinated for Covid-19, have interfered with the rights of the citizens provided under Article 19 (1) (d) of the Constitution of India to move freely throughout the territory of India. The learned counsel for the petitioner, therefore, has argued that since the Clause 11 of the Order dated 30.06.2021, issued by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, by allowing to issue temporary permits for developmental works in both public and private sector only to persons who have vaccinated for Covid-19 Virus, have interfered with the fundamental rights granted under Article 19 (1) (d) of the Constitution of India and the same may be struck down by this Court in exercise of power under Article 226 of the Constitution of India.

13. *In the instant case, the classification sought to be made between the vaccinated and unvaccinated persons for Covid-19 by Clause 11 of the Order dated 30.06.2021 for the purpose of issuing a temporary permit for developmental works in both public and private sector in the State of Arunachal Pradesh is undoubtedly to contain Covid-19 pandemic and its further spread in the State of Arunachal Pradesh. There is no evidence available either in the record or in the public domain that Covid-19 vaccinated persons*



cannot be infected with Covid-19 virus, or he/she cannot be a carrier of a Covid-19 virus and consequently, a spreader of Covid-19 virus. In so far as the spread of Covid-19 Virus to others is concerned, the Covid-19 vaccinated and unvaccinated person or persons are the same. Both can equally be a potential spreader if they are infected with Covid-19 Virus in them. This aspect of the matter came up for consideration by this Court in WP(C)/37/2020 (In Re Dinthar Incident Aizawl v. State of Mizoram Aizawl; in which case, this Court vide Order dated 02.07.2021, in paragraph 14 thereof, had observed as follows -

*“14. It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated persons who are covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. **Thus, even a vaccinated infected covid person can be a super-spreader.** If vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary. As such, the submission made by the learned Additional Advocate General that the restrictions made against the un-vaccinated persons vis-à-*



vis the vaccinated persons is reasonable does not hold any water. As the vaccinated and un-vaccinated persons would have to follow the covid proper behavior protocols as per the SOP, there is no justification for discrimination.”

14. Thus, if the sole object of issuing the Order dated 30.06.2021, by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, is for containment of the Covid-19 pandemic and its further spread in the State of Arunachal Pradesh, the classification sought to be made between vaccinated and unvaccinated persons for Covid-19 virus for the purpose of issuing temporary permits for developmental works in both public and private sector, vide Clause 11 thereof, prima facie, appears to be a classification not founded on intelligible differentia nor it is found to have a rational relation/nexus to the object sought to be achieved by such classification, namely, containment and further spread of Covid-19 pandemic.”

2.5. In Re: Dinthar Incident Aizawl Vs. State of Mizoram 2021 SCC OnLine Gau 1313, the Division Bench of Hon’ble Guwahati High Court vide its order dated **02.07.2021**, has categorically held as follows:

“14. It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated



*persons who are covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. Thus, even a vaccinated infected covid person can be a **super spreader**. If vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary.”*

2.6. In **Osbert Khaling Vs. State of Manipur and Ors. 2021 SCC OnLine Mani 234**, it is ruled as under;

*“8.... Restraining people who are yet to get vaccinated from opening institutions, organizations, factories, shops, etc., or **denying them their livelihood by linking their employment**, be it NREGA job card holders or workers in Government or private projects, **to their getting vaccinated would be illegal on the part of the State, if not unconstitutional. Such a measure would also trample upon the freedom of the individual to get vaccinated or choose not to do so.**”*

2.7. That, the above judgments are passed after hearing the Counsel for Union India and the judgment is regarding the interpretation of



constitutional provisions, therefore they are binding on all the authorities in India.

3. That, as per section 38(1) and 39 of Disaster Management Act, 2005 the State Authority or District Authority cannot take any decision against the guidelines and directions given by the National Authority. If any State or District Authority takes any decision by disobeying the guidelines of the National Authority then such person and all Government Officers of the office will be guilty of the offences under section 55, 51(b) of Disaster Management Act, 2005.

Section 38(1), 39(a) of the Act reads thus;

“Section 38(1) in the Disaster Management Act, 2005

38. State Government to take measures. -

(1) Subject to the provisions of this Act, each State Government shall take all measures specified in the guidelines laid down by the National Authority and such further measures as it deems necessary or expedient, for the purpose of disaster management.

Section 39(a) in the Disaster Management Act, 2005

39. Responsibilities of departments of the State Government.-

It shall be the responsibility of every department of the Government of a State to—

(a) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority and the State Authority.

Section 51(b), 55 of the Act reads thus;

“Section 51 in the Disaster Management Act, 2005

51. Punishment for obstruction, etc.-

Whosoever,

(b) *refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act, shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.* notes on clauses Clauses 51 to 58 (Secs. 51 to 58) seeks to lay down what will constitute an offence in terms of obstruction of the functions under the Act, false claim for relief, misappropriation of relief material or funds, issuance of false warning, failure of an officer to perform the duty imposed on him under the Act without due permission or lawful excuse, or his connivance at



contravention of the provisions of the Act. The clauses also provide for penalties for these offences.

Section 55 in the Disaster Management Act, 2005

55. Offences by Departments of the Government.-

(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence. (1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence."

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer



shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

4. Earlier few Districts authorities and State Governments including authorities of State of Maharashtra put some restrictions on intra state and inter-state movements. Since said restrictions were against the guidelines issued by MHA therefore on 20th Aug 2020, Home Secretary Sh. Ajay Bhalla, vide his letter outward D. O. No. 40-3 /2020/DM-I(A) warned Chief secretary of all states as under;

“D.O. No. 40-3/2020-DM-I(A)

Dear Chief Secretary,

Please refer to Ministry of Home Affairs' Order of even number dated 29.07.2020 whereby Guidelines for Unlock-3 have been issued.

*2. I would like to draw your kind attention to para-5 of these guidelines which clearly state that **there shall be no restriction on inter-State and Intra-State movement of persons and goods. No separate permission, approval/e-permit will be required for such movements.** This includes movement of persons & goods for cross land border trade under Treaties with neighboring countries.*

3. It has, however, been reported that local level restrictions on movement are being imposed by various districts/States. Such restrictions are creating problems in inter-State movement of goods and services and are impacting the



supply chain, resulting in disruption of economic activities and employment, besides affecting supply of goods and services.

4. Such restrictions at local level imposed by the District Administration or by the State Government, amount to violation of the guidelines issued by MHA under the provisions of Disaster Management Act, 2005.

5. I would, therefore, request that no restrictions may be imposed on inter-State and intra State movement of persons and goods and services and instructions issued to ensure that MHA guidelines mentioned above are strictly followed.”

5. That, despite the abovesaid factual and legal position, the accused Kritika Kulhari, District Magistrate, Solan, Himachal Pradesh on 12th November, 2021 passed an order thereby directing all the Dy. Commissioner's and all Chief Medical Officers in the State of Himachal Pradesh to achieve 100% second dose of COVID-19 vaccination. And in order to achieve said target she has passed the following order;

“No. SLN/DDMA/COVID-19/2021 - 33/64

***OFFICE OF THE DISTRICT MAGISTRATE, CUM-DISTRICT DISASTER
MANAGEMENT AUTHORITY, (DDMA) SOLAN, DISTRICT SOLAN
(H.P)***

Solan-173212, Date the

12th November, 2021.

ORDER

WHEREAS, the Mission Director, National Health Mission, Himachal Pradesh, Shimla vide letter No.NHMHP-CCVM084-B/1/2021-Immunisation-E-25081-26189 dated 09th November, 2021 has issued directions to all the Deputy Commissioners and all the Chief Medical Officers in the State of Himachal Pradesh regarding achieving 100% second dose of COVID-19 vaccination.

NOW, THEREFORE, in order to achieve 100% second dose of COVID-19 vaccination in District Solan, I, Kritika Kulhari, (IAS) District Magistrate-cum-Chairman, District Disaster Management Authority (DDMA), Solan in exercise of the powers vested in me under Section 33 & 34 of the Disaster Management Act, 2005, do hereby order that all the Industrial Units established at Baddi-Barotiwala-Nalagarh Development Authority (BBNDA), Parwanoo, Kasuauli & Sub-Division Solan in District Solan will contact the concerned health authorities and complete the second dose of vaccination of all the workers/employees under their control within stipulated period i.e 24.11.2021.

It is further ordered that all the senior officers, promoters, traders, service providers, raw material suppliers and inspecting authorities of different Industrial Units engaged with the Industrial Units situated in Solan District are advised to carry their certificate of second dose of Vaccination while moveing in District Solan. All



the Head of the Industrial Units situated in District Solan shall ensure 100% administration of second dose of vaccine within stipulated period and submit report to the concerned Labour Officers.

This Order shall come into effect immediately and shall remain valid till further orders in the entire District Solan.

ISSUED under my hand and seal on 12th November, 2021”

6. That, the abovesaid order is highly illegal, violating fundamental rights and having death causing repurgations for following reasons;

i) As per section 38 & 39 of the Disaster Management Act, 2005 the power exercised by the State or District Authority should be in line with and should not be against the guidelines and policy decisions of the National Authority.

ii) The persons having allergies or having any medical exemptions from taking Vaccinations if forcefully vaccinated, may have death causing side effects. Recently, as per vaccine companies own fact sheet certain category of people are excluded from being vaccinated. Those people include the person with allergies to the contents of vaccine et.al

Government of India's AEFI Committee admitted that Dr. Snehal Lunawat (age 32 years) died due to side effects of Covishield.



iii) As per 81 research studies and also as per the interview given by Dr. Sanjay K. Rai, a renowned epidemiologist and professor at AIIMS it is clear that;

a) The person having earlier covid-19 infection or who came in contact with said virus is having natural immunity and said immunity is 13times robust and superior than the fully vaccinated people;

b) Giving vaccines to such people causes harm to their body;

c) Giving vaccines to people with natural immunity is loss or misappropriation of thousands of crores of public money and it is offence punishable under section 409 of Indian Penal Code.

d) People with previous infection were not included in the clinical trials of the vaccines and therefore there is no question of vaccinating them.

iv) The order will also having a tendency to create situation of law and order and may make the tension or incite hatred between the groups of vaccinated or unvaccinated people. Such is an offence under section 153-A 505(2) of Indian Penal Code.

v) So the order passed in caviliar fashion and without considering the relevant aspects makes accused liable for prosecution under section **115, 307, 302, 166**, etc. of Indian Penal Code for each death and casualty. Section 52 of Indian Penal Code says that nothing can be said to have done in good faith if it is not done with due care and caution.

6. The 81 research studies are available at following link.



81 Research Studies Confirm Natural Immunity to COVID 'Equal' or 'Superior' to Vaccine Immunity.

Link:-

<https://childrenshealthdefense.org/defender/research-natural-immunity-covid-brownstone-institute/>

7. The interview of Dr. Sanjay Rai of AIIMS is at following link.

Dr. Sanjay Rai's Video

Link: <https://youtu.be/-btDkOeSi5U>

8. The excerpts of said interview are annexed herewith at Annex- __

9. Worth to mention here that in Maharashtra the persons having medical certificate are also treated as fully vaccinated.

The order No. **DMU/2020/CR.92/DisM-1** dated **8th October 2021** passed by the Chief Secretary of Maharashtra reads thus;

"Reference:

a. The Epidemic Diseases Act, 1897

b. The Disaster Management Act, 2005

Whereas various services that have been allowed to be resumed by the State Government currently require the service provider as well as the one receiving the service to be fully vaccinated. Currently fully vaccinated person means



a person who has received both the doses of vaccines, at intervals prescribed by GOI and for whom 14 days are passed after the administration of the second - dose of the vaccine.

Whereas many service providers as well as recipient of these services, despite being having intention of getting fully vaccinated are not eligible either due to medical reasons or being less than 18 years old. Such persons have to be allowed to render or receive the said services.

Thus in exercise of the powers conferred under the Disaster Management Act, 2005, the undersigned in the capacity of the Chairperson of the State Executive Committee of the State Disaster Management Authority hereby declare with immediate effect that the definition of a fully vaccinated personal will include the following:

- 1. Any person has received both doses of vaccination and 14 days having lapsed since the administration of the second dose of the vaccine.*
- 2. Any person having a medical condition that does not allow him or her to take the vaccine, and has a certificate to that extent from a recognised doctor.*
- 3. If person is of age less than 18 years.*



(In the future when vaccine becomes available for this age group then this will continue for first 60 days of such availability.)

BY ORDER OF AND IN NAME OF THE GOVERNOR OF
MAHARASHTRA

(Sitaram Kunte)
Chief Secretary"

10. The unvaccinated person who is not having previous infection or not having antibodies developed are also not at any different level than the vaccinated person. Research had proven that the viral load and infection spreading possibility of both the person is equal.

(i) Hon'ble Guwahati High Court in the case of **Madan Mili Vs. UOI 2021 SCC OnLine Gau 1503** has observed as under;

*“13. In the instant case, the classification sought to be made between the vaccinated and unvaccinated persons for Covid-19 by Clause 11 of the Order dated 30.06.2021 for the purpose of issuing a temporary permit for developmental works in both public and private sector in the State of Arunachal Pradesh is undoubtedly to contain Covid-19 pandemic and its further spread in the State of Arunachal Pradesh. **There is no evidence available either in the record or in the public domain that Covid-19 vaccinated persons cannot be infected with Covid-19 virus, or he/she cannot be a carrier of a Covid-19 virus and consequently, a spreader***



of Covid-19 virus. In so far as the spread of Covid-19 Virus to others is concerned, the Covid-19 vaccinated and unvaccinated person or persons are the same. Both can equally be a potential spreader if they are infected with Covid-19 Virus in them.”

12. “Most recently, researchers in Israel report that fully vaccinated persons are up to 13 times more likely to get infected than those who have had a natural COVID infection.

“As explained by Science Mag: The study ‘found in two analyses that people who were vaccinated in January and February were, in June, July and the first half of August, six to 13 times more likely to get infected than unvaccinated people who were previously infected with the coronavirus

“In one analysis, comparing more than 32,000 people in the health system, the risk of developing symptomatic COVID-19 was 27 times higher among the vaccinated, and the risk of hospitalization eight times higher.’

“The study also said that, while vaccinated persons who also had natural infection did appear to have additional protection against the Delta variant, the vaccinated were still at a greater risk for COVID-19-related-hospitalizations compared to those without the vaccine, but who were previously infected.

“Vaccines who hadn’t had a natural infection also had a 5.96-fold increased risk for breakthrough infection and a 7.13-fold increased risk for symptomatic disease.

“This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity,’ study authors said.

Link:

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

13. AstraZeneca (Covishield) related risks:

- a) The UK's yellow card system has reported adverse events at the rate of about 1 in 106 doses for the AstraZeneca vaccine (Covishield).

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

- b) In March 2021 about 16 European countries banned the use of Astra Zeneca's Covid Vaccine over concerns of blood clotting among receipts of the vaccine. In Apr 2021, various European countries such as Spain, Belgium, Italy, restricted the AstraZeneca vaccine to older people:

"Italy, Spain and Belgium have joined other European countries in limiting the use of the Oxford/AstraZeneca vaccine to older age groups as the EU struggles to agree common guidelines to counter expected public hesitancy. The European Medicines Agency (EMA) on Wednesday found a possible link between the vaccine and very rare cases of blood clots, although it said its benefits far

outweighed the risks and did not announce any restrictions. In Britain, the government's joint committee on vaccines and immunisation said healthy people aged 18 to 24 who were not at high risk of covid should have the option of a different jab if one was available in their area."

(A copy of the article in The Guardian titled "Spain, Belgium and Italy restrict AstraZeneca covid vaccine to older people" dated 8th April 2021 is at **Exhibit "AA14" [Page _____]**

c) As recently as last month, the NIH (USA) ordered a study on the Covid-19 vaccines impact menstrual cycle.

(A copy of an article in the New York Post titled 'NIH orders \$1.67M study on how COVID-19 vaccine impacts menstrual cycle' dated 7th September 2021 is at Exhibit **"AA15" [Page _____]**

14. Studies which show that vaccinated people have as much as, or more viral load than the unvaccinated:

14.1. "Found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta."

<https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v2>

14.2. "No difference in viral loads when comparing unvaccinated individuals to those who have vaccine "breakthrough" infections.

"Furthermore, individuals with vaccine breakthrough infections

frequently test positive with viral loads consistent with the ability to shed infectious viruses ...

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

14.3. “if vaccinated individuals become infected with the [delta variant](#), they may be sources of SARS-CoV-2 transmission to others ...

“data substantiate the idea that vaccinated individuals who become infected with the Delta variant may have the potential to transmit SARS-CoV-2 to others.”

<https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v2>

14.4. “Viral loads of breakthrough Delta variant infection cases were 251 times higher than those of cases infected with old strains detected between March-April 2020.”

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

14.5. Barnstable, Massachusetts, July 2021 CDC MMWR study found that in 469 cases of COVID-19, there were 74% that occurred in fully vaccinated persons.

“The vaccinated had on average more virus in their nose than the unvaccinated who were infected.”

<https://pubmed.ncbi.nlm.nih.gov/34351882/>

14.6. Also shows a pronounced and very troubling trend, which is that the “double vaccinated persons are showing greater infection (per



100,000) than the unvaccinated, and especially in the older age groups e.g. 30 years and above.”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031157/Vaccine-surveillance-report-week-44.pdf

14.7. Similar viral loads in vaccinated and unvaccinated individuals infected with Delta question how much vaccination prevents onward transmission

<https://www.medrxiv.org/content/10.1101/2021.09.28.21264260v1>

14.8. Fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts.

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

15. Half of India's 87k breakthrough Covid cases in Kerala

Contributing over half of the new Covid positive cases in the country, the state has also accounted for half of the breakthrough infections reported till date. **[Exhibit “AA8” [Page _____]**

Link:

<https://www.newindianexpress.com/states/kerala/2021/aug/20/half-of-indias-87k-breakthrough-covid-cases-in-kerala-2347145.html>



16. Nearly 80% (91 out of 114) Covid-19 cases reported from Sept 1 till Oct 23 in Lucknow were of breakthrough infections, according to data accessed by TOI from the office of Chief Medical Officers.

Link:

http://timesofindia.indiatimes.com/articleshow/87277252.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

17. In Gibraltar, despite 100 % vaccination there is surge in Covid cases. The relevant news dated 16th November, 2021 Published in RT Live is at Exhibit “_” [Page_____]

Link: <https://www.rt.com/news/540442-gibraltar-cancels-christmas-covid/>

18. There have been several instances of covid outbreaks in highly vaccinated college populations in the USA:

a) Harvard University had an outbreak of Covid cases in early September despite having over 90% of its staff and students fully vaccinated:

Link: <https://www.thecrimson.com/article/2021/9/3/harvard-hikes-testing-requirements/>

b) In the same week, Cornell University had nearly 400 Covid cases although nearly all students were fully vaccinated on campus:

Link: <https://cornellsun.com/2021/09/06/as-cornell-reports-record-cases-students-miss-first-classes-bear-burdens-of-covid-policies/>

c) Brown University had a similar outbreak in mid September in spite of having nearly 100% of its students and staff fully vaccinated:

Link: <https://boston.cbslocal.com/2021/09/15/brown-university-covid-dining-students-gathering/>

(A copy of the news articles related to these university outbreaks is annexed as **Exhibit -“ ”** [Page_____]

19. Even at the level of a country, vaccination does not reduce Covid cases. Israel had a huge surge in mid-September despite leading most countries in vaccination levels.

“Health Ministry Director-General Nachman Ash said Tuesday that the current wave of coronavirus infections is surpassing anything seen in previous outbreaks and that he is disappointed that a recent downward trend appeared to be reversing....pointing out that there is an average of 8,000 new infections each day, with occasional peaks over 10,000, he said, “That is a record that did not exist in the previous waves,,, including the massive third wave at the end of last year.”

A copy of the article in The Times of Israel titled “Health Ministry chief says coronavirus spread reaching record heights” dated **14 Sep 2021** is annexed as **Exhibit -“ ” [Page _____]**

20. It is the duty of the Government to publish the side effects of vaccines before calling the citizens to get vaccinated.

21 In the case (W.P.(C) 343/2019 & CM Nos.1604 1605/2019) between Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji) Versus Union of India, & W.P.(C) 350/2019 & CM Nos. 1642-1644/2019 between Baby Veda Kalaan & Others Versus Director of Education & Others.

22 Hon’ble High Court of Delhi had observed that the authority is bound to advertise the side effects of the vaccines before getting their consent.

It is ruled as under;

“The contention that indication of the side effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision. The respondents are not only required to indicate



the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/ children.”

The Hon’ble High Court of Delhi thus passed the following orders;

“MR vaccines will not be administered to those students whose parents / guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary”.

01- Further on the issue of informed consent, the Hon’ble High Court had clearly directed that:

“Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents... The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the



eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalized by the Department of Preventive Medicine, All India Institute of Medical Sciences”.

23. The liberty of citizen cannot be curtailed on the basis of orders passed by the authority or there is a need of creating a law by the legislation as per Article 19(b) of the Constitution of India as explained by the Hon’ble High Court in Re Dinthar Incident Vs. State of Mizoram and Others 2021 SCC OnLine Gau 1313 & Madan Mili Vs. UOI 2021 SCC OnLine Gau 1503.

In Re Dinthar Incident Vs. State of Mizoram and Others 2021 SCC OnLine Gau 1313, it is ruled as under;

“17. With regard to the contention of the learned Additional Advocate General that the State Government can make restrictions curtailing the Fundamental Rights of the citizens under the Disaster Management Act, 2005 (hereinafter referred to as the “Act”), by way of the SOP, the same in our considered view is clearly not sustainable, as the said clauses in the SOP which are in issue in the present case cannot be said to be reasonable restrictions made in terms of Article 19(6). A restriction cannot be arbitrary or of a nature that goes beyond the requirement of the interest of the general public. Though no general pattern or a fixed principle can be laid down so as to be universal in application, as conditions may vary from case to case, keeping in view the prevailing

conditions and surroundings circumstances, the requirement of Article 19(6) of the Constitution is that the restriction has to be made in the form of a law and not by way of an executive instruction. The preamble of the Act clearly states that it is an Act to provide an effective management of the disasters and for matters connected therewith or incidental thereto. There is nothing discernible in the Act, to show that the said Act has been made for imposing any restriction on the exercise of the rights conferred by Article 19 of the Constitution. Further, the SOP dated 29.06.2021 is only an executive instructions allegedly made under Section 22(2)(h) & Section 24(1) of the Act and not a law. The provisions of Sections 22 & 24 only provides for the functions and powers of the State Executive Committee in the event of threatening disaster situation or disaster. It does not give any power to the State Executive Committee to issue executive instructions discriminating persons with regard to their right to liberty, livelihood and life and violating the fundamental rights of the citizens, which is protected by the Constitution.

18. *The SOP provides that vaccinated persons who are employed in shops/stores and to drive transport/commercial vehicles should wear mask and adhere to all proper covid protocols. If an un-vaccinated person is to be made to adhere to the same protocols, there can be no difference in the work of a vaccinated or un-vaccinated person. As such, the restriction placed*



upon un-vaccinated persons only due to non-vaccination is unreasonable and arbitrary.

19. In view of the reasons stated above, we hold that the restrictions placed upon un-vaccinated individuals vis-à-vis vaccinated individuals in terms of Clause 5(2), 6(1), 6(5), Serial No. 31 & 42 of Annexure-3 of the SOP dated 29.06.2021 are arbitrary and not in consonance with the provisions of Article 14, 19 & 21 of the Constitution. The said impugned clauses are interfered with, to the extent that the allowances available and given to vaccinated persons in the above clauses shall also be made equally applicable to un-vaccinated persons. The State respondents are accordingly directed to issue a corrigendum of the SOP dated 29.06.2021 at the earliest incorporating the above directions.

20. The Order dated 29.06.2021 issued by the Chief Secretary Mizoram with the enclosed SOP dated 29.06.2021, the letter dated 01.07.2021 issued by the Under Secretary to the Government of Mizoram, Disaster Management & Rehabilitation Department and the Notice dated 01.07.2021 issued by the Deputy Commissioner, Aizawl are made a part of the record and marked as Annexure-X, Y & Z respectively.”

In the case of **Madan Mili Vs. UOI 2021 SCC OnLine Gau 1503**, it is ruled as under;



“12. The right granted under Article 19 (1) (d) of the Constitution of India to move freely throughout the territory of India, however, is not absolute and the State may impose a reasonable restrictions on the exercise of the rights under Article 19 (1) (d) of the Constitution of India either in the interest of the general public or for the protection of the interest of the Schedule Tribe. While putting any restrictions, as above, such restrictions, however, must be a reasonable one conforming to the requirement of Article 14 of the Constitution of India as well. Article 14 of the Constitution of India guarantees to every persons the right not to be denied equality before the law or the equal protection of laws. “Equality before the law” means that amongst equals the law should be equal and should be equally administered and that like should be treated alike. Classification of persons into groups for different treatment of such groups is permissible if there is a reasonable basis for such difference. Article 14 of the Constitution of India forbids class legislation, but does not forbid classification or differentiation which rests upon reasonable grounds of distinction. The power of making classification, however, is not without limit. A classification to be valid must be reasonable. It must always rest upon some real and substantial distinction bearing reasonable and just needs in respect of which the classification is made. In order to pass the test of permissible classification, 2 (two) conditions must be fulfilled, namely, (i) the classification must be founded on an intelligible differentiation which distinguishes persons or things that are grouped together from others left out of the



group; and (ii) the differentia must have a rational relation to the object sought to be achieved by such classification.

14. Thus, if the sole object of issuing the Order dated 30.06.2021, by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, is for containment of the Covid-19 pandemic and its further spread in the State of Arunachal Pradesh, the classification sought to be made between vaccinated and unvaccinated persons for Covid-19 virus for the purpose of issuing temporary permits for developmental works in both public and private sector, vide Clause 11 thereof, prima facie, appears to be a classification not founded on intelligible differentia nor it is found to have a rational relation/nexus to the object sought to be achieved by such classification, namely, containment and further spread of Covid-19 pandemic.

15. For the reasons stated hereinabove, it prima facie appears to this Court that Clause 11 of the Order dated 30.06.2021, issued by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, in so far it makes a classification of persons who are Covid-19 vaccinated and persons who are Covid-19 unvaccinated for the purpose of issuance of temporary permits for developmental works in both public and private sector in the State of Arunachal Pradesh violates Articles 14, 19 (1) (d) & 21 of the Constitution of India calling for an interim order in the case. Accordingly, till the returnable date, Clause 11 of

the Order dated 30.06.2021, issued by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR &DM/01/2011-12, in so far it discriminates between Covid-19 vaccinated persons and Covid-19 unvaccinated persons for issuance of temporary permits for developmental works in both public and private sector in the State of Arunachal Pradesh, shall remain stayed.”

24. Vaccinated people are at higher risk:-

24.1. “A majority of gravely ill patients in Israel are double vaccinated. A majority of deaths over 50 in England are also double vaccinated.

[Exhibit _]

Link: <https://www.science.org/content/article/grim-warning-israel-vaccination-blunts-does-not-defeat-delta>

24.2. A study published Sept. 30, in the peer-reviewed European Journal of Epidemiology Vaccines found “no discernible relationship” between the percentage of population fully vaccinated and new COVID cases.

In fact, the study found the most fully vaccinated nations had the highest number of new COVID cases, based on the researchers’ analysis of emerging data during a seven-day period in September.

The authors said the sole reliance on vaccination as a primary strategy to mitigate COVID-19 and its adverse consequences “needs to be re-examined,” especially considering the Delta (B.1.617.2) variant and the likelihood of future variants.



They wrote:

“Other pharmacological and non-pharmacological interventions may need to be put in place alongside increasing vaccination rates. Such course correction, especially with regards to the policy narrative, becomes paramount with emerging scientific evidence on real-world effectiveness of the vaccines.”

As part of the study, researchers investigated the relationship between the percentage of population fully vaccinated and new COVID cases across 68 countries and 2,947 U.S. counties that had second dose vaccine, and available COVID case data.

Link: <https://link.springer.com/article/10.1007/s10654-021-00808-7>

24.3 A paper published Sept. 30 in Euro surveillance raises questions about the legitimacy of “vaccine-generated herd immunity.”

The study cites a COVID outbreak which spread rapidly among hospital staff at an Israeli Medical Center — despite a 96% vaccination rate, use of N-95 surgical masks by patients and full personal protective equipment worn by providers.

The calculated rate of infection among all exposed patients and staff was 10.6% (16/151) for staff and 23.7% (23/97) for patients, in a population with a 96.2% vaccination rate (238 vaccinated/248 exposed individuals).



The paper noted several transmissions likely occurred between two individuals both wearing surgical masks, and in one instance using full PPE, including N-95 mask, face shield, gown and gloves.

Link: <https://www.eurosurveillance.org/content/10.2807/15607917.ES.2021.26.39.2100822>

25. Cases where vaccine causing more harm than the disease itself:

25.1 Healthy boys may be more likely to be admitted to the hospital with heart inflammation from the Pfizer-BioNTech COVID vaccine than with COVID itself, according to a new pre-print study.

U.S. researchers found boys between the ages of 12 and 15, with no underlying medical conditions, were four to six times more likely to be diagnosed with vaccine-related myocarditis than they were to be hospitalized with COVID.

Link:

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

25.2. Many countries banned the use of Covi-Shield vaccines due to its side effects:

11 European countries banned the use of AstraZeneca (Covishield) vaccines for deaths of their citizens due to side effects of Said Vaccine.

Link: <https://www.aljazeera.com/news/2021/3/15/which-countries-have-halted-use-of-astrazenecas-covid-vaccine>

25.3. Majority of Hospitalizations Are Actually in the Vaccinated

The oft-repeated refrain is that we're in a "pandemic of the unvaccinated," meaning those who have not received the COVID jab make up the bulk of those hospitalized and dying from the Delta variant. However, we're already seeing a shift in hospitalization rates from the unvaccinated to those who have gotten one or two injections.

For example, in Israel, the fully "vaccinated" made up the bulk of serious cases and COVID-related deaths in July 2021, as illustrated in the graphs below. The red is unvaccinated, yellow refers to partially "vaccinated" and green fully "vaccinated" with two doses. By mid-August, 59% of serious cases were among those who had received two COVID injections.

Data from the U.K. show a similar trend among those over the age of 50. In this age group, partially and fully "vaccinated" people account for 68% of hospitalizations and 70% of COVID deaths.

- Link: 1. <https://cdn.altnews.org/wp-content/uploads/2021/08/new-hospitalizations-thumb.jpg>
2. <https://cdn.nexusnewsfeed.com/images/2021/8/new-severe-covid-19-patients-thumb-1631973102161.png>
3. <https://cdn.nexusnewsfeed.com/images/2021/8/deaths-trend-thumb-1631973112475.png>



4. <https://cdn.nexusnewsfeed.com/images/2021/8/covid-19-delta-variant-hospital-admission-and-death-in-england-1631973123881.png>
5. <https://www.science.org/content/article/grim-warning-israel-vaccination-blunts-does-not-defeat-delta>
6. <https://www.standard.co.uk/news/uk/england-delta-donald-trump-government-public-health-england-b951620.html>

25.4. Assam: 80% Covid-19 infections among vaccinated in Guwahati

<https://timesofindia.indiatimes.com/city/guwahati/assam-80-covid-19-infections-among-vaccinated-in-guwahati/articleshow/86791235.cms>

25.5. In Bangalore more than 56% of hospitalization of covid positive patient are vaccinated.

Link: https://www.deccanherald.com/amp/state/top-karnataka-stories/more-than-half-of-hospitalised-covid-19-cases-among-vaccinated-in-bengaluru-1015918.html?twitter_impression=true&s=04%5C

"Source Name: Deccan Herald

Date:03.08.2021

More than half of hospitalised Covid-19 cases among vaccinated in Bengaluru

These hospitalisations are indicative of the extent of vaccine penetration in the public, explained BBMP Chief Commissioner, Gaurav Gupta”

25.6. In K.E.M Hospital 27 out of 29 Covid-19 positive patients were vaccinated. [Around 93%]

Link: <https://www.freepressjournal.in/mumbai/mumbai-29-mbbs-students-at-kem-hospital-test-positive-for-covid-19-27-were-fully-vaccinated>

“29 MBBS students at KEM hospital test positive for COVID-19, 27 were fully vaccinated

SOURCE:- FREE PRESS JOURNAL”

25.7. In Nagpur 13 people tested positive for the virus out of which 12 were already vaccinated.”.

Link:- <https://www.freepressjournal.in/mumbai/covid-19-third-wave-has-entered-nagpur-guardian-minister-nitin-raut-urges-people-to-avoid-crowding>

“Source:- Free Press Journal.

Date:- Monday, September 06, 2021, 11:02 PM IST

Relevant Important Para to be taken;

The district guardian minister, Dr Nitin Raut, told the Free Press Journal after a review meeting, “The third wave has started in Nagpur, which is reporting a rise in positive cases



for the last few days. Notably, on Monday, 13 people tested positive for the virus out of which 12 were already vaccinated.”

26. Covishield unable to halt breakthrough Delta infections: Study
Fresh evidence on Covishield’s inability to halt “breakthrough infections” caused by the Delta variant of SARS-CoV-2 in fully vaccinated individuals emerged on Sunday with a group of Indian researchers reporting an unexpectedly large proportion of Covid-19 infections among the vaccine recipients.

<https://www.medrxiv.org/content/10.1101/2021.02.28.21252621v4>

<https://www.deccanherald.com/science-and-environment/covishield-unable-to-halt-breakthrough-delta-infections-study-1024960.html>

26.1. Half of India’s 87k breakthrough Covid cases in Kerala
Contributing over half of the new Covid positive cases in the country, the state has also accounted for half of the breakthrough infections reported till date.

<https://www.newindianexpress.com/states/kerala/2021/aug/20/half-of-indias-87k-breakthrough-covid-cases-in-kerala-2347145.html>

26.2. Nearly 80% (91 out of 114) Covid-19 cases reported from Sept 1 till Oct 23 in Lucknow were of breakthrough infections, according to data accessed by TOI from the office of Chief Medical Officers.

http://timesofindia.indiatimes.com/articleshow/87277252.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

27. Vaccines don’t stop transmission, admitted by WHO



At a virtual press conference held by the World Health Organization on Dec. 28, 2020, officials warned there is no guarantee COVID-19 vaccines will prevent people from being infected with the SARS-CoV-2 virus and transmitting it to other people.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/press-briefings>

28.1. State government is more interested in profit of vaccine companies than life of people. This needs an investigation to bring the truth to surface.

28.2. In a similar case the United State Federal Government ordered investigation and recovered more than **10.2. Billion US Dollar fine** in Court settlement from pharma companies due to their not informing the side effects to the public;

“GLAXOSMITHKLINE TO PLEAD GUILTY AND PAY \$3 BILLION TO RESOLVE FRAUD ALLEGATIONS AND FAILURE TO REPORT SAFETY DATA”

Source:- The United States’ Department of Justice.

Date:- July 2, 2012

Largest Health Care Fraud Settlement in U.S. History

"1. The United States alleges that GSK stated that Avandia had a positive cholesterol profile despite having no well-controlled studies to support that message. The United States also alleges that the company sponsored programs suggesting cardiovascular benefits from Avandia therapy despite warnings on the FDA-approved label regarding cardiovascular risks. GSK has agreed to pay \$657 million relating to false claims arising from misrepresentations about Avandia. The federal share of this settlement is \$508 million and the state share is \$149 million.

2. In addition to the criminal and civil resolutions, GSK has executed a five-year Corporate Integrity Agreement (CIA) with the Department of Health and Human Services, Office of Inspector General (HHS-OIG). The plea agreement and CIA include novel provisions that require that GSK implement and/or maintain major changes to the way it does business, including changing the way its sales force is compensated to remove compensation based on sales goals for territories, one of the driving forces behind much of the conduct at issue in this matter. Under the CIA, GSK is required to change its executive compensation program to permit the company to recoup annual bonuses and long-term incentives from covered executives if they, or their subordinates, engage in significant misconduct. GSK may recoup monies from executives who are current employees and those who have left the company. Among other things, the **CIA also requires GSK to implement and maintain**



transparency in its research practices and publication policies and to follow specified policies in its contracts with various health care payors.

Federal employees deserve health care providers and suppliers, including drug manufacturers, that meet the highest standards of ethical and professional behavior,” said Patrick E. McFarland, Inspector General of the U.S. Office of Personnel Management.

Assistant Director of the FBI’s Criminal, Cyber, Response and Services Branch. “Together, we will continue to bring to justice those engaged in illegal schemes that threaten the safety of prescription drugs and other critical elements of our nation’s healthcare system.

This matter was investigated by agents from the HHS-OIG; the FDA’s Office of Criminal Investigations; the Defense Criminal Investigative Service of the Department of Defense; the Office of the Inspector General for the Office of Personnel Management; the Department of Veterans Affairs; the Department of Labor; TRICARE Program Integrity; the Office of Inspector General for the U.S. Postal Service and the FBI.

This resolution is part of the government’s emphasis on combating health care fraud and another step for the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative, which was announced in May 2009 by Attorney General Eric Holder and Kathleen Sebelius,



Secretary of HHS. The partnership between the two departments has focused efforts to reduce and prevent Medicare and Medicaid financial fraud through enhanced cooperation. Over the last three years, the department has recovered a total of more than \$10.2 billion in settlements, judgments, fines, restitution, and forfeiture in health care fraud matters pursued under the False Claims Act and the Food, Drug and Cosmetic Act.

The company's unlawful promotion of certain prescription drugs, its failure to report certain safety data, and its civil liability for alleged false price reporting practices.

GSK did not make available data from two other studies in which Paxil also failed to demonstrate efficacy in treating depression in patients under 18. The United States further alleges that GSK sponsored dinner programs, lunch programs, spa programs and similar activities to promote the use of Paxil in children and adolescents. GSK paid a speaker to talk to an audience of doctors and paid for the meal or spa treatment for the doctors who attended.

Between 2001 and 2007, GSK failed to include certain safety data about Avandia, a diabetes drug.

The missing information included data regarding certain post-marketing studies, as well as data regarding two studies undertaken in response to European regulators' concerns about the cardiovascular safety of Avandia. Since 2007, the FDA has added two black box warnings to the

Avandia label to alert physicians about the potential increased risk of (1) congestive heart failure, and (2) myocardial infarction (heart attack).

GSK has agreed to plead guilty to failing to report data to the FDA and has agreed to pay a criminal fine in the amount of \$242,612,800 for its unlawful conduct concerning Avandia.

It also includes allegations that GSK paid kickbacks to health care professionals to induce them to promote and prescribe these drugs as well as the drugs Imitrex, Lotronex, Flovent and Valtrex. The United States alleges that this conduct caused false claims to be submitted to federal health care programs.

GSK has agreed to pay \$1.043 billion relating to false claims arising from this alleged conduct. The federal share of this settlement is \$832 million and the state share is \$210 million.”

A copy of Article is at Exhibit “__” [Page_____]

29. The reply given by Health Ministry on **20.09.2021** proves that, there is no data available regarding longevity of the immune response in vaccinated individuals. The relevant Question & Answer is as under;

Question-1 Detailed information on approved vaccines to prevent corona outbreaks. As well as detailed information about their time period.

Answer:- 1. Longevity of the immune response in vaccinated individuals is yet to be determined. Hence, continuing the use of masks, hand washing, physical distancing and other COVID-19 appropriate behaviors is strongly recommended.

30. People with Natural Immunity who take Covishield, much more likely to suffer from serious side effects.

An international survey²¹ published in mid-March 2021 surveyed 2,002 people who had received a first dose of COVID-19 vaccine, finding that those who had previously had COVID-19 experienced “significantly increased incidence and severity” of side effects, compared to those who did not have natural immunity.

The mRNA COVID-19 injections were linked to a higher incidence of side effects compared to the viral vector-based COVID-19 vaccines, but tended to be milder, local reactions. Systemic reactions, such as anaphylaxis, flu-like illness and breathlessness, were more likely to occur with the viral vector COVID-19 vaccines.

“People with prior COVID-19 exposure were largely excluded from the vaccine trials and, as a result, the safety and reactogenicity of the vaccines in this population have not been previously fully evaluated. For the first time, this study demonstrates a significant association between prior COVID19 infection and a significantly higher incidence and severity of self-reported side effects after vaccination for COVID-19.



Consistently, compared to the first dose of the vaccine, we found an increased incidence and severity of self-reported side effects after the second dose, when recipients had been previously exposed to viral antigen.

Link:

<https://www.mdpi.com/2075-1729/11/3/249/htm>

31. Vaccination is causing harm to the person with previous covid infection:-

An international survey²¹ published in mid-March 2021 surveyed 2,002 people who had received a first dose of COVID-19 vaccine, finding that those who had previously had COVID-19 experienced “significantly increased incidence and severity” of side effects, compared to those who did not have natural immunity.

Link:

<https://altnews.org/2021/10/13/are-the-covid-shots-working/>

31.1. Data from the U.K. show a similar trend among those over the age of 50. In this age group, partially and fully "vaccinated" people account for 68% of hospitalizations and 70% of COVID deaths.

Link:

<https://cdn.altnews.org/wp-content/uploads/2021/08/new-hospitalizations-thumb.jpg>

32. Section 409 of Indian Penal Code reads thus,



“Section 409 in the Indian Penal Code

409. Criminal breach of trust by public servant, or by banker, merchant or agent.—Whoever, being in any manner entrusted with property, or with any dominion over property in his capacity of a public servant or in the way of his business as a banker, merchant, factor, broker, attorney or agent, commits criminal breach of trust in respect of that property, shall be punished with 1[imprisonment for life], or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.”

32.1. Section 166 of Indian Penal Code reads thus,

“Section 166 in the Indian Penal Code

166. Public servant disobeying law, with intent to cause injury to any person.—Whoever, being a public servant, knowingly disobeys any direction of the law as to the way in which he is to conduct himself as such public servant, intending to cause, or knowing it to be likely that he will, by such disobedience, cause injury to any person, shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both. Illustration A, being an officer directed by law to take property in execution, in order to satisfy a decree pronounced in Z’s favour by a Court of Justice, knowingly disobeys that direction of law, with the knowledge that he is likely thereby to cause injury to Z. A has committed the offence defined in this section.”

32.2. Section 167 of Indian Penal Code reads thus,



“Section 167 in the Indian Penal Code

167. Public servant framing an incorrect document with intent to cause injury.—Whoever, being a public servant, and being, as 1[such public servant, charged with the preparation or translation of any document or electronic record, frames, prepares or translates that document or electronic record] in a manner which he knows or believes to be incorrect, intending thereby to cause or knowing it to be likely that he may thereby cause injury to any person, shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.”

32.3. Section 115 of Indian Penal Code reads thus,

“Section 115 in the Indian Penal Code

115. Abetment of offence punishable with death or imprisonment for life—if offence not committed.—Whoever abets the commission of an offence punishable with death or 1[imprisonment for life], shall, if that offence be not committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; If act causing harm be done in consequence.—and if any act for which the abettor is liable in consequence of the abetment, and which causes hurt to any person, is done, the abettor shall be liable to imprisonment of either description for a term which may extend to fourteen years, and shall also be liable to fine. Illustration A instigates B to murder Z. The offence is not committed. If B had murdered Z, he would have been subject to the punishment of death or 1[imprisonment for life]. Therefore



A is liable to imprisonment for a term which may extend to seven years and also to a fine; and if any hurt be done to Z in consequence of the abetment, he will be liable to imprisonment for a term which may extend to fourteen years, and to fine. CLASSIFICATION OF OFFENCE Para I: Punishment—Imprisonment for 7 years and fine—According as offence abetted is cognizable or non-cognizable—non-bailable—Triable by court by which offence abetted is triable—Non-compoundable. Para II: Punishment—Imprisonment for 14 years and fine—According as offence abetted is cognizable or non-cognizable—non-bailable—Triable by court by which offence abetted is triable—Non-compoundable.”

32.4. Section 302 of Indian Penal Code reads thus,

“Section 302 in The Indian Penal Code

302. Punishment for murder.—Whoever commits murder shall be punished with death, or 1[imprisonment for life], and shall also be liable to fine.”

32.5. Section 304 of Indian Penal Code reads thus,

“Section 304 in the Indian Penal Code

304. Punishment for culpable homicide not amounting to murder.—Whoever commits culpable homicide not amounting to murder shall be punished with 1[imprisonment for life], or imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine, if the act by which the death is caused is done with the intention of causing death, or of causing such bodily injury as is likely to cause death, or with imprisonment of either description for a term which may extend to ten years, or with fine, or with both, if the act is done with



the knowledge that it is likely to cause death, but without any intention to cause death, or to cause such bodily injury as is likely to cause death.”

32.6. Section 304-A of Indian Penal Code reads thus,

“Section 304A in the Indian Penal Code

[304A. Causing death by negligence.—Whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.]”

32.7. Section 307 of Indian Penal Code reads thus,

“307. Attempt to murder.—Whoever does any act with such intention or knowledge, and under such circumstances that, if he by that act caused death, he would be guilty of murder, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine; and if hurt is caused to any person by such act, the offender shall be liable either to 1[imprisonment for life], or to such punishment as is hereinbefore mentioned. Attempts by life convicts.—2[When any person offending under this section is under sentence of 1[imprisonment for life], he may, if hurt is caused, be punished with death.]”

32.8. Section 109 of Indian Penal Code reads thus,

“Section 109 in the Indian Penal Code

109. Punishment of abetment if the act abetted is committed in consequence and where no express provision is made for its punishment.—Whoever abets any offence shall, if the act abetted is



committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with the punishment provided for the offence. Explanation.—An act or offence is said to be committed in consequence of abetment, when it is committed in consequence of the instigation, or in pursuance of the conspiracy, or with the aid which constitutes the abetment.”

33. Hence, it is crystal clear that the act of accused is highly illegal, unconstitutional and having death threatening effects and therefore needs to be stopped forthwith.

34. That, it is your duty to forthwith stop the offences and save the life of Indians.

35. If you failed to take steps then I will be compelled to file case in court against the accused and in that eventuality this complaint will be treated as an compliance of section 60 of the Disaster Management Act, 2005.

Section 60 reads as thus;

“60. Cognizance of offences.-

No court shall take cognizance of an offence under this Act except on a complaint made by-

a. the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or

b. any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District



Authority or any other authority or officer authorised as aforesaid."

Request: It is therefore humbly requested for;

(i) Immediate directions to C.B.I. or any authority for registration of case under section 51(b), 55, 54 of Disaster Management Act, 2005 and under section 166, 167, 115, 409, 120(B), 34, 52 etc., of IPC against Smt. Kritika Kulhari (I.A.S.), District Magistrate, Solan for passing an unlawful order and thereby discriminating the citizens on the basis of their vaccination status and acting in utter disregard and defiance of guidelines and policies issued by National Authorities, which mandates that there cannot be any discrimination on the basis of vaccination status of a person.

(ii) Immediate steps for stopping the abovesaid offences across the country by passing appropriate directions to all Chief Secretaries of all states in India.

OR

iii) Treating this complaint as compliance of section 60 of Disaster Management Act, 2005 as a permission to



complainant to file case against accused before the competent court.

Sincerely,



Shri. Amber Koiri
Member National Steering Committee
Awaken India Movement

Copy to,

- 1. Hon'ble President of India**
- 2. Hon'ble Prime Minister of India**
- 3. Hon'ble Home Minister of India**
- 4. Hon'ble Health Minister of India**

