IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. OF 2021

(PIL UNDER ART. 32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

Daniyelu Kondipogu & Ors. …. Petitioner

Versus

Union of India & Ors. … Respondents

Paperbook

(Index Inside)

I.A. No. of 2022 : Application seeking permission to file lengthy synopsis and list of dates.

Advocate for Petitioner: Satya Mitra

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A

PROFORMA FOR FIRST LISTING

SECTION ____

The case pertains to (Please tick/check the correct box):

Central Act: (Title) Art. 32, Constitution of India

Section(s): N.A

Central rule: (Title) N.A

Rule No.(s):

State Act (Title)

Section:

State Rule: N.A

Rule No(s): N.A

Impugned Interim Order: (Date) N.A

Impugned Final Order/Decree: (Date) N.A

High Court: N.A

☐ Name of Judges: N.A

Tribunal/Authority: N.A

1. Name of matter: Civil Criminal

2. (a) Petitioner/Appellant no. 1: Daniyelu Kondipogu

(b) E-mail ID: NA

(c) Mobile Phone Number: NA

3. (a) Respondent no. 1: Union of India

(b) E-mail ID: _____N.A._____

(c) Mobile Phone Number: _____N.A._____

4. (a) Main category classification: 18

(b) Sub classification: 1800

5. Not to be listed before: _____N.A._____

6. (a) Similar disposed of matter with citation, if any. & case details. –

(b) Similar pending matter with case details: W.P (C) 588/2021

7. Criminal Matters:

a. Whether accused/convict has surrendered: N.A.

b. FIR No. N.A. Date: N.A

c. Police Station: N.A

d. Sentence Awarded: N.A

e. Period of sentence N.A

8. Land Acquisition Matters:

(a) Date of Section 4 notification: _____N.A._____

(b) Date of Section 6 notification: _____N.A._____

(c) Date of Section 17 notification: _____N.A._____

9. Tax Matters: State the tax effect: _____N.A._____

10. Special Category (first petitioner/appellant only):

Senior Citizen>65yrs; SC/ST; Woman/Child;

Disabled; Legal Aid case; In custody

11. Vehicle Number (in case of Motor Accident Claim matters):

Satya Mitra

AOR for Petitioner(s)/Appellant(s)

Registration No. 1852

Email:

A2

RECORD OF PROCEEDINGS

SYNOPSIS

1. The present Writ Petition is being filed in the public interest under Article 32 of the Constitution of India in the backdrop of specifically, (among other critical reasons (listed in Pr. 2), the rollout of vaccinations of children, under a Central Government instruction of **The Ministry of Health and Family Welfare Guidelines (MoHFW)** dated 27th December 2021 which is voluntary, and by the **Ministry of Women and Child Development (MoWCD),** dated 4th January 2022 mandating the vaccines. This is deeply disturbing as any mandate is illegal, and is counter to the Central Government's instruction, being explicitly clarified in the Counter Affidavit filed in the Supreme Court on 28th November 2021, on behalf of the Ministry of Health and Family Welfare and Central Drugs Standard Control, that the vaccines are "voluntary". Furthermore, as seriously problematic as a roll-out is with regard to 'informed consent', which is legally required, as no informed consent is properly possible in a roll-out, the vaccination of children despite this, has been authorised and is even being mandated illegally, without authority and in writing, by local govt. bodies (LGB). In turn, these LGB mandates are being enforced, down the line, by educational institutions by their own further 'mandates', denying admission to unvaccinated children. The Government Circular (MoWCD) and MoHFW instructions are appended herein.

2. In a recent affidavit dated 13th January 2022 submitted before the Supreme Court on behalf of Union of India which is affirmed by Dr. Veena Dhawan, Joint Commissioner (UIP) in the Ministry of Health & Family Welfare, it is once again made clear that Covid vaccination is voluntary. Relevant excerpts from the affidavit are reproduced below: ***"13****… It is humbly submitted that the direction and guidelines released by Government of India and Ministry of Health and Family Welfare, do not envisage any forcible vaccination without obtaining consent of the concerned individual. It is further humbly submitted that vaccination for COVID-19 is of larger public interest in view of the ongoing pandemic situation. It is duly advised, advertised and communicated through various print and social media platforms that all citizens should get vaccinated and systems and processes have been designed to facilitate the same. However, no person can be forced to be vaccinated against their wishes."*

Annexure P1:

Circular dated 04/01/2022 by the Ministry of Women and Child Development

3. The circular by the Ministry of Women and Child Development dated 4th January 2022 with the subject: 'prevention measures to contain spread of COVID 19 & new variant Omicron - Vaccination of Children in Critical Care Institutions (CCI)– Reg. states in para 3, *"Further it is brought to the*

notice that in light of the compulsory vaccination of children against Covid-19 falling in the 15-18 age group, it is requested that all District Magistrates may be directed to make appropriate arrangements for vaccination of the Children living in CCIs as well, on priority basis."

The Ministry of Health and Family Welfare Guidelines (MoHFW)

4. The Ministry of Health and Family Welfare Guidelines were issued for Covid 19 vaccination of children between 15-18 years and precaution dose to HCWs, FLWs & 60+ population with comorbidities. The guidelines were issued "*Keeping in view the recent global surge of COVID-19 cases, detection of Omicron variant which has been categorized as a Variant of Concern (VOC), scientific evidence, global practices and the inputs/suggestions of 'COVID-19 Working Group of National Technical Advisory Group on Immunization (NTAGI)' as well as of 'Standing Technical Scientific Committee (STSC)' of NTAGI…"*

5. The Concomitant critical reasons for filing this PIL are:

   i. **Utter lack of reporting of Adverse Effects (AE) under the India's AEFI (Adverse Effects Following Immunisation) system (ref Pr 12 at page _____)**: the vaccines are being rolled out under EUA (Emergency Use Authorisation), which means they are experimental, unapproved, because their safety studies are incomplete and have not

as yet been peer reviewed either. No long term studies have been conducted. Even under these extraordinary circumstances of rolling out vaccines, to have a virtual vacuum in reporting of AE quite simply means that the government is not committed to finding out the facts regarding these vaccines and their effect on those who receive them. Given that the AEFI system was already poor before the Covid -19 vaccine roll-out, it is unsurprising that it remains unresponsive and virtually moribund. Yet, unless science has a fully responsive AEFI reporting system, and is able to critically examine the safety impacts of these new vaccines as an absolute priority and including their immunising ability, the truth of the safety or these vaccines cannot be determined. Despite this sorry situation, the Union of India through the MoHFW and the MoWCD decides to inexplicably roll-out these experimental vaccines now, to children. The alarming fact also is that the vaccination of children is contrary to the evidence of science, which categorically forbids it (at Para ____). These decisions are unconscionable and must invite the closest scrutiny of this Hon'ble Court. This report of the British Medical Journal (BMJ) is apposite. The British Medical Journal in their recent report of 7 January 2022 says:

> *"Adverse events are among the most heavily scrutinised parts of the covid-19 vaccine process. But India's system was woefully*

unprepared for this". It reports that 20 year old Rijuta died on 2 June 2021. Her symptoms were consistent with thrombosis with thrombocytopenia syndrome (TTS). When the family raised the possibility of Rijuta's illness being linked to the vaccine AstraZeneca, Doctors dismissed the idea. Despite the strong evidence that existed by then that TTS could be caused by the AstraZeneca vaccine, the Bhopal hospital didn't report it. Rijuta's family couldn't do so either because they didn't know how to report it.

"As of 30 November 2021, the national committee had received 49 819 adverse events reports. By then, India had administered 1.23 billion vaccine doses, which means that Indian healthcare providers had reported only about four adverse events for every 100 000 doses. In contrast, the Canadian safety surveillance system received 48 reports for 100 000 doses until 3 December 2021, while the UK had received 300-700 per 100 000 doses up to 16 December 2021". Petitioners add that the above reporting systems of the UK and EU and also US VAERS (all voluntary systems) report only around 1% -10% of AE.

"Many of the problems with India's Covid vaccine safety system were presaged by its paediatric vaccine safety system.--- Against

a global benchmark of at least 10 AEFI reports for every 100 000 live births, the country was then reporting only 4.2 AEFIs".

ii. **Conflict of Interest:** (at Para 12, Page ____). An endemic conflict of interest in India's health regulators, and in concert with heath regulators in other Countries of the free world means, that public policy is being orchestrated by the vaccine manufacturers/pharma companies, and fronting for them, under the guise of its international mandate of global public health, is the WHO. Furthermore, Bill Gates who is invested in virtually every vaccine globally and the Indian vaccines of Covaxin, Covishield and Zycov-d vaccine, is also the largest funder of the WHO. The open corruption of an entrenched conflict of interest is criminal and disquieting. India must eradicate every part of this conflict of interest as a most urgent and responsible response to allow a public policy based on the Covid-19 and the vaccines.

iii. **Lack of Safety of the Vaccines:** Based on global data and their scientific analyses/conclusions by leading medical scientists and Doctors including clinicians, virologists, vaccine experts and epidemiologists the evidence is overwhelming, the vaccines under

EUA (mRNA/DNA, including Indian vaccines, which similarly also have the spike protein are unsafe (at Para - 21 Pg._____).

COMMENTS MADE BY EXPERTS IN PUBLIC AUTHORITY ON COVID VACCINATION FOR CHILDREN

6. Dr. Jayprakash Muliyel, member of National Technical Advisory Group on Immunisation, made the following comments as per a report published by News 18 on 21st December 2021. Relevant excerpts from the report is reproduced below:

"There is no need to vaccinate children against Covid-19 as the data shows no urgency, a member of the Narendra Modi government's panel on vaccination has told News18.com."

"According to Dr Jayaprakash Muliyel, member of the National Technical Advisory Group on Immunisation in India (NTAGI), the panel has informed the central government that "children are doing fine and we should not be vaccinating children now".

"News18.com had reported in October that Union Health Minister Mansukh Mandaviya had told senior officials there should be no rush in clearing vaccines for children or starting the drive."

7. Dr. Sanjay Rai, a senior epidemiologist at AIIMS and principal investigator of Covaxin trials for adults and children at the institute, made the following comments as per a report published by The Hindu Business Line. Relevant excerpts from the report is reproduced below:

"I am completely disappointed with his unscientific decision on children vaccination,"

"50,000 breakthrough infections are being reported per day in the UK. So this proves that vaccination is not preventing coronavirus infection but vaccines are effective in preventing severity and death"

"In the case of children, he said, the severity of infection is very low and according to data available in the public domain, only two deaths per million population have been reported"

8. A day prior to announcement by Prime Minister Modi to roll out Covid-19 vaccines for Children aged 15-18 years, Vaccination drive chief Vinod K. Paul, ICMR chief Balram Bhargava and Union Health Secretary Rajesh Bhushan had said that their decisions are guided by science and there isn't any scientific basis yet to necessitate paediatric vaccination.

9. It is important to note that, while the top most experts of the country, some directly involved in creating Covid vaccination policies, were not in favour of paediatric vaccination and despite the same, Covid Vaccination for

children aged 15-18 has been rolled out while there are already news of making the Vaccines available to even younger age groups.

VACCINE STATUS

10. **Emergency Use Authorisation (EUA):** these Covid 19 vaccines have been produced at 'warp' speed of around 6 months, as against the 10 years and more that the traditional vaccines have been tested.

11. **Traditional vs Covid Vaccines:** It is important to draw differences between traditional vaccines and Covid vaccines because of the implicit trust of the people in the former and the unfortunate fact that Covid 19 vaccines are drawing undue advantage and riding on this psychological trust. Traditional vaccines have been in use for over 4 decades whereas the Covid vaccines are unlike any previous vaccine, owing to the use of Spike Proteins, and they have been inadequately studied. The COVID -19 vaccines work in an entirely different way to conventional vaccines and therefore have a radically different set of potential safety concerns. It is noted that Regulatory oversight of COVID vaccines lacks scrutiny and rigour and is marked by significant gaps in biosafety, and have even so, been released under EUA (emergency use authorisation) globally, including in India. Furthermore, Petitioners note that the conspicuous lack of sound data records (adverse

effects or AE) in all countries and in India in particular, is also a cause of great concern, disallowing rigorous follow-up for: identification of the problem, Post Mortem pathology reports without which problems will not be identified, and medical treatment and analyses to adequately and responsibly inform the situation and action required.

12. Covaxin, whole virion inactivated coronavirus vaccine by Bharat Biotech, was granted permission on 24th December 2021 for use in 12-18 years age group for **Restricted Use in Emergency Situation** with the condition to submit Summary of Product Characteristics, Product Inset, Factsheet incorporating clinical information for said age group along with Pharmacovigilance & Risk Management Plan. As on 12th January 2022, none of the aforementioned are available in the Public domain.

13. Covaxin (Bharat Biotech) for the paediatric cohort is an experimental vaccine under Emergency Use Authorisation, which means in law that they have not been approved. It's non-approval status is because it's phase II/III trial is either not complete and it has not been subjected to peer review. This process will not be completed before 25 January 2022 according to the study protocol registered by the manufacturers on the Clinical Trials Registry.

14. The trial size (age 2-18 years) for children vaccination for Covaxin was only 525. The trial size for the 12-18 years age group is only **175**. This is an abysmally small sample size to capture all possible adverse events. The Medium to Long term adverse events are not yet known.

CONFLICT OF INTERESTS

15. **Dr. Narendra Kumar Arora** is the Covid task force member on vaccination plan and chairman of the Covid-19 working group of National Technical Advisory Group on Immunisation (NTAGI). He is also the Chairperson and Advisor to the National Adverse Events Following Immunization (AEFI) Committee in India which is tasked with the responsibility of setting out the framework for adverse event reporting in India, and performing causality assessment on reported cases. We would ideally want the person heading/advising such a committee to not have any connections with vaccine/pharmaceutical companies as these companies stand to make windfall profits from the sale of vaccines, and it is in their best interest to try to underreport vaccine adverse events/deaths so that the sales are higher.

16. The evidence shows that NK Arora's research is funded by the Bill & Melinda Gates Foundation. He is also an advisor to Bill Gates Projects on

Immunization, & a Chairperson of Scientific Advisory Committee of qHPV program between India's Dept of Biotechnology & Gates Foundation. (Sources:https://main.icmr.nic.in/sites/default/files/upload_documents/Vol_III_1.pdf ; http://inclentrust.org/inclen/wp-content/uploads/N-K-Arora.pdf ;https://www.who.int/vaccine_safety/publications/CausalityAssessmentAEFI_EN.pdf)

17. ITSU was Setup by PHFI in 2012 by a $6.9 million grant from Gates Foundation. The Gates Foundation had funded an activity called 'evidence to policy' at the Immunisation Technical Support Unit (ITSU), which in turn acted as secretariat of another key body called the National Technical Advisory Group on Immunisation (NTAGI). This was a crucial panel that examines scientific evidence on the effectiveness of new vaccines and recommends their inclusion in the national vaccination programmes.

18. The Senior Management Team of the ITSU's key areas of focus consist of the AEFI Secretariat, Implementation of India's Immunization Program, & the Communications Strategy of the Covid-19 Vaccine Communication Program. Other Partners in deciding the communication strategy of the Covid-19 vaccine program include UNICEF & the Bill & Melinda Gates Foundation.

19. Members of Senior Management Team of ITSU include :

1) Pritu Dhalaria , Director of ITSU. Ex Director of PATH's Immunization Portfolio, Ex-Member of NTAGI, worked at PATH, WHO & Bill & Melinda Gates Foundation in the past.

2) Apurva Rastogi, Project Manager at ITSU, Ex Researcher at PHFI

3) Kishore Kumar Bajaj, Senior Operations Manager at ITSU. Has worked at PHFI & PATH in the past.

4) Dr. GK Soni , Team Lead of program implementation at ITSU. Has worked at PHFI in the past

20. According to PHFI's own website:

Improving Immunisation Coverage rate among children Through Immunisation Technical Support Unit (ITSU), PHFI is helping MoHFW in the expansion of immunisation coverage, improvement of quality, and introduction of new vaccines. PHFI has extended support to 'Mission Indradhanush' for targeted increase from 65% to 90% rate of coverage of full immunization among children.

21. PHFI, a public private partnership started by Ex -Prime Minister Manmohan Singh, Rajat Gupta, Bill & Melinda Gates Foundation & Srinath Reddy, has received millions of dollars in funding from pharmaceutical companies, vaccine manufacturers, & dubious philanthropic organizations, which use

philanthropy as a front to push hidden agendas which profit vested interests. It was started with initial funding of 65cr given by the Gates Foundation, and 65cr given by the Indian Government, along with a later grant of 35 crores.

22. This so called PPP has received funding over the years from the Bill & Melinda Gates Foundation, Pfizer, Johnson & Johnson, Rockefeller Foundation, World Bank, PATH, Diamond Jubilee Trust of the Queen of England, USAID, Wellcome Trust, Abbott, Mckinsey, Eli Lily, Glaxosmithkline, Bayer, NIH, & Google! (https://phfi.org/about/financial-information/; Check under "Intimation of Quarterly Receipt of Foreign Contributions" Section.).

23. Everything to do with the adverse events of the Covid-19 vaccines is handled by the ITSU, right from the drafting of the guidelines which decide which death will be considered to be caused by a vaccine and which will not, to coordinating between various AEFI committees, collecting and organizing data for the groups, etc (https://itsu.org.in/aefi/).

24. Bill Gates through his various investment arms like Bill & Melinda Gates Foundation (B&MGF) and his financial nexus with Vaccine Manufacturers has involved himself in deciding Global Health Policies by funding likes of

WHO (the largest funder) FDA (USA), CDC (USA), MHRA (UK) as well as Public Health Foundation of India. Gates, again through his foundation and cross investments in various institutions like GAVI and others has funded virtually every vaccine currently released by Governments internationally. Bharat Biotech, maker of Covaxin (currently administered to children), has been backed by Bill Gates since its inception, beginning with development of Rotovac, a vaccine against Rotavirus, where the company received $65 million in funding. It is also worth noting Bill Gates' connection with Media / Social Media networks, some estimates suggest over $300 million to a variety of news outlets. This has led to never-before-seen censorship of anything that opposed official narrative by WHO or international Governments, including censorship on reporting of adverse events following Covid vaccination. (Please refer to citizens letter to Hon'ble Prime minister as referenced in para _____)

CITIZENS ACROSS INDIA WRITE TO THE PRIME MINISTER, INCLUDING MEDICAL EXPERTS, TO STOP COVID 19 VACCINES

25. A Letter signed by over 1500 Medical experts and concerned citizens was sent to the Hon'ble Prime Minister with the subject "The Truth of COVID-19 – The India Statement". The primary demand of the letter was to immediately halt mass rollout of Covid-19 vaccines citing scientific evidence on the possible dangers of the Covid vaccines. The letter has been

endorsed by renowned international medical science experts. The key points and important recommendations from the letter are, as published in a report on Global Research, asunder:

i. A coronavirus vaccine has never before been used successfully. One problem has been the development of antibody disease enhancement (ADE). The vaccine produces antibodies, but sometimes this does not prevent disease – it instead makes the disease more serious and ADE can extend into the future (this has been seen before, for example regarding the rollout of a Dengue vaccine in Manila).

ii. All the vaccines use the spike protein and this was thought to be a good idea at first because the virus uses its spike protein to attach to the host cells. But the statement notes this is a blunder and a major catastrophe.

iii. The spike protein is the toxic part of the virus that causes major (vascular) disease. It is now confirmed that the **synthetic spike protein of the vaccines** is also toxic and is similarly causing the likes of clotting and bleeding disorders.

iv. The vaccine leaves the injection site in the arm and, contrary to what was assumed, and unexpectedly, travels into the bloodstream, spreading all over the body including with concentrations in the ovaries, bone marrow and lymph nodes.

v. Moreover, the mass rollout of the vaccines is putting selection pressure on the virus to evolve into strains that are resistant to the vaccine, like Delta and Omicron. This is well known science that follows the same pattern as, for example, in anti-biotic resistance. Dr Luc Montagnier, the Nobel Prize winner who discovered the AIDs virus, has raised an urgent warning about this phenomenon. The statement notes that this process of new variants will not stop as more and more people get vaccinated.

vi. Data from Israel (where the vast majority are vaccinated) show an increase in hospitalisations and deaths among the vaccinated. This is a repeated pattern occurring in other countries and was predicted by Dr Montagnier and other leading virologists.

vii. The protective effect of the vaccines is also waning and is now below the required regulatory efficacy of at least 50%. The US health agencies are already advising a booster third dose. However, leading vaccine experts and immunologists and the vaccine manufacturers knew this all along. It was hidden though from the public.

viii. It is clear that people who recover from Covid-19 develop natural immunity, which is long lasting with antibodies that are effective against several viruses or variants. A large percentage of the Indian population, around 70% or more, already have this natural immunity. The statement concludes that vaccines are therefore not required.

ix. The statement notes that children have not had much problem with Covid, but some doctors are suggesting that a third wave will affect them. This is based on speculation, not science. Moreover, the long-term impacts of these vaccines and in particular the toxic spike protein are unknown. It would thus be quite unconscionable to risk the future of children. Given the data, it is clear that the risks of Covid-19 vaccines far outweigh the benefits for children.

x. India has a major disease burden in terms of communicable diseases, (TB, diarrhoeal, etc) and children are seriously impacted (more than 2,000 children die every day). On the other hand, the incidence and deaths due to COVID-19 are negligible. Children are not impacted by this disease.

xi. In conclusion, "India must stop the vaccines with immediate effect… Preventive measures, early treatment and treatment protocols through all the stages of the diseases with Ivermectin and other off-label drugs are proven… very early on, India took exemplary action with regard to the ICMR [*Indian Council of Medical Research*] guideline on HDQ (hydroxychloroquine) and UP state with its public health measure of dispensing Ivermectin, which was an acknowledged success. We need to widen these measures across India. Both are 'repurposed' drugs, are medically proven and safe

solutions, and there are others in our toolkit of medical products, along with vitamins (D, C and zinc)."

26. A Letter was sent to Hon'ble Chief Justice of India by Dr. Amitav Bannerjee (Professor & Head Community Medicine, Clinical Epidemiologist, Ed-in-Chief, Medical Journal, DY Patil Vidyapeeth, Pune) and Aruna Rodrigues (Member of Iridiscent Blue Fish, A Citizens Regulatory Watchdog) on the subject "Re: MoWCD Circular WCD/SJE dated 04-01-2022; Request Suo Moto Cognisance and the Vaccination of Children be Urgently Stopped". Relevant excerpts of the letter are reproduced below:

Suo moto cognisance is humbly requested by us in the context of (a) the written confirmation by the SG to this Hon'ble Court that the vaccines are voluntary. It is inexplicable therefore, how this translates into a mandate, or any form of coercion, by the MoWCD and other authorities, or a rollout, which in its processes is not conducive to obtaining 'informed consent, and (b) Vaccines are unavoidably risky. The status of Covid vaccines under ***EUA*** *(Emergency Use Authorisation), means these Covid vaccines are properly 'experimental', because they are untested, (safety studies are incomplete, and no long term studies have been conducted). Yet, untrue claims of safety, even absolute safety have been made by the WHO and the Government, published in the newsprint and other media. EUA also presupposes that there are no solutions and*

treatments, (this is untrue), which would negate EUA. There are several treatments, including for example, off-label drugs. These treatments have been actively discouraged by health agencies and the WHO despite their proven efficacy, like the Nobel Prize-winning discovery of Ivermectin, an approved drug with 40 years of safe use and proven in the treatment of Covid (all stages of the disease), HCQ (Hydroxychloroquine) and nutraceuticals. The obvious question is WHY? We provide further data, central to the issue of the safety of these Covid inoculations.

We write, Your Honour, as concerned citizens of India: Dr Banerjee, an epidemiologist of standing and a doctor of Community Medicine and Aruna Rodrigues, Petitioner 1in the Supreme Court in the public Interest writ (PIL) for a moratorium on GMOs (genetically engineered/modified organisms/crops, to ensure that Indian agriculture is not irreversibly and irreparably contaminated by GMOs, in order to keep our food and animal feed safe).

We write to express our great shock and palpable agony at the contents of the Circular referenced above, which mandates vaccination of children in the age group of 15-18 in Child Care Institutions (CCI) on a "Priority basis", (ref. Pr. 2 and 3 of Pg 1 of the letter). We assume that it has occurred to this Ministry, which purports to have a mandate for the development of children, and presumably the 'healthy' development

of children, that therefore, such vaccinations will be forced. Since they are in 'care homes', these children are also without parents. It is our fervent hope that the Ministry will not resort to legalese to obtain a 'care-taker's' signature for children in their 'care'. We state at the outset, that the science with regard to the vaccination of children for Covid-19 is very clear; leading medical experts and scientists reject it. The recovery rate from Covid of children is ***99.998%*** *(please ref Pt. 3 below). Children do not die from Covid 19. On the other hand, the vaccines are established to be unsafe and will lead to serious adverse effects and also death. Global data already confirms this. It is significant and will happen in India and will emerge despite the paucity of admitted and published adverse events. We amplify these matters below. studies are incomplete, and no long term studies have been conducted)."*

27. Furthermore, the following concerns have been raised in the letter:

    i. The Covid Vaccination is a medical procedure and by virtue of mandate it violates the Constitutional Right of "Right to Life". The letter references the Nuremberg Code which unequivocally states *"The voluntary consent of the human subject is absolutely essential"*. Also

    ii. As per the ICMR Guidelines: **'National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017'**, Children up to 18 years of age are listed among vulnerable

population or groups. Vulnerable persons are defined thus: *"Vulnerable persons are those individuals who are relatively or absolutely incapable of protecting their own interests because of personal disability; environmental burdens; social injustice; lack of power, understanding or ability to communicate or are in a situation that prevents them from doing so. (@ Page _____)."*

iii. The Global data on Covid mortality shows an overall survivability of 99.8%, whereas for persons under the age of 70 it is 99.97% and children upto 19 years of age have 99.9973% survival rate from Covid.

iv. The letter also cites the difference between Covid vs Traditional Vaccines. The Covid vaccines were produced at 'warp speed' of less than 1 year compared to the usual 10 years and more for traditional vaccines. The Covid-19 vaccines are unlike any previous vaccine as the mode of action utilise a new technology for the production of antigens and involve the Spike Protein of virus SARS-Cov 2. The Spike protein of SARS-Cov 2 is the causative factor for serious vascular disease in the body, and all Indian Vaccines have or produce the spike protein.

v. Further, the letter cites an interview by Dr. Robert Malone dated 30th December 2021. The following has been quoted in the letter:

Summary:

“The reason they’re giving you to vaccinate your child is a lie”.

“Your children represent no danger to their parents or grandparents. It’s actually the opposite. Their immunity, after getting COVID, is critical to save your family if not the world from this disease. **The risk/benefit analysis isn’t even close**.

Not only are children at high risk for severe adverse events, but having healthy, unvaccinated children in the population is crucial to achieving herd immunity. The declaration also demands that health agencies and institutions “cease interfering with physicians treating individual patients.”(Emphasis added)

Warning to Parents: The Vaccines adverse effects are ***“irreversible”*** and ***“irreparable”:*** -- Some excerpts:

“Before you inject your child — a decision that is irreversible — I wanted to let you know the scientific facts about this genetic vaccine, which is based on the mRNA vaccine technology I created.

There are three issues parents need to understand: The first is that a viral gene will be injected into your children’s cells. This gene forces your child’s body to make toxic spike proteins. These

proteins often cause permanent damage in children's critical organs, including:

- Their brain and nervous system. --you can't fix the lesions within their brain.

- Their heart and blood vessels, including blood clots - you can't repair heart tissue scarring.

- Their reproductive system - This vaccine can cause reproductive damage that could affect future generations of your family.

- This vaccine can trigger fundamental changes to their immune system-- you can't repair a genetically reset immune system.

The most alarming point about this is that once these damages have occurred, they are irreparable:

The second thing you need to know about is the fact that this novel technology has not been adequately tested. We need at least 5 years of testing/research before we can really understand the risks. Harms and risks from new medicines often become revealed many years later.

As a parent and grandparent, my recommendation to you is to resist and fight to protect your children".

vi. Furthermore, the letter also discussed the Violation of Precautionary principle. Given the facts about the dangers and concerns of the existing Covid vaccines and the fact that the Spike protein of the

vaccines is biologically active and pathogenic and capable of great harm, there is need of urgent application of the 'Precautionary Principle' to stop the vaccine roll out to children.

vii. Luc Montagnier, winner of the 2008 Nobel Prize in Physiology or Medicine, states that there is no evidence so far that vaccines are reducing infections from the fast spreading variant.

DEATHS / SERIOUS ADVERSE EVENTS FOLLOWING IMMUNISATION

28. Since the rollout of Covid vaccination for 15-18 years age group on 3rd January 2022, the following deaths have been reported:

i. **Tarini Ghritlahare D/o Dhansai Ghritlahare, age 17 years, village- Lalpur, District- Mungeli, Chhattisgarh**

Tarini Ghritlahre was a student in 12th standard. Before the date of vaccination, she had gone to her maternal uncle's village. The teachers of the school called the family members of the deceased saying that her daughter was required to be present as a vaccination camp was being held in the school. The parents called the deceased girl. The girl went to school on 4/1/2022 and was vaccinated between 2:30-3:30 pm. The girl returned home. At around 7 pm, she was helping her mother in cooking supper. At that time, the girl's body

temperature started rising suddenly and she started vomiting and became unconscious. The parents called in the 108 helpline for an ambulance but the ambulance did not come. Thereafter, the family took the girl to CHC, Lormi which is about 10 km from the village. At around 8:30 pm, ECG machine was tested on the body of girl and the doctor declared her dead. The family members refused for an autopsy. The family also informed that there are other adult persons in the village who got vaccinated and after hospitalization had spent lakhs of rupees in treatment. The government officers threaten that they have to vaccinate themselves or else government will not purchase their paddy on MSP.

ii. **Amita Netam D/o Balram Netam, age 18 years, village- Kutulnar, Block- Geedam, Police Station- Faraspal, District- Dantewada, Chhattisgarh**

The deceased girl Amita Netam had gone to school on 4-1-2022 and she was vaccinated in the school situated at village Bade Tumnar. On 5-1-2022 she had gone to school and when, she returned home in the evening, she complained about fever and body ache to her mother. On 6-1-2022, she again went to school for submitting leave application to the teacher. She died on 7-1-2022 at about 12 pm at home. The family members said their daughter used to cycle for 15 km for reaching school. The family said the teachers should have

brought their daughter by some vehicle after vaccination considering the distance of 15 km between school and the village of the deceased girl. The family and prominent persons of the village had made a complaint to the police station Faraspal on 7-1-2022 at 6 pm. Post mortem has been conducted on the body but they don't have faith that the report would say she died of vaccination because all the doctors and police are working for the government.

iii. **Lukumar Sahu S/o Toran Das Sahu age about 15 years. village- Bendridih, Police Station and Block- Khairagarh, District- Rajnandgaon, Chhattisgarh**

The deceased Love Kumar Sahu student of class 11th, science subject was vaccinated with Covaccine on 3-1-2022 in his school named as Government Higher Secondary School, Pondadah, Block- Khairagarh, District- Rajanandgaon. In the evening at about 7 pm, he started feeling dizzy and felt a rise in body temperature. He took medicine given in the school. After having dinner and medicine, he slept. Next day he got up, he ate food and medicine. When the medicine was over, they purchased medicine from outside. At about 10 pm on 4-1-2022, the boy's health deteriorated. He was taken to Khairagarh government Hospital, where he died on 5-1-2022 at about 1:50 pm.

The cause of death as per post mortem report is as under-

”In our opinion and autopsy finding and history given by the parents, death of the deceased was due to asphyxia which was due to massive pulmonary oedema which seem to occur due to aspiration (breathing of stomach content and vomitus).”

iv. **Asha Koge D/o Dinesh Koge, aged 16 years, Village-Pempura, Tehsil-Karhi, District- Khargone, Madhya Pradesh**

On 3rd Jan 2022, she got vaccinated during the school vaccination drive with Covaxin. On the same day she experienced symptoms like nausea, vomiting, abdomen pain, fever, diarrhoea.

On 3rd Jan when she was leaving her home for school, she told her mother that she will not take the vaccination today. Her teacher called her mother to ask her whether Asha left for school as the vaccination drive was going on. When her mother informed the teacher that she might not take vaccination today the teacher told that if they don’t take vaccination today, they will have to stand in long line to take the jab and also said that **if they don’t take vaccination they will not allow her to take the exam** so it is better to take vaccination during the school vaccination drive.

On 5th Jan 2022 when her situation deteriorated because of stomach ache and vomiting, she was taken to Padliya CHC. Dr. Zoya Khan who is the incharge there was not present so they took Asha to the Doctor’s home, there also Dr. Zoya Khan was not present so they

took her took her to some Private hospital nearby. The doctor there recommended another hospital where the head was Dr. Shrenik, so they took her there but the hospital was closed so they had to take her to doctor's home. The doctor prescribed her a treatment and said to get this treatment done but did not give any slip and asked to come next day to take the Prescription.

They took her to a private hospital again where she was given glucose drips. Then they again took her to Karahi primary health centre/hospital where doctors are available only during afternoon hours and during evening hours and if there is an emergency the nurse calls them and then they come to hospital. They decided not to call the doctors as it would take a lot of time. Her condition started to worsen, so the doctors recommended her to another hospital, Barwah Hospital which is 30 to 35 kms away from their place but on the way to the hospital she died.

The post mortem did not happen because they said there was no proper treatment that happened so how can they do a post mortem.

Then her father gave an application and letters to the collector and SDM. Then a team from the health centre and police team came and took information about the incident but no further action was taken but no FIR was filed.

v. **Namitha Kondepogu D/O Daniel Kondepogu, aged 17 years, Moguluru village, Kanchikacharla, Krishna District, Andhra Pradesh**

On 3rd January the vaccine was given to Namitha in her college between 12 to 1-30. When the students and some of the parents, including the parents, refused to give dose to their children, they were threatened that the students will not be permitted to write exams and hall tickets will not be issued. The students were vaccinated without informing their parents.

In the evening Namitha returned from college as usual at 6.30 PM.On that day she had no symptoms except some weakness. On the next day as usual she went to college and returned to her house early at 5.30 PM. At about 7 pm she felt some inconvenience and closed her eyes for few seconds and then she collapsed on her mat. Immediately the neighbours and her maternal uncle came and rubbed her legs and took her to nearby RMP doctor in their village. He wrote some medicines and infirmed that pulse rate is very low. Immediately she was taken in auto to private hospital at Kanchikacherla. There the lady doctor examined here and informed that 45 minute back she died. In case they have any doubts, they can take her to another hospital. They called the ambulance but as no proper response from ambulance they took the body to Nandigama 24/7 hospital. There

ECG and other preliminary tests were conducted and declared she was dead. She was brought back to the village. On the next day, 5th morning the maternal uncle and some other village people went to Akshara college and shouted that they are responsible for the death of their daughter and the college authorities failed to inform about vaccination to parents. At 12:00 PM, the local MLA Munikota Jaganmohan Roa visited their house. He consoled them that nearly 10 lakhs doses given but no one has been affected and Government will do the needful. After few minutes the Asha workers and the staff of health department came and in the presence of MLA verified the signs on dead body. They found reddish prints on the back and on the front side body except on the face, In medical language it is called Urticarica skin rash by reaction through vaccine. They took signatures of parents that they are not interested to conduct post mortem. The health department Asha workers took photographs of the reddish on the body. The body was buried in village burial ground.

The college authorities gave Rs. 50,000. No amount has been received from the Government. The daily newspaper Saakshi, falsely published news that Namitha was suffering with fits and because of that she died. The parents informed that Namitha was healthy and had no health problems.

vi. **Anuradha Makvana D/o Bhagwan Singh, aged 16 years, Makadone (Bisankhedi),Tehsil-Tarana, District-Ujjain, Madhya Pradesh**

Anuradha, was a 16-year-old and studied in 9th Grade. Her health was also perfectly fine and faced no health issues. She got vaccinated under a vaccination programme organised by government in her school, Girls Government Higher Secondary School, itself. This vaccination programme was available to all and every child was vaccinated under the same. Registration of the programme was to be done on Wednesday (05.01.22) and vaccination was injected on Thursday i.e., 06.01.22. at 1 PM. After getting vaccinated, she sat in the bus to go back home. It took her approximately 30 minutes to reach her stop. Her stop was a few miles away from her house, so she used to walk the distance after reaching the stop. When finally reached the stop, she walked out of the bus, walked a few steps and then felt some sort of pressure in her stomach so she went inside a farm to defecate after which she fell unconscious. Her uncle found her lying near the farm and took her to Tarana Government Hospital. There, she got admitted and was given a glucose drip within 10 minutes. The doctors of the Tarana Government Hospital referred her to a hospital of Ujjain, Patidar Hospital for better treatment. While she was being taken to Ujjain on bike, she had another drip attached

to her. But after some point her health deteriorated and died en route to Ujjain itself. Her death took place within 2-3 hours of vaccination.

29. There are reports of vaccination without parental consent. In one case, brought to the notice of the petitioner, A 15 year old Boy from Ahmedabad, Gujarat studying in 10th standard at Shri N. M. High school, Sabarmati was administered the Covid vaccine at 10:30 AM on 8th January 2021 and was asked to return home immediately thereafter. Upon leaving the school premises he suffered an epileptic fit, fell down, hit his head on the road and started bleeding. His fellow students took him back home and the mother upon finding out rushed to the nearest hospital. There was no consent given by the Boy's family to take the Covid vaccine, however, the school administration had threatened him that he would not be allowed to give his examination without the vaccine. As a result of feeling pressured, he took the vaccine without parental consent. Moreover, no action was taken by the school or the Medical Officer in charge of vaccination to help the boy and he was left at the mercy of his fellow classmates. Details of this report are reproduced from a police complaint filed to the Police Inspector in Sabarmati, Ahmedabad.

DEATHS/SERIOUS ADVERSE EVENTS FOLLOWING IMMUNISATION NOT BEING REPORTED

30. **Aarya Bhanushali, Aged 15 years, Ghatkopar, Mumbai, Maharashtra**

Aarya had taken Covid vaccine on 8th January 2022 as reported in an article published in Midday, Mumbai. On 12th January 2022, Aarya complained of chest pain and acidity. She was given soda and cold water but the pain had increased. She suddenly fell unconscious. She was taken to a nearby hospital but upon examination by the Doctor, she was declared dead.

This death was brought to public notice by Delhi based Dr. Tarun Kothari who had used Twitter, a social media platform, to inform the public of potential risks of Death after Covid Vaccination. Brihanmumbai Municipal Corporation (BMC) responded to his tweet, threatening legal action against the doctor. Furthermore, without due investigation, they have declared the death as "Natural death due to cardiac arrest."

The following response was given to BMC by a Twitter user, Yohan Tengra:

i. Why did the BMC not disclose the fact that young Aarya was vaccinated 2 days before her death, instead rushing to threaten legal action against those who brought the post vaccine death to public attention. The user also confirmed the vaccination status through a family member of the victim.

ii. Quoting remarks by Additional Municipal Commissioner (Health) and Assistant Municipal Commissioner, who dismissed the

vaccination status and death of the girl as rumours in Free Press Journal, the twitter user says “Appalling to see how Sanjay Sonawane & addl. municipal comm. Suresh Kakani are lying through their teeth about Arya's vaccination status. I could check through a family member but they couldn't??? @mybmc when are you taking legal action against them?

iii. The twitter user shows proof of monthly meetings of state officials and representatives from Bill & Melinda Gates Foundation, Clinton Health Access Initiative, and others to track social media rumours and also to make sure all AEFIs are investigated and causality assessment is done.

iv. AEFI Surveillance and Response Operational Guidelines – 2015 on page 25 under para “4.2 Channels for reporting AEFI” and sub para “4.2.2 Immediate serious AEFI notification (by the first person who identifies the event)” mentions the following:
“In India, depending on the type of AEFI, the place where the event occurs, its severity and the confidence of the beneficiary in the care provider, serious AEFI are first brought to the notice of the health system by the:

- patient directly
- health-care worker who administered the vaccine
- care provider treating the case

- supervising immunization staff
- pharmacy dispensing the vaccine (usually in the private sector)
- local media
- ADR monitoring centres

v. The guidelines mention that the investigation of reported AEFI death and cluster (two or more cases of the same adverse event related in time, place or vaccine administration) should be conducted without any delay. It is recommended that an autopsy in a death suspected to be due to an AEFI be performed as soon as possible (within 72 hours) to avoid tissue damage, development of post-mortem artifacts and lysis of the adrenal glands, which can alter diagnosis.

vi. Use of Verbal Autopsy form in case of unexplained death/home death/inadequate information/insufficient medical records is a new addition in the guidelines.

vii. Instead of following govt guidelines and upholding the law, @mybmc is instead engaging in defamation of people who are bringing an adverse event following vaccination to public attention.

31. An article featured in BMJ titled "How covid-19 vaccines exposed India's adverse events reporting system" published on 7-Jan-2022 by freelance journalist Priyanka Pulla. (Ref: **Annexure P-**)

Key Points:-

• Hospitals are failing to report Adverse Events Following Immunisation (AEFI)

• Patients and their families don't know how to report

• Slow pace of investigation – Only 89 of 946 deaths investigated. Only 6 of 26 cases of thrombosis with thrombocytopenia syndrome (TTS) investigated.

• Non-communication of findings with families

• Many physicians have never heard of AEFIs as per Jyoti Joshi Jain, who previously worked with New Delhi's Immunisation Technical Support Unit

• For every 1,00,000 doses India's system got only 4 adverse events, while Canada's got 48 and the UK's got 300-700.

• Distinguishing between causally related and coincidental adverse events often requires sophisticated medical investigations, which aren't always done by hospitals.

• Conflict in roles - Members of national committee evaluating AEFIs also involved in Covid policy making. District immunisation officers have to meet high vaccination targets while pushing hospitals to report AEFIs and investigate them.

• Once reported, the system is "a black hole" with no assurance that a case will be dealt with in a time bound manner.

• A strong safety system will also allow finer calculations of a vaccine's benefit-risk ratio in specific age groups - younger people had a higher risk of TTS and a lower risk of severe covid-19.

• Article highlights the pains of Venugopalan Govindan who lost his daughter, Karunya (20) to multisystem inflammatory syndrome (an adverse effect in WHO's list) after her first dose of Covishield. However, AEFI committee declared her death as "indeterminate"

• Article gives example of Rijuta (20) who died because of brain blood clot / TTS after 1st dose of Covishield but the Bhopal hospital did not report an AEFI despite evidence.

CITIZENS PROTEST AGAINST CHILDREN VACCINATION

32. Activists in Mumbai along with Mothers, Fathers, Lawyers and Doctors organized a press conference and demonstration to protest the vaccination of children, especially for coercive measures being taken by private institutions across the country.

Key points from the press release are reproduced below:

i. Based on the available science and evidence, various experts from India as well as abroad are against the use of the current Covid-19 vaccines for children. This is primarily because of the following reasons.

First, children are not at significant risk from Covid. Covid risk in kids is even lesser than other diseases, it is lesser than even traffic accidents.

Second, most kids in India have already been exposed to the virus (despite school closures), and their bodies have fought off the virus, without us even noticing it. After natural exposure, they now have even stronger immunity.

Third, the current Covid-19 vaccines are experimental, with trials scheduled to go on until 2023. The sizes of the trials for kids is extremely small and cannot detect anything but the most obvious risk. The long term effects of these vaccines are clearly unknown.

Fourth, the reason given, of protecting against child-to-adult transmission does not hold water: the current Covid vaccines do not prevent infection or transmission, as data from around the world shows.

ii. Informed Consent is a legal right of every individual and children cannot be given any vaccine or any other medical treatment without the written informed consent of their parents.

iii. If any children die due to vaccination then concerned doctors & authorities, including school management will be liable for charge of murder punishable under Section 302 of IPC. Without the written and informed consent of parents, the children should not be vaccinated.

Doctors or public authorities promoting vaccination are bound to explain and publish the death causing and other side effects of vaccines; failing in this would constitute an offence of cheating punishable under Section 420, 120 (B) & 34 of IPC.

LIST OF DATES AND EVENTS

24.04.20	Ministry of Home Affairs vide Order, dated 24.03.2020, addressed to The Secretaries of All Ministries/ Dept of GoI and Chief Secretaries of all States/Administrator of States/Union Territories, issued guidelines to take effective measures to prevent the spread of Covid-19 in the country.
30.06. 2020	The Drugs Controller General of India (DCGI) approved Phase I and II clinical trial of Covaxin.
23.10.2020	The Drugs Controller General of India (DCGI) granted permission for conducting phase-3 clinical trial of COVAXIN.

PP

03.01.2021	Drugs Controller General of India (DCGI) granted emergency approval to Covaxin
26.05.2021	A Phase II/III trial for Covaxin for children between 2 to 18 years age started
24.12.21	DCGI grants permission to use Covaxin in 12 to 18 year age group for Restricted Use in emergency situation.
25.12.21	Announcement by Prime Minister Modi to start vaccination of 15-18 year age group by 3rd January 2022
27.12.21	MoHFW issues guidelines for rollout of vaccines for 15-18 year age group.
3.1.22	Start of Vaccination drive for 15-18 year age group
4.1.22	Circular by Ministry of Women and Child Development for compulsorily vaccinating children in Child Care Institutes.

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. OF 2021

(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

1. DANIYELU KONDIPOGU
   R/O. VENKATESHWARLU, 6-106,
   KANCHIKACHARLA, MANDALAM,
   MOGULURU,
   MOGULURU, KRISHNA, ANDHRA PRADESH-521180 ... PETITIONNER NO. 1

2. TORAN DAS SAHU
   R/O- SHYAM SHAHU, BENDRIDIH,
   PANDADAH
   RAJNANDGAON, KHAIRAGARH,
   CHHATTISGARH- 491881 … PETITIONER NO. 2

3. KUMLI
   R/O. BALRAM, 00, JHODIYABADAM,
   BINJAM,
   DANTEWADA, KARLI, CHHATTISGARH-494441 … PETITIONER NO. 3

4. BHAGWAN SINGH

S/O. GOVARDHAN LAL
R/O. GRAM KANTHADI POST- MAKDONE,
MAKDONE, UJJAIN, MADHYA PRADESH-
456668 … PETITIONER NO. 4

5. DINESH KOGE
S/O. JAGANNATH
R/O. 09, PEMPURA, PRAMPURA,
GHATIYABEDI,
KHARGONE, MADHYA PRADESH- 451220 … PETITIONER NO. 5

VERSUS

1. THE UNION OF INDIA
THROUGH THE SECRETARY
MINISTRY OF WOMEN AND CHILD DEVELOPMENT
SHASTRI BHAWAN
NEW DELHI – 110001 ..... RESPONDENT NO.1

2. THE STATE OF BIHAR
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF BIHAR
MAIN SECRETARIAT, PATNA – 80001 .... RESPONDENT NO. 2

3. ANDAMAN & NICOBAR ISLAND
THROUGH THE CHEIF SECRETARY
SECRETARIAT & ADMINISTRATION
GOVERNMENT OF ANDAMAN AND NICOBAR ISLAND
RAJ NIWAS, PORT BLAIR – 744101 .... RESPONDENT NO. 3

4. THE STATE OF ARUNACHAL PRADESH
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GOVERNMENT OF ARUNACHAL PRADESH, NAHARLAGUN – 791110 .... RESPONDENT NO. 4

5. THE STATE OF ASSAM
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GUWAHATI .... RESPONDENT NO. 5

6. THE STATE OF PUNJAB
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GOVERNMENT OF PUNJAB,
PUNJAB SECRETARIAT,
CHANDIGARH – 160001 ... RESPONDENT NO. 6

7. THE STATE OF GOA,
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GOVERNMENT OF GOA,
SECRETARIAT, PORVORIM,
GOA – 403001 ... RESPONDENT NO. 7

8. GOVERNMENT OF NCT OF DELHI
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GOVERNMENT OF NCT OF DELHI
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9. THE STATE OF GUJARAT

THROUGH THE CHIEF SECRETARY
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GANDHINAGAR – 382010 .... RESPONDENT NO. 9

10. THE STATE OF HARYANA
THROUGH THE CHIEF SECRETARY
SECRETARIAT, CHANDIGARH – 160001 ... RESPONDENT NO. 10

11. STATE OF HIMACHAL PRADESH
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF HIMACHAL PRADESH
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12. STATE OF JHARKHAND
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF JHARKHAND
SECRETARIAT, RANCHI – 834001 ... RESPONDENT NO. 12

13. STATE OF KARNATAKA
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF KARNATAKA
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14. STATE OF KERALA
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GOVERNMENT OF KERALA, SECRETARIAT,
THIRUVANANTHAPURAM – 695001
.... RESPONDENT NO. 14

15. STATE OF MAHARASHTRA
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF MAHARASHTRA
MAIN BUILDING MANTRALAYA
MUMBAI – 400032 ... RESPONDENT NO. 15

16. STATE OF MANIPUR
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF MANIPUR
ROOM NO. 171 SOUTH BLOCK
SECRETARIAT, IMPHAL – 795001 ... RESPONDENT NO. 16

17. STATE OF MEGHALAYA
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GOVERNMENT OF MEGHALAYA
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SHILLONG – 793001 ... RESPONDENT NO. 17

18. STATE OF MIZORAM
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GOVERNMENT OF MIZORAM
CIVIL SECRETARIAT, BLOCK -C
AIZAWL – 796001 ... RESPONDENT NO. 18

19. STATE OF MADHYA PRADESH
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GOVERNMENT OF MADHYA PRADESH
VALLABH BHAVAN, BHOPAL – 462003
... RESPONDENT NO. 19

20. STATE OF WEST BENGAL

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21. STATE OF ODISHA
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ODISHA SECRETARIAT BUILDING,
BHUBANESWAR – 751001 ... RESPONDENT NO. 21

22. STATE OF NAGALAND
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GOVERNMENT OF NAGALAND
SECRETARIAT, KOHIMA – 797001 ... RESPONDENT NO. 22

23. STATE OF RAJASTHAN
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GOVERNMENT OF RAJASTHAN,
SECRETARIAT, JAIPUR – 302005 ... RESPONDENT NO. 23

24. STATE OF SIKKIM
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GOVERNMENT OF SIKKIM
TASHILING SECRETARIAT,
GANGTOK – 737101 ... RESPONDENT NO. 24

25. STATE OF UTTAR PRADESH
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF UTTAR PRADESH
LAL BAHADUR SHASTRI BHAVAN

UP SECRETARIAT, LUCKNOW – 226001 ... RESPONDENT NO. 25

26. STATE OF TRIPURA
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GOVERNMENT OF TRIPURA
CIVIL SECRETARIAT,
AGARTALA – 799001 ...RESPONDENT NO. 26

27. STATE OF TAMIL NADU
THROUGH THE CHIEF SECRETARY
GOVERNMENT OF TAMIL NADU
SECRETARIAT, CHENNAI – 600009 ... RESPONDENT NO. 27

28. STATE OF UTTARAKHAND
THROUGH THE CHIEF SECRETARY
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UTTARAKHAND SECRETARIAT,
DEHRADUN – 248001 ... RESPONDENT NO. 28

29. PUDUCHERRY
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CHIEF SECRETARIAT,
PUDUCHERRY – 600015 ... RESPONDENT NO. 29

30. THE UNION TERRITORY OF CHANDIGARH,
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CHANDIGARH-160017 ... RESPONDENT NO. 30

31. THE UNION TERRITORY OF DADRA AND NAGAR HAVELI
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SECRETARIAT, SILVASA – 396230 ... RESPONDENT NO. 31

32. THE UNION TERRITORY OF DAMAN AND DIU
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DAMAN AND DIU – 362520 ... RESPONDENT NO. 32

33. THE STATE OF ANDHRA PRADESH
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1ST BLOCK, 1ST FLOOR, A.P SECRETARIAT OFFICE,
VELAGAPUDI-522023 ... RESPONDENT NO. 33

34. STATE OF TELENGANA
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… RESPONDENT NO. 34

35. STATE OF CHHATTISGARH
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GOVERNMENT OF CHHATTISGARH, MAHANADI BHAWAN,
MANTRALAYA, NAYA RAIPUR-492002 … RESPONDENT NO. 35

36. THE UNION TERRITORY OF JAMMU & KASHMIR

THROUGH THE CHIEF SECRETARY
GOVERNMENT OF JAMMU & KASHMIR, R. NO. 2/7,
2ND, FLOOR MAIN BUILDING, CIVIL SECRETARIAT,
JAMMU-180001 … RESPONDENT NO. 36

37. THE UNION TERRITORY OF LADAKH
THROUGH THE PRINCIPAL SECRETARY
UT SECRETARIAT, LEH-LADAKH … RESPONDENT NO. 37

38. THE UNION TERRITORY OF LAKSHADWEEP
THROUGH THE OFFICE OF LAKSHADWEEP ADMINISTRATOR,
SECRETARIAT BUILDING, KAVARATTI,
LAKSHADWEEP … RESPONDENT NO. 38

WRIT PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA SEEKING DIRECTION TO QUASH THE ORDER OF GOVERNMENT OF INDIA DATED 04.01.2022 MAKING VACCINATION FOR CHILDREN BETWEEN THE AGE OF 15-18 YEARS MANDATORY AND SEEKING FURTHER DIRECTION TO COMPLETELY STOP VACCINATION OF CHILDREN.

To,

THE HON'BLE CHIEF JUSTICE OF INDIA AND

HIS COMPANION JUSTICES OF

THE HON'BLE SUPREME COURT OF INDIA

THE HUMBLE PETITION OF THE

PETITIONERS ABOVE NAMED

MOST RESPECTFULLY SHOWETH:

1. The present Writ Petition is being filed in the public interest under Article 32 of the Constitution of India in the backdrop of specifically, (among other critical reasons (listed in Pr. 2), the rollout of vaccinations of children, under a Central Government instruction of **The Ministry of Health and Family Welfare Guidelines (MoHFW)** dated 27th December 2021 which is voluntary, and by the **Ministry of Women and Child Development (MoWCD),** dated 4th January 2022 mandating the vaccines. This is deeply disturbing as any mandate is illegal, and is counter to the Central Government's instruction, being explicitly clarified in the Counter Affidavit filed in the Supreme Court on 28th November 2021, on behalf of the Ministry of Health and Family Welfare and Central Drugs Standard Control, that the vaccines are "voluntary". Furthermore, as seriously problematic as a roll-out is with regard to 'informed consent', which is legally required, as no informed consent is properly possible in a roll-out, the vaccination of children despite this, has been authorised and is even being mandated illegally, without authority and in writing, by local govt. bodies (LGB). In turn, these LGB mandates are being enforced, down the line, by educational institutions by their own further 'mandates', denying admission to unvaccinated children. The Government Circular (MoWCD) and MoHFW instructions are appended herein.

   1A. The Petitioners have not approached the concerned authorities for similar reliefs.

2. The petitioner no. 1 is a law abiding citizen who lost his 17 year old daughter after she suddenly fell unconscious and was later declared dead. This occurred within 36 hours of taking the Covid vaccine. The Full Name And Address Of The Petitioner No. 1 Is Daniyelu Kondipogu, [redacted]

The petitioner no. 2 is a law abiding citizen who lost his 15 year old son after he suffered asphyxia due to massive pulmonary edemia within 48 hours of taking the covid vaccine. The full name and address of the petitioner no. 2 is Toran Das Sahu, [redacted]

The petitioner no. 3 is a law abiding citizen who lost her 18 year old daughter who died within 3 days of taking the covid vaccine. The Full Name And Address Of The [redacted]

The petitioner no. 4 is a law abiding citizen who lost his 16 year old daughter who died within 2- 3 hours of taking the covid vaccine. The Full Name And Address Of [redacted]

The petitioner no. 5 is a law abiding citizen who lost his 16 year old daughter who died within 24 hours of taking the covid vaccine. The Full Name And Address Of

[redacted]

3. The Petitioners are not involved in any pending civil, criminal or revenue litigation, which has or could have a legal nexus with the issues involved in this Public Interest Litigation. No Government Authority has been moved for relief sought in this petition.

4. In a recent affidavit dated 13th January 2022 submitted before the Supreme Court on behalf of Union of India which is affirmed by Dr. Veena Dhawan, Joint Commissioner (UIP) in the Ministry of Health & Family Welfare, it is once again made clear that Covid vaccination is voluntary. Relevant excerpts from the affidavit are reproduced below:

***"13**… It is humbly submitted that the direction and guidelines released by Government of India and Ministry of Health and Family Welfare, do not envisage any forcible vaccination without obtaining consent of the concerned individual. It is further humbly submitted that vaccination for COVID-19 is of larger public interest in view of the ongoing pandemic situation. It is duly advised, advertised and communicated through various print and social media platforms that all citizens should get vaccinated and systems and processes have been designed to facilitate the same. However, no person can be forced to be vaccinated against their wishes."*

A true copy of the affidavit of Union of India dated 13.01.2022 filed in Writ Petition (c) 580/2021 before the Hon'ble Supreme Court of India is marked and annexed as Annexure P-1 (Page 55- 76).

Circular dated 04/01/2022 by the Ministry of Women and Child Development

5. The circular by the Ministry of Women and Child Development dated 4th January 2022 with the subject: 'prevention measures to contain spread of COVID 19 & new variant Omicron - Vaccination of Children in Critical Care Institutions (CCI)– Reg. states in para 3, *"Further it is brought to the notice that in light of the compulsory vaccination of children against Covid-19 falling in the 15-18 age group, it is requested that all District Magistrates may be directed to make appropriate arrangements for vaccination of the Children living in CCIs as well, on priority basis."*

A true copy of Circular dated 04/01/2022 by the Ministry of Women and Child Development titled 'Preventive measures to contain spread of COVID 19 & new variant Omicron - Vaccination of Children in CCIs' is marked and annexed herewith as Annexure P-2 (Page 77-78)

The Ministry of Health and Family Welfare Guidelines (MoHFW)

6. The Ministry of Health and Family Welfare Guidelines were issued for Covid 19 vaccination of children between 15-18 years and precaution dose to HCWs, FLWs & 60+ population with comorbidities. The guidelines were issued *"Keeping in view the recent global surge of COVID-19 cases, detection of Omicron variant which has*

been categorized as a Variant of Concern (VOC), scientific evidence, global practices and the inputs/suggestions of 'COVID-19 Working Group of National Technical Advisory Group on Immunization (NTAGI)' as well as of 'Standing Technical Scientific Committee (STSC)' of NTAGI…"

A true copy of the Guidelines of the MoHFW dated 27.12.2021 is marked and annexed herewith as Annexure P-3 (Page _____ to _____)

7. The Concomitant critical reasons for filing this PIL are:

   i. **Utter lack of reporting of Adverse Effects (AE) under the India's AEFI (Adverse Effects Following Immunisation) system (ref Pr 12 at page _____)**: the vaccines are being rolled out under EUA (Emergency Use Authorisation), which means they are experimental, unapproved, because their safety studies are incomplete and have not as yet been peer reviewed either. No long term studies have been conducted. Even under these extraordinary circumstances of rolling out vaccines, to have a virtual vacuum in reporting of AE quite simply means that the government is not committed to finding out the facts regarding these vaccines and their effect on those who receive them. Given that the AEFI system was already poor before the Covid -19 vaccine roll-out, it is unsurprising that it remains unresponsive and virtually moribund. Yet, unless science has a fully responsive AEFI reporting system, and is able to critically examine the safety impacts of these new vaccines as an absolute priority and including their immunising ability, the

truth of the safety or these vaccines cannot be determined. Despite this sorry situation, the Union of India through the MoHFW and the MoWCD decides to inexplicably roll-out these experimental vaccines now, to children. The alarming fact also is that the vaccination of children is contrary to the evidence of science, which categorically forbids it (at Para ____). These decisions are unconscionable and must invite the closest scrutiny of this Hon'ble Court. This report of the British Medical Journal (BMJ) is apposite. The British Medical Journal in their recent report of 7 January 2022 says:

> *"Adverse events are among the most heavily scrutinised parts of the covid-19 vaccine process. But India's system was woefully unprepared for this". It reports that 20 year old Rijuta died on 2 June 2021. Her symptoms were consistent with thrombosis with thrombocytopenia syndrome (TTS). When the family raised the possibility of Rijuta's illness being linked to the vaccine AstraZeneca, Doctors dismissed the idea. Despite the strong evidence that existed by then that TTS could be caused by the AstraZeneca vaccine, the Bhopal hospital didn't report it. Rijuta's family couldn't do so either because they didn't know how to report it.*
>
> *"As of 30 November 2021, the national committee had received 49 819 adverse events reports. By then, India had administered 1.23 billion vaccine doses, which means that Indian healthcare providers had reported only about four adverse events for every 100 000 doses. In contrast, the Canadian safety surveillance system received 48 reports for 100 000 doses until 3 December 2021, while the UK had received 300-*

700 per 100 000 doses up to 16 December 2021". Petitioners add that the above reporting systems of the UK and EU and also US VAERS (all voluntary systems) report only around 1% -10% of AE.

"Many of the problems with India's Covid vaccine safety system were presaged by its paediatric vaccine safety system.--- Against a global benchmark of at least 10 AEFI reports for every 100 000 live births, the country was then reporting only 4.2 AEFIs".

A true copy of the BMJ article dated 7 Jan. 2022, 'How covid-19 vaccines exposed India's adverse events reporting system is marked and annexed herewith as Annexure P-4 (Page ____ to ____).

ii. **Conflict of Interest:** (at Para 12, Page ____). An endemic conflict of interest in India's health regulators, and in concert with heath regulators in other Countries of the free world means, that public policy is being orchestrated by the vaccine manufacturers/pharma companies, and fronting for them, under the guise of its international mandate of global public health, is the WHO. Furthermore, Bill Gates who is invested in virtually every vaccine globally and the Indian vaccines of Covaxin, Covishield and Zycov-d vaccine, is also the largest funder of the WHO. The open corruption of an entrenched conflict of interest is criminal and disquieting. India must eradicate every part of this conflict of interest as a most urgent and responsible response to allow a public policy based on the Covid-19 and the vaccines.

iii. **Lack of Safety of the Vaccines:** Based on global data and their scientific analyses/conclusions by leading medical scientists and Doctors including clinicians, virologists, vaccine experts and epidemiologists the evidence is overwhelming, the vaccines under EUA (mRNA/DNA, including Indian vaccines, which similarly also have the spike protein are unsafe (at Para - 21 Pg._____).

COMMENTS MADE BY EXPERTS IN PUBLIC AUTHORITY ON COVID VACCINATION FOR CHILDREN

8. Dr. Jayprakash Muliyel, member of National Technical Advisory Group on Immunisation, made the following comments as per a report published by News 18 on 21st December 2021. Relevant excerpts from the report is reproduced below:

"There is no need to vaccinate children against Covid-19 as the data shows no urgency, a member of the Narendra Modi government's panel on vaccination has told News18.com."

"According to Dr Jayaprakash Muliyel, member of the National Technical Advisory Group on Immunisation in India (NTAGI), the panel has informed the central government that "children are doing fine and we should not be vaccinating children now".

"News18.com had reported in October that Union Health Minister Mansukh Mandaviya had told senior officials there should be no rush in clearing vaccines for children or starting the drive."

A true copy of the news report by News 18 dated 21.12. 2021 is marked and annexed as as Annexure P-5 (page ____ to _____).

9. Dr. Sanjay Rai, a senior epidemiologist at AIIMS and principal investigator of Covaxin trials for adults and children at the institute, made the following comments as per a report published by The Hindu Business Line. Relevant excerpts from the report is reproduced below:

“I am completely disappointed with his unscientific decision on children vaccination,"

“50,000 breakthrough infections are being reported per day in the UK. So this proves that vaccination is not preventing coronavirus infection but vaccines are effective in preventing severity and death”

“In the case of children, he said, the severity of infection is very low and according to data available in the public domain, only two deaths per million population have been reported”

A true copy of the news report by the Hindu Business Line dated 26.12.2021 is marked and annexed as Annexure P-6 (Page ____ to ____).

10. A day prior to announcement by Prime Minister Modi to roll out Covid-19 vaccines for Children aged 15-18 years, Vaccination drive chief Vinod K. Paul, ICMR chief Balram Bhargava and Union Health Secretary Rajesh Bhushan had said that their decisions are guided by science and there isn’t any scientific basis yet to necessitate paediatric vaccination.

A copy of The Wire report titled ‘10 questions the Indian Government must answer about vaccines for minors and boosters’ dated 26.12.2021 is annexed herewith and marked as Annexure P- 7 (Page ____ to _____).

11. It is important to note that, while the top most experts of the country, some directly involved in creating Covid vaccination policies, were not in favour of paediatric vaccination and despite the same, Covid Vaccination for children aged 15-18 has been rolled out while there are already news of making the Vaccines available to even younger age groups.

VACCINE STATUS

12. **Emergency Use Authorisation (EUA):** these Covid 19 vaccines have been produced at ‘warp’ speed of around 6 months, as against the 10 years and more for traditional vaccines, which includes testing for long term impacts. The factual and legal issue under EUA admits their status as ‘experimental vaccines’; they are not approved because their safety data is still under investigation in incomplete human trials, which also must await peer review. It bears emphasising that under these circumstances, there is no long term testing. Some data will only be available sometime in 2022—23. The ‘vaccines’ in India under EUA are: Covishield, (Astra Zeneca) and Janssen (Johnson & Johnson), both ad vector (DNA) vaccines, Covaxin and Sputnik. DNA Vaccine ZyCoV-D is the most recent vaccine to receive EUA,

developed indigenously by Zydus Cadila with help from the National Biopharma Mission, National Institute of Virology and Indian Council of Medical Research.

13. **Traditional vs Covid Vaccines:** It is important to draw differences between traditional vaccines and Covid vaccines because of the implicit trust of the people in the former and the unfortunate fact that Covid 19 vaccines are drawing undue advantage and riding on this psychological trust. Traditional vaccines have been in use for over 4 decades whereas the Covid vaccines are unlike any previous vaccine, owing to the use of Spike Proteins, and they have been inadequately studied. The COVID -19 vaccines work in an entirely different way to conventional vaccines and therefore have a radically different set of potential safety concerns. It is noted that Regulatory oversight of COVID vaccines lacks scrutiny and rigour and is marked by significant gaps in biosafety, and have even so, been released under EUA (emergency use authorisation) globally, including in India. Furthermore, Petitioners note that the conspicuous lack of sound data records (adverse effects or AE) in all countries and in India in particular, is also a cause of great concern, disallowing rigorous follow-up for: identification of the problem, Post Mortem pathology reports without which problems will not be identified, and medical treatment and analyses to adequately and responsibly inform the situation and action required.

14. Covaxin, whole virion inactivated coronavirus vaccine by Bharat Biotech, was granted permission on 24th December 2021 for use in 12-18 years age group for **Restricted Use in Emergency Situation** with the condition to submit Summary of Product Characteristics, Product Inset, Factsheet incorporating clinical information

for said age group along with Pharmacovigilance & Risk Management Plan. As on 12th January 2022, none of the aforementioned are available in the Public domain. A true copy of the letter addressed to Bharat Biotech from DCGI dated 24.12.2021 is marked and annexed herewith as Annexure P-8 (Page ____ to _____).

15. Covaxin (Bharat Biotech) for the paediatric cohort is an experimental vaccine under Emergency Use Authorisation, which means in law that they have not been approved. Its non-approval status is because its phase II/III trial is either not complete and it has not been subjected to peer review. This process will not be completed before 25 January 2022 according to the study protocol registered by the manufacturers on the Clinical Trials Registry. A true copy of the Clinical Trial Registry is marked and annexed herewith as Annexure P-9 (Page ____ to _____).

16. The trial size (age 2-18 years) for children vaccination for Covaxin was only 525. The trial size for the 12-18 years age group is only **175**. This is an abysmally small sample size to capture all possible adverse events. The Medium to Long term adverse events are not yet known.

CONFLICT OF INTERESTS

17. **Dr. Narendra Kumar Arora** is the Covid task force member on vaccination plan and chairman of the Covid-19 working group of National Technical Advisory Group

on Immunisation (NTAGI). He is also the Chairperson and Advisor to the National Adverse Events Following Immunization (AEFI) Committee in India which is tasked with the responsibility of setting out the framework for adverse event reporting in India, and performing causality assessment on reported cases. We would ideally want the person heading/advising such a committee to not have any connections with vaccine/pharmaceutical companies as these companies stand to make windfall profits from the sale of vaccines, and it is in their best interest to try to underreport vaccine adverse events/deaths so that the sales are higher.

18. The evidence shows that NK Arora's research is funded by the Bill & Melinda Gates Foundation. He is also an advisor to Bill Gates Projects on Immunization, & a Chairperson of Scientific Advisory Committee of qHPV program between India's Dept of Biotechnology & Gates Foundation. (Sources:https://main.icmr.nic.in/sites/default/files/upload_documents/Vol_III_1.pdf ; http://inclentrust.org/inclen/wp-content/uploads/N-K-Arora.pdf ;https://www.who.int/vaccine_safety/publications/CausalityAssessmentAEFI_EN.pdf)

19. ITSU was Setup by PHFI in 2012 by a $6.9 million grant from Gates Foundation. The Gates Foundation had funded an activity called 'evidence to policy' at the Immunisation Technical Support Unit (ITSU), which in turn acted as secretariat of another key body called the National Technical Advisory Group on Immunisation (NTAGI). This was a crucial panel that examines scientific evidence on the

effectiveness of new vaccines and recommends their inclusion in the national vaccination programmes.

20. The Senior Management Team of the ITSU's key areas of focus consist of the AEFI Secretariat, Implementation of India's Immunization Program, & the Communications Strategy of the Covid-19 Vaccine Communication Program. Other Partners in deciding the communication strategy of the Covid-19 vaccine program include UNICEF & the Bill & Melinda Gates Foundation.

21. Members of Senior Management Team of ITSU include :

    1) Pritu Dhalaria, Director of ITSU. Ex Director of PATH's Immunization Portfolio, Ex-Member of NTAGI, worked at PATH, WHO & Bill & Melinda Gates Foundation in the past.

    2) Apurva Rastogi, Project Manager at ITSU, Ex Researcher at PHFI

    3) Kishore Kumar Bajaj, Senior Operations Manager at ITSU. Has worked at PHFI & PATH in the past.

    4) Dr. GK Soni, Team Lead of program implementation at ITSU. Has worked at PHFI in the past

22. According to PHFI's own website:

    Improving Immunisation Coverage rate among children Through Immunisation Technical Support Unit (ITSU), PHFI is helping MoHFW in the expansion of immunisation coverage, improvement of quality, and introduction of new vaccines.

PHFI has extended support to ‘Mission Indradhanush’ for targeted increase from 65% to 90% rate of coverage of full immunization among children.

23. PHFI, a public private partnership started by Ex -Prime Minister Manmohan Singh, Rajat Gupta, Bill & Melinda Gates Foundation & Srinath Reddy, has received millions of dollars in funding from pharmaceutical companies, vaccine manufacturers, & dubious philanthropic organizations, which use philanthropy as a front to push hidden agendas which profit vested interests. It was started with initial funding of 65cr given by the Gates Foundation, and 65cr given by the Indian Government, along with a later grant of 35 crores.

24. This so called PPP has received funding over the years from the Bill & Melinda Gates Foundation, Pfizer, Johnson & Johnson, Rockefeller Foundation, World Bank, PATH, Diamond Jubilee Trust of the Queen of England, USAID, Wellcome Trust, Abbott, Mckinsey, Eli Lily, Glaxosmithkline, Bayer, NIH, & Google! (https://phfi.org/about/financial-information/; Check under “Intimation of Quarterly Receipt of Foreign Contributions” Section.).

25. Everything to do with the adverse events of the Covid-19 vaccines is handled by the ITSU, right from the drafting of the guidelines which decide which death will be considered to be caused by a vaccine and which will not, to coordinating between various AEFI committees, collecting and organizing data for the groups, etc (https://itsu.org.in/aefi/).

26. Bill Gates through his various investment arms like Bill & Melinda Gates Foundation (B&MGF) and his financial nexus with Vaccine Manufacturers has involved himself in deciding Global Health Policies by funding likes of WHO (the largest funder) FDA (USA), CDC (USA), MHRA (UK) as well as Public Health Foundation of India. Gates, again through his foundation and cross investments in various institutions like GAVI and others has funded virtually every vaccine currently released by Governments internationally. Bharat Biotech, maker of Covaxin (currently administered to children), has been backed by Bill Gates since its inception, beginning with development of Rotovac, a vaccine against Rotavirus, where the company received $65 million in funding. It is also worth noting Bill Gates' connection with Media / Social Media networks, some estimates suggest over $300 million to a variety of news outlets. This has led to never-before-seen censorship of anything that opposed official narrative by WHO or international Governments, including censorship on reporting of adverse events following Covid vaccination. (Please refer to citizens letter to Hon'ble Prime minister as referenced in para _____)

CITIZENS ACROSS INDIA WRITE TO THE PRIME MINISTER, INCLUDING MEDICAL EXPERTS, TO STOP COVID 19 VACCINES

27. The two-part Letter-Doc dated 31 Dec.2021, is addressed to the Prime Minister, titled: 'The Truth of COVID-19 – The India Statement'. Part I comprises the

‘Summary and Recommendations’. Every recommendation has a link with corresponding references in Part II, which provides the ‘Evidence of Medical Science’ with regard to Covid -19 and the vaccines. The data has been checked and cross checked for accuracy. It includes 6 testimonials from eminent world experts.

In its first instalment and despatch to the Prime Minister on the 31st Dec. over 1500 concerned citizens across India, comprising Mothers, Fathers, husbands, wives and medical experts requested the Prime Minister, to stop the mass vaccine roll-out, based on the clear evidence of science that these vaccines were unsafe. Petitioners prioritise 4 issues for focus: (a) the spike protein and lack of safety of Covid 19 vaccines under EUA; (b) Why children must not per se, be vaccinated; what the science says;(c) the vaccines are suboptimal, and waning in efficacy; the virus is also being spread by the vaccinated, not mainly the unvaccinated; (d) Natural Immunity (recovery from the Covid virus) is superior to vaccine immunity and the India situation.

28. The scientific evidence/data (of Part II), are grouped under Section-Points as shown in the table below:

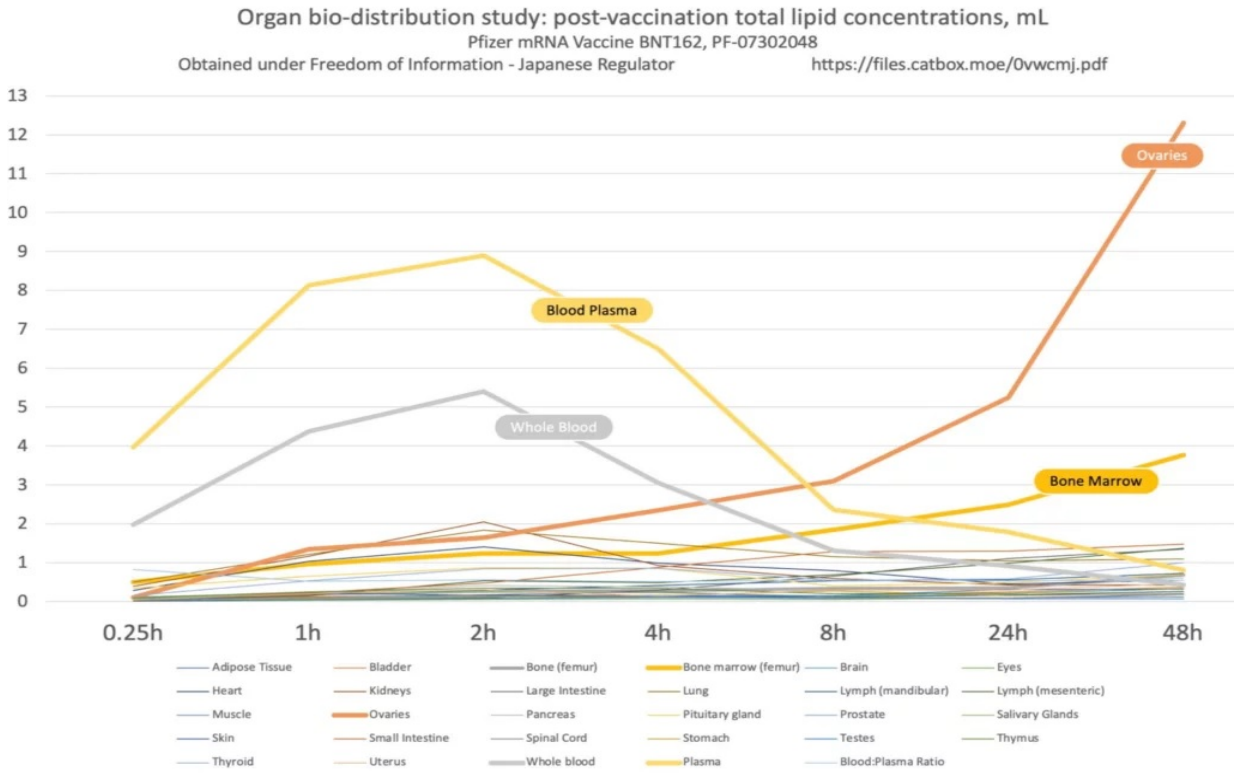
i. **The synthetic spike protein of the vaccines (excerpts)**

The emerging evidence: it is cytotoxic, pathogenic and biologically active

It is known conclusively that the spike protein of SARS CoV-2 is the causative factor for serious vascular disease in the body and causes disease on its own ie without the presence of the virus (Salk Institute). The covid-19 vaccines currently released and subject to Emergency Use Authorisation all share a common and novel feature; they cause the recipients cells to manufacture a portion of the SARS-CoV-2 virus called the spike protein and/ its subunit S1. It is almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation. If the Vaccines were like traditional bona fide vaccines, and did not leave the immediate site of vaccination, typically the shoulder muscle, beyond the local draining lymph node, then the damage that the spike protein could cause might be limited.

However, the Vaccines were authorized without any studies demonstrating where the spike proteins travelled in the body following vaccination, how long they remain active and what effect they have. Dr. Robert Malone , creator of mRNA vaccine technology, said “the COVID vaccine lipid nanoparticles, which tell the body to produce the spike protein — leave the injection site and accumulate in organs and tissues”. Bridle received a copy of a Japanese biodistribution study — which had been kept from the public — as a result of a ‘freedom of information request’ made to the Japanese Government for Pfizer data. Prior to the study’s disclosure, the public was led to believe by regulators and vaccine developers that the spike protein produced by mRNA /(DNA) COVID vaccines, stayed in the shoulder where it was injected and was not biologically active — even though regulators

around the world had a copy of the study which showed otherwise. The biodistribution study obtained by Bridle showed lipid nanoparticles from the vaccine did not stay in the deltoid muscle where they were injected as the vaccine's developers claimed would happen, but circulated throughout the body and accumulated in large concentrations in organs and tissues, including the spleen, bone marrow, liver, adrenal glands and, in "*quite high concentrations,*" <u>in the ovaries</u>.



Robert Malone confirmed the above graph data and made the following added observations: (a) monitoring was required of vaccine recipients for leukaemia and lymphomas as there were concentrations of lipid nanoparticles in the bone marrow and lymph nodes. But those signals often don't show up for six months to three or nine years down the road; (b) there are two adverse

event signals that are becoming apparent to the FDA. One of them is thrombocytopenia — not having enough platelets, which are manufactured in the bone marrow. The other is reactivation of latent viruses; (c) the FDA knew the COVID spike protein was biologically active and could travel from the injection site and cause adverse events, and that the spike protein, if biologically active, is very dangerous.

“Usually, signals like this are picked up in animal studies and long-term clinical trials, but this didn’t happen with mRNA vaccines. The original data packages contained this biodistribution information. “This data has been out there a long time” within the protected, non-disclosed, purview of the regulators across the world. (Malone was one of many scientists to warn the FDA about the dangers of the free spike protein). Autoimmune issues may be related to free-circulating spike protein which developers assured would not happen. To pick up autoimmune issues, a 2- to 3- year follow-up period in phase 3 patients would be required to monitor for potential autoimmune consequences from vaccines — but that monitoring didn’t happen with the Pfizer and Moderna vaccines. Vanden Bossche’s concern (immune escape) is not theoretical. It is real and we have the data. We’re stuck with this virus or its downstream variants pretty much for the rest of our lives and it’s going to become more like the flu. We will have continuing evolution and circulation of variants, and that is an escape.” (“Immune escape” i.e. incomplete sterilization of the virus by the human immune system, even following vaccine administration).

Earlier this year, Vanden Bossche put out a call (to stop the mass vaccinations) to the World Health Organization, supported by a 12-page document that described the “uncontrollable monster” that a global mass vaccination campaign could potentially unleash. His real worry though, or as he puts it, “beyond worried”, is that humankind may severely damage its own, natural ‘innate’ immunity, because of the mass deployment of vaccination programs at this critical juncture. Our ‘innate’ immunity would be lost (a rich, variant-nonspecific form of natural immunity). It would also mean that vaccine-mediated protection would be lost.

Malone tweeted: Pathologist's summary of Post-vaccination. (Considering how few pathology reports exist because of their active discouragement by our health agencies, this report is educative at the very least). Ryan Cole MD, AFLDS PHYSICIAN: a pathologist summary of what these jabs do to the brain and other organs. “Why are we putting spike proteins into the human body. The spike is poisonous. --- And it is still circulating -- disease from the spike. This is not a vaccine”.

Malone listed several adverse events that are already raising red flags.

- Cardiotoxicity
- Female reproductive health concerns
- Brain and nervous system disorders
- Coagulation problems
- Miscarriage in the first and second trimesters
- Thrombocytopenia (dropping blood platelets)

- Guillain-Barré syndrome (GBS)

ii. **Vaccination of Children: Data Do Not Support Vaccination of Children:**

Malone believes that children and young adults up to age 30 or 35 should not be vaccinated, noting that the total number of COVID-19 deaths for birth- to 18-year-olds during the entire pandemic is 386. Children reap little benefit from this vaccine, not only because they're at very low risk from COVID-19.

Peter McCullough: Q. Ever recommend the vaccine for a child? -- and he responds, "Under no circumstances…at this point in time, I really can't recommend it to anybody…I think, at this point in time, it's fair to warn against it…I'd say, take the risks with a natural infection right now and let's treat early. We have EUA on monoclonal antibodies. They have just as good of an approval as the vaccines. We should give monoclonal antibody infusions…The vaccine, once it's in the body, we can't get it out and we don't know how to manage these complications, some of which are fatal." Chronic Disease, Autoimmune Disease and Neurological damage, none of these risks has been adequately studied in trials, or properly disclosed to healthcare professionals or Vaccine subjects. While the full impact of these Vaccines crossing the blood-brain barrier is unknown, they clearly put vaccinated individuals at a substantially increased risk of haemorrhage, neurological damage, and brain damage

Vaccines for Children: Sars Cov-2/covid 19: data points

OVERALL IFR (INFECTION FATALITY RATE)

Assuming the accuracy of US CDC COVID-19 death data, SARS-CoV-2 has an overall survivability rate of 99.8% globally, which increases to 99.97% for persons under the age of 70, on a par with the seasonal flu.

These data have been fleshed out below, which show that children are not impacted by this disease. Through age 19, children and adolescents have a 99.9973% COVID-19 survival rate. This information, which has been a constant throughout the reported pandemic, is reiterated in the most recent (pre-print) analyses by the eminent Stanford physician, epidemiologist and statistician John Ioannidis, who has been a steadfast critic of COVID alarmism from the very beginning. John Ioannidis data shows that survival rates do not stop with the 19-and-unders. Until people hit their seventies, all age groups have survival rate is well over 99%. The majority of deaths are coming from the 0.62% of the population who are in nursing home facilities.

0-19: 99.9973%

20-29: 99.986%

30-39: 99.969%

40-49: 99.918%

50-59: 99.73%

60-69: 99.41%

70+: 97.6% (non-institutionalized)

70+: 94.5% (institutionalized and non-institutionalized)

https://childrenshealthdefense.org/defender/covid-health-data-mainstream-media-vaccine-risks/

These data do not support the global, including Indian policy of mass vaccination. For children vaccination is completely unacceptable.

ADVERSE EFFECTS (AE) IN CHILDREN: The authors of a just-published study (Aug 2021) in Elsevier 'Toxicology Reports' openly ask;

"Why are we vaccinating children against COVID-19? "--- the clinical trials did not address changes in biomarkers that could serve as early warning indicators of elevated predisposition to serious diseases. Most importantly, the clinical trials did not address long-term effects". They warn that younger age groups could experience longer-term effects (such as myocarditis) "that, if serious, would be borne by children/adolescents for potentially decades."

In Conclusion

"there is overwhelming evidence that the SARS-CoV-2 spike protein (that is also synthetically produced by the Covid vaccines) is a central part of the mechanisms of morbidity and mortality of SARS-CoV-2, and therefore is also a risk of the vaccine. In regard to clotting, that risk is greater if you receive a vaccine.

The data clearly demonstrate that the last thing you would ever want to do is make a vaccine that produces a spike protein. As the literature clearly showed, it would cause significant damage, including brain clots and death. And that literature, for the most part, was available before the release of Covid vaccines to the public".

iii. **Vaccinated Vs Unvaccinated COVID BREAKOUT CASES/VAXED / UNVAXED**

The data (from mid -August onwards, the most recent being early Oct. 2021), is showing a consistent pattern across countries: (i) as vaccinations increase, COVID cases are rising, (including serious disease), termed breakout cases; (ii) the proportion of Covid cases among the V-ted is higher than the unvaxed; (iii) the Vs are neither protective, nor stop infections; (iv) Boosters are being given demonstrating that vaccine effectiveness is declining; (v)CDC hides breakthrough cases to prop-up V effectiveness by various means including manipulating the CT value to skew results in favour of the vaxed as well as ceasing to report breakout cases unless hospitalised.

iv. **Natural Immunity: NI ie arising from a previous covid-19 infection**

It is settled medical science that natural immunity is robust and long lasting and leads to herd immunity. We cannot vaccinate ourselves out of the 'pandemic', (vaccines will not lead to herd immunity). The scientific literature for a SARS-type virus confirms this and that natural immunity is also 'broadly' effective even in the case of mutations, ie against variants. A paper out of Japan demonstrated that only four relatively small mutations on Sars-CoV-2 can lead to a failure of vaccine-generated immunity, but people who become naturally infected remain protected from these small mutations. All this makes it a threat to mass vaccination.

15 studies compiled by Daniel Horowitz: that indicate that natural immunity from prior infection is more robust than the COVID vaccines.

Reviewed by the CCCA (Canadian Covid care Alliance), Scientific and Medical Advisory Committee, 8 Oct 2021

Horowitz: * studies have shown those with prior infection are associated with 4.4x increased odds of clinically significant side effects following mRNA vaccination.

Vaccinating those with Natural Immunity is not advised as serious harm may occur

"Not only is a Vaccine unnecessary in this subpopulation, it is more likely to cause harm. Scientists have observed vaccine-driven disease enhancement in the previously infected. The FDA admits that many people receiving a Vaccine either are or were previously infected with SARS-CoV-2, or have or previously had COVID-19 upon injection with the Vaccines, this population has reported serious medical harm, including death--- A study published in the New England Journal of Medicine noted antibody titers 10-45 times higher in those with pre-existing COVID-19 immunity after the first Vaccine injection, **with 89% of those seropositive reporting adverse side-effects**."

India has an average Sero-prevalence of around 68 % as of July 2021. By October the figure is expected to be even higher clearly establishing that India has reached herd immunity. The medical science therefore is clear, that the vaccine roll out is not only unnecessary, but potentially harmful. Given the scale of Adverse Effects reported the risk to specific subgroups, ie children, and pregnant women and women of child-bearing age, (who by definition are also within the population with herd immunity/NI), would be even

greater. Exposing them to such risk is unacceptable. Any injuries sustained leave alone deaths would invite charges of criminality. There can be no justification therefore, for a vaccine rollout.

29. The Letter to the Prime Minister of 31 Dec. 2021 (ref Annexure P- 11) was published as a Summary (with ref to Part I of the letter) in Global Research. The key points are ass under:

    i. A coronavirus vaccine has never before been used successfully. One problem has been the development of antibody disease enhancement (ADE). The vaccine produces antibodies, but sometimes this does not prevent disease – it instead makes the disease more serious and ADE can extend into the future (this has been seen before, for example regarding the rollout of a Dengue vaccine in Manila).

    ii. All the vaccines use the spike protein and this was thought to be a good idea at first because the virus uses its spike protein to attach to the host cells. But the statement notes this is a blunder and a major catastrophe.

    iii. The spike protein is the toxic part of the virus that causes major (vascular) disease. It is now confirmed that the **synthetic spike protein of the vaccines** is also toxic and is similarly causing the likes of clotting and bleeding disorders.

    iv. The vaccine leaves the injection site in the arm and, contrary to what was assumed, and unexpectedly, travels into the bloodstream, spreading all over

the body including with concentrations in the ovaries, bone marrow and lymph nodes.

v. Moreover, the mass rollout of the vaccines is putting selection pressure on the virus to evolve into strains that are resistant to the vaccine, like Delta and Omicron. This is well known science that follows the same pattern as, for example, in anti-biotic resistance. Dr Luc Montagnier, the Nobel Prize winner who discovered the AIDs virus, has raised an urgent warning about this phenomenon. The statement notes that this process of new variants will not stop as more and more people get vaccinated.

vi. Data from Israel (where the vast majority are vaccinated) show an increase in hospitalisations and deaths among the vaccinated. This is a repeated pattern occurring in other countries and was predicted by Dr Montagnier and other leading virologists.

vii. The protective effect of the vaccines is also waning and is now below the required regulatory efficacy of at least 50%. The US health agencies are already advising a booster third dose. However, leading vaccine experts and immunologists and the vaccine manufacturers knew this all along. It was hidden though from the public.

viii. It is clear that people who recover from Covid-19 develop natural immunity, which is long lasting with antibodies that are effective against several viruses or variants. A large percentage of the Indian population, around 70% or more, already have this natural immunity. The statement concludes that vaccines are therefore not required.

ix. The statement notes that children have not had much problem with Covid, but some doctors are suggesting that a third wave will affect them. This is based on speculation, not science. Moreover, the long-term impacts of these vaccines and in particular the toxic spike protein are unknown. It would thus be quite unconscionable to risk the future of children. Given the data, it is clear that the risks of Covid-19 vaccines far outweigh the benefits for children.

x. India has a major disease burden in terms of communicable diseases, (TB, diarrhoeal, etc) and children are seriously impacted (more than 2,000 children die every day). On the other hand, the incidence and deaths due to COVID-19 are negligible. Children are not impacted by this disease.

xi. In conclusion, "India must stop the vaccines with immediate effect… Preventive measures, early treatment and treatment protocols through all the stages of the diseases with Ivermectin and other off-label drugs are proven… very early on, India took exemplary action with regard to the ICMR [*Indian Council of Medical Research*] guideline on HDQ (hydroxychloroquine) and UP state with its public health measure of dispensing Ivermectin, which was an acknowledged success. We need to widen these measures across India. Both are 'repurposed' drugs, are medically proven and safe solutions, and there are others in our toolkit of medical products, along with vitamins (D, C and zinc)."

A true Copy of the report published in Global Research dated 16.12.2021 is marked and annexed as Annexure P-10 (Page ____ to ____).

30. A Letter was sent to Hon'ble Chief Justice of India by Dr. Amitav Bannerjee (Professor & Head Community Medicine, Clinical Epidemiologist, Ed-in-Chief, Medical Journal, DY Patil Vidyapeeth, Pune) and Aruna Rodrigues (Member of Iridiscent Blue Fish, A Citizens Regulatory Watchdog) on the subject "Re: MoWCD Circular WCD/SJE dated 04-01-2022; Request Suo Moto Cognisance and the Vaccination of Children be Urgently Stopped". Relevant excerpts of the letter are reproduced below:

*Suo moto cognisance is humbly requested by us in the context of (a) the written confirmation by the SG to this Hon'ble Court that the vaccines are voluntary. It is inexplicable therefore, how this translates into a mandate, or any form of coercion, by the MoWCD and other authorities, or a rollout, which in its processes is not conducive to obtaining 'informed consent, and (b) Vaccines are unavoidably risky. The status of Covid vaccines under **EUA** (Emergency Use Authorisation), means these Covid vaccines are properly 'experimental', because they are untested, (safety studies are incomplete, and no long term studies have been conducted). Yet, untrue claims of safety, even absolute safety have been made by the WHO and the Government, published in the newsprint and other media. EUA also presupposes that there are no solutions and treatments, (this is untrue), which would negate EUA. There are several treatments, including for example, off-label drugs. These treatments have been actively discouraged by health agencies and the WHO despite their proven efficacy, like the Nobel Prize-winning discovery of Ivermectin, an approved drug with 40 years of safe use and proven in the treatment of Covid (all stages of the*

disease), HCQ (Hydroxychloroquine) and nutraceuticals. The obvious question is WHY? We provide further data, central to the issue of the safety of these Covid inoculations.

We write, Your Honour, as concerned citizens of India: Dr Banerjee, an epidemiologist of standing and a doctor of Community Medicine and Aruna Rodrigues, Petitioner 1in the Supreme Court in the public Interest writ (PIL) for a moratorium on GMOs (genetically engineered/modified organisms/crops, to ensure that Indian agriculture is not irreversibly and irreparably contaminated by GMOs, in order to keep our food and animal feed safe).

We write to express our great shock and palpable agony at the contents of the Circular referenced above, which mandates vaccination of children in the age group of 15-18 in Child Care Institutions (CCI) on a "Priority basis", (ref. Pr. 2 and 3 of Pg 1 of the letter). We assume that it has occurred to this Ministry, which purports to have a mandate for the development of children, and presumably the 'healthy' development of children, that therefore, such vaccinations will be forced. Since they are in 'care homes', these children are also without parents. It is our fervent hope that the Ministry will not resort to legalese to obtain a 'care-taker's' signature for children in their 'care'. We state at the outset, that the science with regard to the vaccination of children for Covid-19 is very clear; leading medical experts and scientists reject it. The recovery rate from Covid of children is ***99.998%*** *(please ref Pt. 3 below). Children do not die from Covid 19. On the other hand, the vaccines are established to be unsafe and will lead to serious adverse effects and also death.*

Global data already confirms this. It is significant and will happen in India and will emerge despite the paucity of admitted and published adverse events. We amplify these matters below. studies are incomplete, and no long term studies have been conducted)."

31. Furthermore, the following concerns have been raised in the letter:

i. The Covid Vaccination is a medical procedure and by virtue of mandate it violates the Constitutional Right of "Right to Life". The letter references the Nuremberg Code which unequivocally states *"The voluntary consent of the human subject is absolutely essential"*. Also

ii. As per the ICMR Guidelines: **'National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017'**, Children up to 18 years of age are listed among vulnerable population or groups. Vulnerable persons are defined thus: *"Vulnerable persons are those individuals who are relatively or absolutely incapable of protecting their own interests because of personal disability; environmental burdens; social injustice; lack of power, understanding or ability to communicate or are in a situation that prevents them from doing so. (@ Page _____)."*

iii. The Global data on Covid mortality shows an overall survivability of 99.8%, whereas for persons under the age of 70 it is 99.97% and children upto 19 years of age have 99.9973% survival rate from Covid.

iv. The letter also cites the difference between Covid vs Traditional Vaccines. The Covid vaccines were produced at 'warp speed' of less than 1 year

compared to the usual 10 years and more for traditional vaccines. The Covid-19 vaccines are unlike any previous vaccine as the mode of action utilise a new technology for the production of antigens and involve the Spike Protein of virus SARS-Cov 2. The Spike protein of SARS-Cov 2 is the causative factor for serious vascular disease in the body, and all Indian Vaccines have or produce the spike protein.

v. Further, the letter cites an interview by Dr. Robert Malone dated 30th December 2021. The following has been quoted in the letter:

Summary:

"The reason they're giving you to vaccinate your child is a lie".

"Your children represent no danger to their parents or grandparents. It's actually the opposite. Their immunity, after getting COVID, is critical to save your family if not the world from this disease. **The risk/benefit analysis isn't even close**.

Not only are children at high risk for severe adverse events, but having healthy, unvaccinated children in the population is crucial to achieving herd immunity. The declaration also demands that health agencies and institutions "cease interfering with physicians treating individual patients."(Emphasis added)

Warning to Parents: The Vaccines adverse effects are ***"irreversible"*** and ***"irreparable":*** -- Some excerpts:

“Before you inject your child — a decision that is irreversible — I wanted to let you know the scientific facts about this genetic vaccine, which is based on the mRNA vaccine technology I created.

There are three issues parents need to understand: The first is that a viral gene will be injected into your children’s cells. This gene forces your child’s body to make toxic spike proteins. These proteins often cause permanent damage in children’s critical organs, including:

- Their brain and nervous system. --you can’t fix the lesions within their brain.

- Their heart and blood vessels, including blood clots - you can’t repair heart tissue scarring.

- Their reproductive system - This vaccine can cause reproductive damage that could affect future generations of your family.

- This vaccine can trigger fundamental changes to their immune system--you can’t repair a genetically reset immune system.

The most alarming point about this is that once these damages have occurred, they are irreparable:

The second thing you need to know about is the fact that this novel technology has not been adequately tested. We need at least 5 years of testing/research before we can really understand the risks. Harms and risks from new medicines often become revealed many years later.

As a parent and grandparent, my recommendation to you is to resist and fight to protect your children”.

vi. Furthermore, the letter also discussed the Violation of Precautionary principle. Given the facts about the dangers and concerns of the existing Covid vaccines and the fact that the Spike protein of the vaccines is biologically active and pathogenic and capable of great harm, there is need of urgent application of the 'Precautionary Principle' to stop the vaccine roll out to children.

vii. Luc Montagnier, winner of the 2008 Nobel Prize in Physiology or Medicine, states that there is no evidence so far that vaccines are reducing infections from the fast spreading variant.

A true copy of the Letter to Hon'ble CJI dated 12.01.2022 is marked and annexed herewith as Annexure P-12 (Page ____ to ____).

DEATHS / SERIOUS ADVERSE EVENTS FOLLOWING IMMUNISATION

32. Since the rollout of Covid vaccination for 15-18 years age group on 3rd January 2022, the following deaths have been reported:

i. **Tarini Ghritlahare D/o Dhansai Ghritlahare, age 17 years, village-Lalpur, District- Mungeli, Chhattisgarh**

Tarini Ghritlahre was a student in 12th standard. Before the date of vaccination, she had gone to her maternal uncle's village. The teachers of the school called the family members of the deceased saying that her daughter was required to be present as a vaccination camp was being held in the school.

The parents called the deceased girl. The girl went to school on 4/1/2022 and was vaccinated between 2:30-3:30 pm. The girl returned home. At around 7 pm, she was helping her mother in cooking supper. At that time, the girl's body temperature started rising suddenly and she started vomiting and became unconscious. The parents called in the 108 helpline for an ambulance but the ambulance did not come. Thereafter, the family took the girl to CHC, Lormi which is about 10 km from the village. At around 8:30 pm, ECG machine was tested on the body of girl and the doctor declared her dead. The family members refused for an autopsy. The family also informed that there are other adult persons in the village who got vaccinated and after hospitalization had spent lakhs of rupees in treatment. The government officers threaten that they have to vaccinate themselves or else government will not purchase their paddy on MSP.

ii. **Amita Netam D/o Balram Netam, age 18 years, village- Kutulnar, Block-Geedam, Police Station- Faraspal, District- Dantewada, Chhattisgarh**

The deceased girl Amita Netam had gone to school on 4-1-2022 and she was vaccinated in the school situated at village Bade Tumnar. On 5-1-2022 she had gone to school and when, she returned home in the evening, she complained about fever and body ache to her mother. On 6-1-2022, she again went to school for submitting leave application to the teacher. She died on 7-1-2022 at about 12 pm at home. The family members said their daughter used to cycle for 15 km for reaching school. The family said the teachers should have brought their daughter by some vehicle after vaccination considering

the distance of 15 km between school and the village of the deceased girl. The family and prominent persons of the village had made a complaint to the police station Faraspal on 7-1-2022 at 6 pm. Post mortem has been conducted on the body but they don't have faith that the report would say she died of vaccination because all the doctors and police are working for the government.

iii. **Lukumar Sahu S/o Toran Das Sahu age about 15 years. village- Bendridih, Police Station and Block- Khairagarh, District- Rajnandgaon, Chhattisgarh**

The deceased Love Kumar Sahu student of class 11th, science subject was vaccinated with Covaccine on 3-1-2022 in his school named as Government Higher Secondary School, Pondadah, Block- Khairagarh, District- Rajanandgaon. In the evening at about 7 pm, he started feeling dizzy and felt a rise in body temperature. He took medicine given in the school. After having dinner and medicine, he slept. Next day he got up, he ate food and medicine. When the medicine was over, they purchased medicine from outside. At about 10 pm on 4-1-2022, the boy's health deteriorated. He was taken to Khairagarh government Hospital, where he died on 5-1-2022 at about 1:50 pm.

The cause of death as per post mortem report is as under-

"In our opinion and autopsy finding and history given by the parents, death of the deceased was due to asphyxia which was due to massive pulmonary

oedema which seem to occur due to aspiration (breathing of stomach content and vomitus)."

iv. **Asha Koge D/o Dinesh Koge, aged 16 years, Village-Pempura, Tehsil-Karhi, District- Khargone, Madhya Pradesh**

On 3rd Jan 2022, she got vaccinated during the school vaccination drive with Covaxin. On the same day she experienced symptoms like nausea, vomiting, abdomen pain, fever, diarrhoea.

On 3rd Jan when she was leaving her home for school, she told her mother that she will not take the vaccination today. Her teacher called her mother to ask her whether Asha left for school as the vaccination drive was going on. When her mother informed the teacher that she might not take vaccination today the teacher told that if they don't take vaccination today, they will have to stand in long line to take the jab and also said that **if they don't take vaccination they will not allow her to take the exam** so it is better to take vaccination during the school vaccination drive.

On 5th Jan 2022 when her situation deteriorated because of stomach ache and vomiting, she was taken to Padliya CHC. Dr. Zoya Khan who is the incharge there was not present so they took Asha to the Doctor's home, there also Dr. Zoya Khan was not present so they took her took her to some Private hospital nearby. The doctor there recommended another hospital where the head was Dr. Shrenik, so they took her there but the hospital was closed so they had to take her to doctor's home. The doctor prescribed her a treatment and said to

get this treatment done but did not give any slip and asked to come next day to take the Prescription.

They took her to a private hospital again where she was given glucose drips. Then they again took her to Karahi primary health centre/hospital where doctors are available only during afternoon hours and during evening hours and if there is an emergency the nurse calls them and then they come to hospital. They decided not to call the doctors as it would take a lot of time. Her condition started to worsen, so the doctors recommended her to another hospital, Barwah Hospital which is 30 to 35 kms away from their place but on the way to the hospital she died.

The post mortem did not happen because they said there was no proper treatment that happened so how can they do a post mortem.

Then her father gave an application and letters to the collector and SDM. Then a team from the health centre and police team came and took information about the incident but no further action was taken but no FIR was filed.

v. **Namitha Kondepogu D/O Daniel Kondepogu, aged 17 years, Moguluru village, Kanchikacharla, Krishna District, Andhra Pradesh**

On 3rd January the vaccine was given to Namitha in her college between 12 to 1-30. When the students and some of the parents, including the parents, refused to give dose to their children, they were threatened that the students will not be permitted to write exams and hall tickets will not be issued. The students were vaccinated without informing their parents.

In the evening Namitha returned from college as usual at 6.30 PM.On that day she had no symptoms except some weakness. On the next day as usual she went to college and returned to her house early at 5.30 PM. At about 7 pm she felt some inconvenience and closed her eyes for few seconds and then she collapsed on her mat. Immediately the neighbours and her maternal uncle came and rubbed her legs and took her to nearby RMP doctor in their village. He wrote some medicines and infirmed that pulse rate is very low. Immediately she was taken in auto to private hospital at Kanchikacherla. There the lady doctor examined here and informed that 45 minute back she died. In case they have any doubts, they can take her to another hospital. They called the ambulance but as no proper response from ambulance they took the body to Nandigama 24/7 hospital. There ECG and other preliminary tests were conducted and declared she was dead. She was brought back to the village. On the next day, 5th morning the maternal uncle and some other village people went to Akshara college and shouted that they are responsible for the death of their daughter and the college authorities failed to inform about vaccination to parents. At 12:00 PM, the local MLA Munikota Jaganmohan Roa visited their house. He consoled them that nearly 10 lakhs doses given but no one has been affected and Government will do the needful. After few minutes the Asha workers and the staff of health department came and in the presence of MLA verified the signs on dead body. They found reddish prints on the back and on the front side body except on the face, In medical language it is called Urticarica skin rash by reaction through vaccine.

They took signatures of parents that they are not interested to conduct post mortem. The health department Asha workers took photographs of the reddish on the body. The body was buried in village burial ground.

The college authorities gave Rs. 50,000. No amount has been received from the Government. The daily newspaper Saakshi, falsely published news that Namitha was suffering with fits and because of that she died. The parents informed that Namitha was healthy and had no health problems.

vi. **Anuradha Makvana D/o Bhagwan Singh, aged 16 years, Makadone (Bisankhedi),Tehsil-Tarana, District-Ujjain, Madhya Pradesh**

Anuradha, was a 16-year-old and studied in 9th Grade. Her health was also perfectly fine and faced no health issues. She got vaccinated under a vaccination programme organised by government in her school, Girls Government Higher Secondary School, itself. This vaccination programme was available to all and every child was vaccinated under the same. Registration of the programme was to be done on Wednesday (05.01.22) and vaccination was injected on Thursday i.e., 06.01.22. at 1 PM. After getting vaccinated, she sat in the bus to go back home. It took her approximately 30 minutes to reach her stop. Her stop was a few miles away from her house, so she used to walk the distance after reaching the stop. When finally reached the stop, she walked out of the bus, walked a few steps and then felt some sort of pressure in her stomach so she went inside a farm to defecate after which she fell unconscious. Her uncle found her lying near the farm and took her to Tarana Government Hospital.

There, she got admitted and was given a glucose drip within 10 minutes. The doctors of the Tarana Government Hospital referred her to a hospital of Ujjain, Patidar Hospital for better treatment. While she was being taken to Ujjain on bike, she had another drip attached to her. But after some point her health deteriorated and died en route to Ujjain itself. Her death took place within 2-3 hours of vaccination.

A true copy of the fact finding report is marked and annexed as Annexure P-13 (Page ____ to ____).

1. There are reports of vaccination without parental consent. In one case, brought to the notice of the petitioner, A 15 year old Boy from Ahmedabad, Gujarat studying in 10th standard at Shri N. M. High school, Sabarmati was administered the Covid vaccine at 10:30 AM on 8th January 2021 and was asked to return home immediately thereafter. Upon leaving the school premises he suffered an epileptic fit, fell down, hit his head on the road and started bleeding. His fellow students took him back home and the mother upon finding out rushed to the nearest hospital. There was no consent given by the Boy's family to take the Covid vaccine, however, the school administration had threatened him that he would not be allowed to give his examination without the vaccine. As a result of feeling pressured, he took the vaccine without parental consent. Moreover, no action was taken by the school or the Medical Officer in charge of vaccination to help the boy and he was left at the mercy of his fellow classmates. Details of this report are reproduced from a police complaint filed to the Police Inspector in Sabarmati, Ahmedabad.

A true translated copy of the police complaint dated 09.01.2021 is marked and annexed herewith as Annexure P-14. (Page ____ to ____).

DEATHS/SERIOUS ADVERSE EVENTS FOLLOWING IMMUNISATION NOT BEING REPORTED

33. **Aarya Bhanushali, Aged 15 years, Ghatkopar, Mumbai, Maharashtra**

Aarya had taken Covid vaccine on 8th January 2022 as reported in an article published in Midday, Mumbai. On 12th January 2022, Aarya complained of chest pain and acidity. She was given soda and cold water but the pain had increased. She suddenly fell unconscious. She was taken to a nearby hospital but upon examination by the Doctor, she was declared dead.

This death was brought to public notice by Delhi based Dr. Tarun Kothari who had used Twitter, a social media platform, to inform the public of potential risks of Death after Covid Vaccination. Brihanmumbai Municipal Corporation (BMC) responded to his tweet, threatening legal action against the doctor. Furthermore, without due investigation, they have declared the death as "Natural death due to cardiac arrest."

The following response was given to BMC by a Twitter user, Yohan Tengra:

i. Why did the BMC not disclose the fact that young Aarya was vaccinated 2 days before her death, instead rushing to threaten legal action against those who brought the post vaccine death to public attention. The user also confirmed the vaccination status through a family member of the victim.

ii. Quoting remarks by Additional Municipal Commissioner (Health) and Assistant Municipal Commissioner, who dismissed the vaccination status

and death of the girl as rumours in Free Press Journal, the twitter user says "Appalling to see how Sanjay Sonawane & addl. municipal comm. Suresh Kakani are lying through their teeth about Arya's vaccination status. I could check through a family member but they couldn't??? @mybmc when are you taking legal action against them?

iii. The twitter user shows proof of monthly meetings of state officials and representatives from Bill & Melinda Gates Foundation, Clinton Health Access Initiative, and others to track social media rumours and also to make sure all AEFIs are investigated and causality assessment is done.

iv. AEFI Surveillance and Response Operational Guidelines – 2015 on page 25 under para "4.2 Channels for reporting AEFI" and sub para "4.2.2 Immediate serious AEFI notification (by the first person who identifies the event)" mentions the following:

"In India, depending on the type of AEFI, the place where the event occurs, its severity and the confidence of the beneficiary in the care provider, serious AEFI are first brought to the notice of the health system by the:

- patient directly
- health-care worker who administered the vaccine
- care provider treating the case
- supervising immunization staff
- pharmacy dispensing the vaccine (usually in the private sector)
- local media
- ADR monitoring centres

v. The guidelines mention that the investigation of reported AEFI death and cluster (two or more cases of the same adverse event related in time, place or vaccine administration) should be conducted without any delay. It is recommended that an autopsy in a death suspected to be due to an AEFI be performed as soon as possible (within 72 hours) to avoid tissue damage, development of post-mortem artifacts and lysis of the adrenal glands, which can alter diagnosis.

vi. Use of Verbal Autopsy form in case of unexplained death/home death/inadequate information/insufficient medical records is a new addition in the guidelines.

vii. Instead of following govt guidelines and upholding the law, @mybmc is instead engaging in defamation of people who are bringing an adverse event following vaccination to public attention.

A true copy of Twitter posts is marked and annexed herewith as Annexure P-15 (Page ____ to _____).

RECENT CASES OF DEATH OF CHILDREN RREPORTED POST COVID VACINNATION

34. **Some of the more recent cases of death reported are as under:**

i. **Santosh, Age 15 years, Madurai, Tamil Nadu:** The Hindu and Tamil Daily Dinathanthi reported that a 15-year-old 10th standard student Santosh suddenly collapsed and died while shifting benches & desks in his school on 13-Jan-22. Facebook user (Anbu Sboss) has however

reported that corona vaccination was given 10 days before. (source: https://www.thehindu.com/news/national/tamil-nadu/death-of-class-x-student-on-school-premises-sparks-agitation-madurai/article38268050.ece)

ii. **Yusuf Munshi, Class 10, Purba Burdwan, West Bengal:** Yusuf Munshi, a 10th class student of Singhajuli High Madrasa, got vaccinated from the school on 8-Jan-22. He died on 14-Jan-22 because of health deterioration.

Details: After vaccination, his stomach started to ache and his body started getting weak. The family treated him at Burdwan Medical College and Hospital. His health started deteriorating since Friday (14th) morning. The family immediately took him to Kalna Sub-Divisional Hospital. But doctors declared the student dead.

The incident caused a stir in Banapukur area under Kanar Samudragarh Panchayat. The family alleges the corona vaccine was responsible for the deaths. 10th death in the 15-18 age group.

(Source: https://zeenews.india.com/bengali/state/a-student-of-class-10-died-in-kalna-family-alleged-corona-vaccine-cause-of-death_418573.html)

iii. **Manthan Patil, Age 16 years, Belgaum, Karnataka:** News agency Belgaum mirror reported that 16-year-old Manthan Patil, a SSLC student of Belgaum St. Paul's High School, residing at Majgaon collapsed in the bathroom (at his home) on sunday (16-Jan-22) morning and died of cardiac arrest.

(Source: https://www.belgaummirror.com/sslc-student-dies-of-cardiac-arrest-three-toddlers-die-after-rubella-vaccination/)

iv. **Age 15 years, Shirpur, Dhule, Maharashtra:** 15-year-old girl died 24 hours after vaccination in Shirpur village in Dhule district in Jan-2022.

"Her post-morterm report is awaited. But her death following Covid immunisation appears coincidental as she was a known case of congenital heart disease," Dhule district health official Dr Santosh Navale said.

(Source:https://timesofindia.indiatimes.com/city/pune/covid-19-vaccine-side-effects-just-0-004-in-teens-2-deaths-unrelated/articleshow/88983908.cms)

v. **Ankit Kandara, Age 16 years, Baran, Rajasthan:** Ankit Kandara was a student of Government Senior Secondary School located near Mohalla tehsil. Ankit was vaccinated with covid vaccine 5-Jan-22. On the night of January 14, Ankit developed fever and fell unconscious.

When the family took him to the doctor in the morning, he advised to take him to Baran. The student was admitted to Baran Hospital and told to start treatment when the doctor arrived. As the student's health deteriorated, the family took him to a private hospital. Where a day later, he was admitted to the ICU when his health deteriorated. He died here on Tuesday 18-Jan-22.

(Source: https://www.bhaskar.com/local/rajasthan/kota/baran/news/school-student-died-under-suspicious-circumstances-fainted-after-getting-fever-died-in-private-hospital-after-3-days-of-treatment-129316852.html)

vi. **Rohit Kumar Sagar, Age 15 years, Rourkela, Odisha:** 15-year-old Rohit Kumar Sagar died on 18-Jan-2022 at Jaiprakash Hospital. Attached medical report states he was admitted on 16-Jan, presented with fever 2-3 days post Covid vaccination, abdominal distention, constipation, vomitting and seizure. Craniotomy done. His condition did not improve, he developed cardiac arrest and was declared dead on 18th Jan 10:11 am.

(Source: https://twitter.com/dpsisi/status/1484217015649071104)

vii. **Hosur, Tamil Nadu:** A girl student pursuing higher secondary education at Rockford School, Hosur, TamilNadu received Covid-19 vaccine and her health started detoriating the same day and died 2 days later at a hospital on 06-Jan-2022 (Source:https://www.facebook.com/101250962414631/posts/122629663610094/)

viii. Anushka Dey, Age 18 years, Hooghly, West Bengal : Anushka Dey, aged 18 years was a class XI student of Chunchura Shikshamandir School in Hooghly, West Bengal. She took covid vaccine at her school on 9-Jan-22, got fever, took paracetamol, developed pain in hand, her body became weak and she developed headache. Her health deteriorated further and She was admitted to Imambara Hospital in Chunchura on sunday and she died on 24-Jan-22 (24-Jan = death date = date of article that mentions she died this morning)

(Source: https://zeenews.india.com/bengali/state/hooghly-class-eleven-student-died-and-family-claimed-death-after-taking-covid-vaccine_419600.html)

ix. Jitendra Kumar, Age 17 years, Dobhi, Gaya, Bihar: Jitendra Kumar (age 17 years) took covid vaccine on 20-Jan-2022 under pressure at the Vaccine Camp in High School Amankht because the school was not

giving exam admit card without vaccination. He took the vaccine under the pressure of school headmaster. His health deteriorated post vaccination and he died on 24-Jan-22. The victim was son of Sanjay Yadav, resident of Baria Village under Kharati Panchayat of Dobhi.

(Source: https://livemagadh.com/the-death-of-a-student-after-taking-the-korena-vaccine-in-dobhi-the-jap-leader-demanded-an-investigation/

https://twitter.com/B_indiatanwani/status/1486003190747512832)

x. **Bharati, Age 17 year, Bareilly, Uttar Pradesh:** 17-year-old Bharati, from Mohalla Farrakhpur, Bareilly, died on 1-Feb-22, the second day of getting the Covid vaccine (on 31-Jan-22)

Her Mother Sharda said that the death was due to the vaccine, but in the post-mortem, the cause of death has been given as illness and heart attack.

Sharda told that after getting the vaccine on Monday morning (31-Jan-22), the girl vomited in the afternoon, She got the medicine from the medical store.On Tuesday afternoon, when her health deteriorated, but She died on the way to the CHC. On alleging death due to vaccine, the police got the post-mortem done. The post-mortem report has confirmed death due to pus in his lungs and heart attack. DIO Dr. RN Singh informed that so far more than 2.5 lakh adolescents have been vaccinated. There is not a single case of AEFI among them. If the family

of the deceased teenager has told the vaccine to be the cause of death, then something can be said only after the AEFI committee investigates.

(Source: https://www.amarujala.com/uttar-pradesh/bareilly/teenager-dies-on-second-day-after-vaccine-heart-attack-turns-out-to-be-post-mortem-bareilly-news-bly474322634)

35. An article featured in BMJ titled "How covid-19 vaccines exposed India's adverse events reporting system" published on 7-Jan-2022 by freelance journalist Priyanka Pulla. (Ref: **Annexure P-**)

Key Points:-

• Hospitals are failing to report Adverse Events Following Immunisation (AEFI)

• Patients and their families don't know how to report

• Slow pace of investigation – Only 89 of 946 deaths investigated. Only 6 of 26 cases of thrombosis with thrombocytopenia syndrome (TTS) investigated.

• Non-communication of findings with families

• Many physicians have never heard of AEFIs as per Jyoti Joshi Jain, who previously worked with New Delhi's Immunisation Technical Support Unit

• For every 1,00,000 doses India's system got only 4 adverse events, while Canada's got 48 and the UK's got 300-700.

• Distinguishing between causally related and coincidental adverse events often requires sophisticated medical investigations, which aren't always done by hospitals.

• Conflict in roles - Members of national committee evaluating AEFIs also involved in Covid policy making. District immunisation officers have to meet high vaccination targets while pushing hospitals to report AEFIs and investigate them.

• Once reported, the system is “a black hole” with no assurance that a case will be dealt with in a time bound manner.

• A strong safety system will also allow finer calculations of a vaccine’s benefit-risk ratio in specific age groups - younger people had a higher risk of TTS and a lower risk of severe covid-19.

• Article highlights the pains of Venugopalan Govindan who lost his daughter, Karunya (20) to multisystem inflammatory syndrome (an adverse effect in WHO’s list) after her first dose of Covishield. However, AEFI committee declared her death as “indeterminate”

• Article gives example of Rijuta (20) who died because of brain blood clot / TTS after 1st dose of Covishield but the Bhopal hospital did not report an AEFI despite evidence.

CITIZENS PROTEST AGAINST CHILDREN VACCINATION

36. Activists in Mumbai along with Mothers, Fathers, Lawyers and Doctors organized a press conference and demonstration to protest the vaccination of children, especially for coercive measures being taken by private institutions across the country.

Key points from the press release are reproduced below:

i. Based on the available science and evidence, various experts from India as well as abroad are against the use of the current Covid-19 vaccines for children. This is primarily because of the following reasons.

First, children are not at significant risk from Covid. Covid risk in kids is even lesser than other diseases, it is lesser than even traffic accidents.

Second, most kids in India have already been exposed to the virus (despite school closures), and their bodies have fought off the virus, without us even noticing it. After natural exposure, they now have even stronger immunity.

Third, the current Covid-19 vaccines are experimental, with trials scheduled to go on until 2023. The sizes of the trials for kids is extremely small and cannot detect anything but the most obvious risk. The long term effects of these vaccines are clearly unknown.

Fourth, the reason given, of protecting against child-to-adult transmission does not hold water: the current Covid vaccines do not prevent infection or transmission, as data from around the world shows.

ii. Informed Consent is a legal right of every individual and children cannot be given any vaccine or any other medical treatment without the written informed consent of their parents.

iii. If any children die due to vaccination then concerned doctors & authorities, including school management will be liable for charge of murder punishable under Section 302 of IPC. Without the written and informed consent of parents, the children should not be vaccinated. Doctors or public authorities

promoting vaccination are bound to explain and publish the death causing and other side effects of vaccines; failing in this would constitute an offence of cheating punishable under Section 420, 120 (B) & 34 of IPC.

A true copy of the press release dated 14.01.2022 by Awaken India Movement, Mothers Against Mandatory Vaccinations and Happy22kids.org is marked and annexed herewith as Annexure P-16 (Page ____ to _____).

GROUNDS

37. Hence the Petitioners move before this Hon'ble by way of this petition on, inter alia the following grounds:

A. BECAUSE the circular by the Ministry of Women and Child Development is illegal and unconstitutional, requiring "compulsory" vaccination of children which is contrary to the position of Union of India, as per The Counter Affidavit filed by Dr. P.B.N. Prasad, working as Joint Drugs Controller (India), Central Drugs Standard Control Organization, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India on November 28th, 2021. The relevant paragraph reads as under:

"64. In so far as the Petitioner's submissions regarding COVID-19 vaccine being mandatory, as per the Operational Guidelines document, COVID-19 vaccination is voluntary. However, it's emphasized and encouraged that all individuals take vaccination for public health and his/her interest as well as public interest since in case of a pandemic, an individual's ill health has a direct effect on society. COVID-19" vaccination is also not linked to any benefits or

services. Therefore, any submissions made by the Petitioner to the contrary, in so far as the Answering Respondents are concerned, is denied."

B. BECAUSE the Covid-19 vaccine, currently approved for children, Covaxin and Zycov-d, are experimental vaccine under Emergency Use Authorisation (EUA), which means that they have not been approved and their nonapproval status is because their Phase III trial is either not complete and it has not been subjected to peer review.

C. BECAUSE the Covid-19 vaccine has already caused Severe Adverse Events leading to death in many children in the short time since the program has begun. As per the ICMR guidelines **'National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017'**, Children up to 18 years of age are listed among vulnerable populations or groups. It would be abhorrent to subject children to a medical intervention without sufficient short and long term safety trials.

D. BECAUSE Children are at negligible risk to severe disease from Covid-19 whereas the risk of potential side effects from Covid vaccination is very high, as outlined by the Government's own subject experts. Science does not necessitate the need for pediatric vaccination.

E. BECAUSE the Covid-19 vaccines approved in India produce or have the Spike Protein, which is cytotoxic, pathogenic and biologically active, and can be severely harmful and lead to severe illness.

F. BECAUSE the technology of Covid-19 vaccines is a textbook case for the application of the Precautionary Principle, which necessitates that if there are

reasonable scientific grounds for believing that a new process or product may not be safe, it should not be introduced until we have convincing evidence of reasonable certainly of no harm. This Hon'ble Court in A.P. Pollution Control Board v. M.V. Nayudu [1999 (2) SCC 718] has held as follow:

> *"31. The "uncertainty" of scientific proof and its changing frontiers from time to time has led to great changes in environmental concepts during the period between the Stockholm Conference of 1972 and the Rio Conference of 1992. In Vellore Citizens' Welfare Forum v. Union of India 2 a three-Judge Bench of this Court referred to these changes, to the "precautionary principle" and the new concept of "burden of proof" in environmental matters. Kuldip Singh, J. after referring to the principles evolved in various international conferences and to the concept of "sustainable development", stated that the precautionary principle, the polluter-pays principle and the special concept of onus of proof have now emerged and govern the law in our country too, as is clear from Articles 47, 48-A and 51-A(g) of our Constitution and that, in fact, in the various environmental statutes, such as the Water Act, 1974 and other statutes, including the Environment (Protection) Act, 1986, these concepts are already implied. The learned Judge declared that these principles have now become part of our law. The relevant observations in the Vellore case 2 in this behalf read as follows: (SCC p.660, para 14)*
>
> *"14. In view of the above-mentioned constitutional and statutory provisions we have no hesitation in holding that the precautionary*

principle and the polluter-pays principle are part of the environmental law of the country."

G. BECAUSE in terms of Article 21 of the Constitution of India, the State is under an obligation to take every measure to preserve life, as has been held by this Hon'ble Court in the Paschim Banga Khet Mazdoor Samity & Ors. Vs. State of West Bengal & Ans [(1996) 4 SCC 37].

H. BECAUSE A coronavirus vaccine has never before been used successfully. One problem has been the development of antibody disease enhancement (ADE). The vaccine produces antibodies, but sometimes this does not prevent disease – it instead makes the disease more serious and ADE can extend into the future (this has been seen before, for example regarding the rollout of a Dengue vaccine in Manila).

38. The Petitioner have not filed any other petition seeking the same relief in this Hon'ble Court or any other High Court.

PRAYER

In the light of the aforesaid facts and circumstances it is prayed that this Hon'ble Court may be pleased to:

I. For a writ of Mandamus quashing the order dated 04/01/2022 of the Union of India making covid vaccination of children within the age group of 15-18 compulsory;

II. For an order constituting a group of experts consisting of one Dr. Arvind Kushwaha (AIIMS, Nagpur), Dr. Amitav Banerjee (Clinical Epidemiologist, D Y Patel Vidyapeeth, Pune), Dr. Sanjay Rai (AIIMS,

Delhi), Dr. Jayprakash Muliyel (CMC, Vellore) to investigate the deaths of children reported in this petition and other similar deaths and to make a report to this court within 1 week along with recommendations as to whether the COVID Vaccine should or should not be administered to children;

III. For an order directing a payment of compensation as deemed fit.

IV. Any other necessary order as this Hon'ble Court may deem fit.

AND FOR THIS ACT OF KINDNESS THE PETITIONER AS IN DUTY BOUND SHALL EVER PRAY

(SATYA MITRA)
Advocate for Petitioner

Drawn By: Sneha Mukherjee
Drawn on: 17.01.2022
Filed on: 17.01.2022

APPENDIX

Article 32 in The Constitution Of India 1949

32. Remedies for enforcement of rights conferred by this Part

(1) The right to move the Supreme Court by appropriate proceedings for the enforcement of the rights conferred by this Part is guaranteed

(2) The Supreme Court shall have power to issue directions or orders or writs, including writs in the nature of habeas corpus, mandamus, prohibition, quo warranto and certiorari, whichever may be appropriate, for the enforcement of any of the rights conferred by this Part

(3) Without prejudice to the powers conferred on the Supreme Court by clause (1) and (2), Parliament may by law empower any other court to exercise within the local limits of its jurisdiction all or any of the powers exercisable by the Supreme Court under clause (2)

(4) The right guaranteed by this article shall not be suspended except as otherwise provided for by this Constitution

Annexure P-1 1

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. 580 OF 2021

IN THE MATTER OF:

EVARA FOUNDATION ... PETITIONER

VERSUS

UNION OF INDIA & ORS. ... RESPONDENTS

AFFIDAVIT DATED 13.01.2022 ON BEHALF OF THE UNION OF INDIA

PAPER-BOOK

(FOR INDEX KINDLY SEE INSIDE)

ADVOCATE FOR THE UNION OF INDIA: G S MAKKER

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EVARA FOUNDATION ...PETITIONER

VERSUS

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AFFIDAVIT DATED 13.01.2022 ON BEHALF OF THE UNION OF INDIA

I, Dr. Veena Dhawan, Wife of Dr. Puneet Dhawan, aged 56 years, working as Joint Commissioner (UIP) in the Ministry of Health & Family Welfare, Government of India, the deponent herein, do hereby solemnly affirm and state on oath as under:-

1. That I am Joint Commissioner (UIP) in the Ministry of Health & Family Welfare, Government of India ('MoHFW'). I am filing this affidavit in furtherance of this Hon'ble Court's order dated 03.12.2021 wherein this Hon'ble Court was pleased to observe as under:

"2. A preliminary affidavit has been filed by the Union of India. In view of the contents of the affidavit which has been filed on behalf of

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the Union of India, we grant liberty to the Petitioner to formulate any concrete suggestions which they may have to strengthen the existing framework for facilitating the vaccination of the disabled and to ensure that they have proper access to vaccination against COVID-19.

Mr. Pankaj Sinha, Counsel appearing on behalf of the Petitioner, together with other counsel appearing for the Petitioner, would, after due consultation, prepare a set of suggestions which can be emailed to the following email id: cmvc.dyc@gmail.com. A copy of the suggestions shall also be emailed to Ms. Aishwarya Bhati, Additional Solicitor General appearing on behalf of the Union of India. Once the suggestions are emailed, they would be the subject matter of further deliberations, with a view to consider if the existing framework for vaccination of the disabled needs to be suitably strengthened by incorporating additional safeguards or facilities. Ms. Aishwarya Bhati may respond to the suggestions with proposed measures."

2. That in furtherance of the above order, the Union of India received a list of suggestions from the Petitioner on 09.12.2021, which have been duly considered and the deponent is filing the present affidavit to apprise this Hon'ble Court about the steps that have been taken to address the suggestions given by the Petitioner.

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3. India's COVID-19 vaccination programme is the largest vaccination programme in the world. As on 11.01.2022, a total of 1,52,95,43,602 doses have been administered wherein, 90.84% of eligible adult population has received their first dose of the vaccine and 61% has received their second doses. Furthermore, a total of 23678 doses have been administered to disabled persons who have voluntarily chosen to be identified as such by using their Unique Disability ID Card/Disability Certificate for registration at the time of their vaccination.

PRELIMINARY SUBMISSIONS

4. At the outset, it is most respectfully submitted that India's COVID-19 vaccination drive is being guided by scientific and domain knowledge experts through a National Expert Group on Vaccine Administration for COVID-19 (NEGVAC). NEGVAC provides guidance on all aspect of COVID-19 vaccination including prioritization of population groups, procurement and inventory management, vaccine selection, vaccine delivery and tracking mechanism etc. The NEGVAC comprises of subject matter experts, Secretaries of all pertinent Ministries of Government of India, eminent technical experts and State Governments' representatives for

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evidence based and collaborative decision making that is adaptive to local needs. On technical aspects pertaining to COVID-19 vaccination, the NEGVAC is guided by the National Technical Advisory Group of Immunisation (NTAGI) which is India's apex advisory body on immunisation. The NTAGI examines the technical aspects like usage of different varieties of COVID-19 Vaccines, interval between vaccine doses, contraindications etc. and recommends the same to NEGVAC. NEGVAC in turn provides overall guidance and recommendations on all aspects of COVID-19 vaccination to MoHFW including prioritization of population groups, procurement and inventory management, vaccine selection, vaccine delivery and tracking mechanism etc.

RESPONSE TO SUGGESTIONS MADE BY THE PETITIONER

5. Helpline numbers: It is humbly submitted that this suggestion has already been implemented. The Government of India has a toll-free 24x7 national helpline number 1075 which caters to queries on COVID-19 vaccination from every individual, including those with disabilities. A Technical Helpline (0120-4473222) has also been established to specifically handle Co-WIN software

related queries. The personnel administering these helplines are aware of advisories and guidance documents issued by MoHFW in regard to differently abled people. There is also a State 104 Helpline number, which is primarily intended to provide medical assistance for several minor illnesses, ailments, and mental distresses, along with details on health schemes. The GoI has also provided guidance for augmenting the capacity of 104 Helpline for addressing queries on COVID-19 vaccination including grievance redressal related to vaccination process as well as linking to concerned facilities for management of any adverse event (available at: https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf).

Further guidance has been provided by Government of India by way of letter dated 11.06.2021 for orientation of 104 helpline personnel so as to facilitate the provision of requisite information to differently abled persons so as to facilitate their proper care and vaccination.

Ref: Letter dated 11.06.2021 issued by Secretary, MoHFW at page 20 of Preliminary Affidavit dated 30.09.2021.

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Furthermore, for medical query related assistance, MoHFW has established a patient to doctor telemedicine platform. Accordingly, a National Telemedicine Service by the name of eSanjeevaniOPD (https://www.esanjeevaniopd.in/) was rolled out nationally by MohFW on 13.04.2020 in the early stage of the COVID-19 pandemic. Since then, eSanjeevaniOPD (National Telemedicine Service) has been rolled out by 30 States and around 25,000 doctors have been on-boarded on eSanjeevaniOPD. Over 531 online OPDs are functional on eSanjeevaniOPD of which over 480 are specialist and super-specialist OPDs and 51 are General OPDs. Till now 63,56,743 consultations have been effected on eSanjeevaniOPD. eSanjeevaniOPD is citizen-friendly safe medium to seek health services by citizens in the confines of their homes. In many states eSanjeevaniOPD services are available round the clock and even on holidays.

6. Door to door vaccination and other measures relating to vaccination centers: It is most respectfully submitted that suggestions in this regard have already been implemented. It is humbly submitted that guidance has been provided to States/UTs to undertake meticulous, need-based micro-planning so that Near

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to Home Vaccination Centre (NHCVC) strategy is undertaken at block/urban area level and identification of NHCVC sites done as per Guidelines. The location of NHCVCs is to be done by district/urban task forces so as to ensure maximum reach of services to the eligible population.

Guidelines on NHCVC suggest utilizing of line lists already available with health or other departments (like department of Social Welfare) at state/district level. Provisions have already been made to consider scenarios where there is a group of target beneficiaries under one roof such as institutions serving differently abled people, old age homes etc; wherein the NHCVC can be organized at that site as per operational guidelines.

NHCVC Guidelines also details the steps that may be taken for making the vaccination centre friendly to the elderly and persons with special needs. The Guidelines further mention that vaccination team will facilitate on-site registration of the targeted beneficiaries in the Co-WIN portal, if they are not already registered.

States have been advised that while NHCVCs should continue to be functional, at the same time, it must also be

ensured that other CVCs are also fully accessible to persons with disabilities as per the accessibility standards mandated under Rights of Persons with Disabilities Act 2016.

Ref: Annexure R/2 at pages 13-19 and Annexure R/4 at pages 22-23 of the Preliminary Affidavit dated 30.09.2021.

Keeping in view the need of all persons who might be bed ridden or have extremely restricted mobility or disability and/or special needs that may hamper their accessibility even to Near to Home Vaccination Centres (NHCVCs), Government of India in its letter dated 22.09.2021 has advised all States/UTs for preparing a line-list of all such potential beneficiaries and their care givers and subsequently vaccinate all such beneficiaries at their place of residence using mobile vaccination teams. Furthermore, on 03.11.2021, the Government of India launched the "Har Ghar dastak Abhiyan" campaign to ensure 100% coverage of eligible beneficiaries with first dose and vaccination of due beneficiaries with second dose of the COVID-19 vaccines. Due beneficiaries identified by the team are vaccinated on the spot or mobilized to CVC, if one is operational in close vicinity. This brings the Covid 19 vaccination to the door step of all due beneficiaries, including persons with disabilities. Spot registration of all beneficiaries and

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vaccination doses in Co-WIN in door-to-door campaigns and through mobile teams is facilitated by the vaccinators.

A true copy of letter dated 01.11.2021 for the Har Ghar Dastak Campaign is annexed herewith and marked as **ANNEXURE- R/1.**

7. Vaccination access for persons with disabilities without ID cards: It is most respectfully submitted that suggestions in this regard have already been implemented. Provisions have been made for persons who do not have any of the prescribed ID cards for availing Covid-19 vaccinations by following Facilitated Cohort Registration process on Co-WIN. Co-WIN system provides the facility for creation of special vaccination sessions for this purpose and these sessions will have the features of registration of as many beneficiaries as are to be covered (subject to the limit of session capacity), without mandatory capturing of Mobile Number and Photo ID Card, through facilitated cohort registration and all vaccination slots in such special sessions will be reserved for vaccination of such facilitated cohorts. It may be noted that as on 06.01.2022, a total of 58,81,979 persons without any IDs have been vaccinated under the National COVID-19 vaccination programme.

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A true copy of the SOP for COVID-19 vaccination of persons without prescribed ID cards through Co-WIN is annexed herewith and marked as **ANNEXURE – R2.**

8. **Definition of disability:** It is most respectfully submitted that the scope of the National COVID-19 vaccination programme is to vaccinate all eligible population, including all persons with different types of disabilities. For the purposes of the COVID-19 vaccination programme, the definition of disability under the Rights of Persons with Disabilities Act, 2016 and the contours thereof are immaterial.

9. **Data collection of persons with disabilities:** It is most respectfully submitted that the scope of the National COVID-19 Vaccination Programme is to facilitate self-registration and vaccination of all eligible population in the shortest possible time, taking into consideration the needs of vulnerable sections of society. The framework for data collection/recording on Co-WIN portal is decided by technical groups such as NEGVAC and NTAGI based on scientific necessity.

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10. Nodal Officers: As previously submitted in the Preliminary Affidavit dated 30.09.2021, this suggestion has already been implemented by the Government of India. It is most respectfully submitted that in its letter dated 11.06.2021, Government of India has advised that District level officer of Disability/Social Welfare department is to be considered as designated Nodal Officer for the purpose of dealing with redressal of grievances of differently abled persons in connection with COVID-19. She/he will work in close co-ordination with Chief Medical Officer of the district for the said purpose.

Ref: Annexure R/3 at pages 20-21 of Preliminary Affidavit dated 30.09.2021.

11. Information related to COVID-19 vaccination be available in accessible/disabled-friendly formats and vernacular languages: It is most respectfully submitted that the Co-WIN public interface is available in 11 regional languages in addition to English. It is also submitted that open files of awareness materials have been shared with the States for translation, publication and dissemination in any language / accessible format. It may be noted that any information pertaining

NOTARY
A.N. SINGH
Supreme Court of India
Regn. No. 16959
Exp. Date : 31.01.2025
GOVT. OF INDIA

(डा. वीना धवन)
(Dr. VEENA DHAWAN)
संयुक्त आयुक्त (इम्यू.)
Joint Commissioner (Imm.)
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

to COVID-19 vaccination may also be sought from the multiple helplines mentioned earlier.

12. Awareness campaigns: It is most respectfully submitted that information on all aspects of COVID-19 vaccination programme is disseminated by Government of India and State/UTs through websites, print media, AV radio and television and also through other social media platforms. The Har Ghar Dastak Campaign in particular is a pan India campaign which will increase this reach even further. The Ministry has regularly promoted the National helpline number 1075 for all COVID-19 related queries.

13. Consent of persons with disabilities: It is humbly submitted that the directions and guidelines released by Government of India and Ministry of Health and Family Welfare, do not envisage any forcible vaccination without obtaining consent of the concerned individual. It is further humbly submitted that vaccination for COVID-19 is of larger public interest in view of the ongoing pandemic situation. It is duly advised, advertised and communicated through various print and social media platforms that all citizens should get vaccinated and systems and processes

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have been designed to facilitate the same. However, no person can be forced to be vaccinated against their wishes.

14. Exemption from vaccination certificates for persons with disabilities: It is most respectfully submitted that the Government of India has not issued any SOPs which make carrying of vaccination certificate mandatory for any purpose.

15. Care providers as essential workers: It is most respectfully submitted that the National COVID-19 vaccination program endeavours to vaccinate the entire eligible population in the least amount of time. As such, Government of India in its letter dated 22.09.2021 has advised all States/UTs to vaccinate bed ridden or beneficiaries with extremely restricted mobility or disability and/or special needs along with their care givers at their place of residence using mobile vaccination teams.

Ref: Annexure R/4 at page 22 of Preliminary Affidavit dated 30.09.2021.

16. Exemption from masks/face-cover: It is humbly submitted that the practice of using masks/face cover is in line with the recommendation of the W.H.O (World Health Organization) and

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other prominent public health agencies globally and is being advocated and followed universally as one of the most important methods to prevent the spread of COVID-19 infection. Asymptomatic or pre-asymptomatic infected person who may feel well and are unaware of their infectiousness to others are also likely to transmit infections to others. Similarly, persons with disabilities are just as likely to get infected with COVID-19 and transmit the same around them as any other person. In view of the same, in larger public interest, it is advisable that use of mask/face covers be universally followed.

17. Post vaccination monitoring: It is respectfully submitted that the Adverse Event Following Immunization (AEFIs) are monitored through a well-structured & robust AEFI surveillance system which has stood the test of time. As per the AEFI surveillance guidelines for COVID-19 vaccine, any suspected adverse events, following COVID-19 vaccine may be reported by any vaccine-recipient or his/her caregiver on COWIN portal through the vaccinator or the District Immunization Officer (DIO) Ref: Covid-19 Vaccine Operational Guidelines available at MoHFW website at:

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https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf.

18. Co-WIN app and portal to be fully accessible: It is most respectfully submitted that Government of India is already implementing features in Co-WIN portal to make it more accessible to persons with disabilities as mentioned in the Preliminary Affidavit dated 30.09.2021.

19. Counselling before vaccination: It is humbly submitted that Government of India has formulated Operational Guidelines for COVID-19 vaccination. As per these Guidelines, all beneficiaries are to be informed about adverse events which may occur after COVID-19 vaccine.

Ref: Covid-19 Vaccine Operational Guidelines available at MoHFW website at: https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf.

20. Accountable assessment/feedback of vaccination process: It is humbly submitted that there already exists a grievance redressal mechanism wherein all grievances received, including

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those received from persons with disabilities, are redressed in a timely manner. In addition, as mentioned earlier, nodal officers in each State have been advised to look into grievance redressal for persons with disabilities in particular.

21. The present affidavit is filed bona fide and in the interest of justice. The present affidavit is filed to apprise this Hon'ble Court on the steps taken by the Union of India in regard to issues highlighted by the Petitioner and the same may be read in conjunction with the earlier Preliminary Affidavit dated 30.09.2021 for receiving an exhaustive view on the matter.

I identify the deponent who has signed/put T.I. in my presence. MAH/4/33/9/2016

ATTESTED
A.N. Singh, Adv.
Notary Public
Govt. of India, Delhi
Mob.: 9718139591, 7982599115
13 JAN 2022

DEPONENT
(डा. वीना धवन)
(Dr. VEENA DHAWAN)
संयुक्त आयुक्त (इम्यू.)
Joint Commissioner (Imm.)
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

VERIFICATION

I, the deponent above named, do hereby verify that the contents of Para 1 to 20 of my above affidavit are prepared on the basis of instructions received by me and on the basis of legal advice received and no part of it is false and nothing material has been concealed therefrom to the best of my knowledge.

Verified at New Delhi on this 13 JAN 2022.

NOTARY
A.N. SINGH
Supreme Court of India
Regn. No. 16959
Exp. Date: 31.01.2025
GOVT. OF INDIA

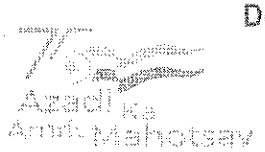
Certified that the above Named Deponent identify by Shri/Smt. A.N. Singh Adv.
Solemenly affarmed before me at Delhi
S. No. 3361
The contents of the affidavit which have been read & explained to me are true and correct
Notary
13 JAN 2022

DEPONENT
(डा. वीना धवन)
(Dr. VEENA DHAWAN)
संयुक्त आयुक्त (इम्यू.)
Joint Commissioner (Imm.)
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

Annexure-R/1 90 17

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

राजेश भूषण, आईएएस
सचिव
RAJESH BHUSHAN, IAS
SECRETARY



D.O No. 2088847/2021/Imm
1st November 2021

Dear Colleague,

Let me take this opportunity to appreciate the efforts of the States/UTs in achieving the milestone of administering 100 crore COVID-19 vaccine doses across our vast country, which is a significant feat in the fight against COVID-19 pandemic.

2. To sustain this momentum, the Hon'ble Union Minister of Health & Family Welfare had urged all States/UTs on 27th October 2021 during the meeting with Hon'ble Health Ministers of States/UTs at Delhi, to initiate '***Har Ghar Dastak Campaign***' from 3rd to 30th November, 2021 to accelerate the coverage of 1st and 2nd dose. All States/UTs were primed towards a house-to-house campaign approach vide letter of even no. dated 9th October 2021.

3. The healthcare workers are to reach out, counsel, mobilise and vaccinate all missed-out and dropped-out eligible beneficiaries to complete the vaccination schedule for adequate protection. The details for door to door vaccination has already been shared vide letter no. 2319278/2021/Imm dated 22nd September,2021.

4. For this activity, a comprehensive plan at district level should be prepared to approach the missed out and left out beneficiaries of Covid-19 vaccination & ensure they are vaccinated with the vaccine dose as due. Such district level plan has to be formulated by the District Magistrates and District Immunization Officers and then implementation has to be reviewed on a daily basis not only by the DMs but also by the State Health Department.

5. The due list for the 2nd dose can be extracted from CoWIN and can be used to reach house-to-house to identify and mobilize dropped out beneficiaries. A micro plan may be prepared and human resource from the partner agencies could be deployed to specific districts to provide support in such planning. All Panchayati Raj functionaries, NGOs may be involved for mobilization.

6. I am looking forward to your effective leadership in this massive public campaign--"***Har Ghar Dastak***".

Warm Regards.

Yours sincerely,

True Copy

(Rajesh Bhushan)

To: Additional Chief Secretary/Principal Secretary/Secretary (Health), All States/UTs

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : secyhfw@nic.in

SOPs on
COVID-19 Vaccination of Persons without prescribed Identity Cards through CoWIN

1. India's National Covid-19 Vaccination Strategy is based on scientific and epidemiological evidence and focuses on systematic end-to-end planning. Phase-I of the National Covid-19 Vaccination Strategy was launched on 16th January 2021 and focussed on protecting Health Care Workers (HCWs) and Front Line Workers (FLWs). Phase-II was initiated from 1st March 2021 and 1st April 2021 and focussed on protecting the most vulnerable i.e. population more than 45 years of age. Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy came in effect from 1st May 2021 under which COVID-19 Vaccination was opened for persons 18-44 years of age groups.

2. In all these phases, it has been prescribed that the beneficiary must either self-register or be registered in Co-WIN portal and that the identity and eligibility of the beneficiary be verified by vaccinator through one of the following seven prescribed individual Photo ID Proof prior to vaccination, namely –

    i. Aadhar Card
    ii. Electoral Photo Identity Card (EPIC) - Voter ID
    iii. Passport
    iv. Driving License
    v. PAN Card
    vi. NPR Smart Card
    vii. Pension Document with photograph.

3. Ministry is cognizant of the need for facilitating COVID-19 vaccination for all people, and especially the vulnerable groups who may not possess any of the seven prescribed Identity Cards. The Ministry has also received several representations from various state governments and agencies/organizations regarding COVID-19 Vaccination of such people who do not have any of the seven prescribed Identity Cards, required for verification before vaccination.

4. In this context, there is need to provide special consideration to vulnerable population of the country, as these beneficiaries are also at risk of exposure to COVID-19 infection and the consequent sequalae and outcomes of the disease, during the pandemic. Further they may not have any official Photo ID card like other citizens, but COVID-19 Vaccination services may not be denied in absence of Identity Proofs.

5. In view of the above, following procedure, developed in consultation with the technical experts, is hereby prescribed for providing vaccination coverage to people who do not possess any of the seven Identity Cards prescribed for availing COVID vaccination services–

    i. Such groups of people include nomads (including sadhu/saints from various religions), prison inmates, inmates in Mental Health Institutions, citizens in Old Age Homes, road side beggars, people residing in rehabilitation

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centres/camps and any other identified eligible persons, aged 18 years or more, and not having any of the seven prescribed individual Photo ID Cards.

ii. District Task Force may identify such groups of persons in respective districts not having any of the prescribed individual Photo ID Cards with assistance from concerned government department/ organisation like department of minority affairs, social justice, social welfare etc.

iii. The information regarding the identified groups and the number of beneficiaries to be covered, must be collated at the state level and the state government must issue clear instructions for implementation of these SOPs along with the district-wise estimated maximum number of doses to be administered using this special dispensation. A copy of such instructions must be displayed in public domain and should also be endorsed to the Ministry.

iv. A Key Facilitator may also be identified for each such group. The Key Facilitator must have a valid and active mobile phone and must also have at least one of the seven mandated ID cards. These could be officials of the institutions (both public or private) which normally provide care and services to people in the identified groups, e.g. Prison officials for prison inmates, Executive Officer/Superintendent of and Old Age Home etc.

v. A district nodal officer may be designated by the DTF, for identification of Key Facilitators, preparation of vaccination plan, identification of CVCs where vaccination sessions are to be organised, preparation of vaccination schedule, communication of vaccination schedule to the identified groups/beneficiaries and mobilization of beneficiaries as per vaccination plan.

vi. District Immunization Officer (DIO) will be responsible for organization of vaccination sessions at identified CVCs for providing coverage to the identified groups.

vii. The CoWIN system will provide the facility for creation of special vaccination sessions for this purpose. The session will have following features –

   i. Registration of as many beneficiaries as are to be covered (subject to the limit of session capacity), without mandatory capturing of Mobile Number and Photo ID Card, through facilitated cohort registration.
   ii. All vaccination slots in such special sessions will be reserved for vaccination of such facilitated cohorts.
   iii. This facility will only be available at government CVCs.
   iv. Information such as name, year of birth (as provided by the beneficiary) and gender will be entered in the CoWIN system for the beneficiaries.
   v. The Key Facilitator shall verify the identity of the beneficiaries.
   vi. Digital vaccination certificates are to be provided to the beneficiaries, preferably at the Vaccination Center itself.

viii. The District Nodal Officer will be personally responsible to ensure that the special dispensation provided through these instructions, is extended only to

cover such persons who do not have any of the seven mandated Photo ID Cards.

ix. Vaccine doses made available through the Government of India channel may be used for vaccination of beneficiaries aged 45 years or more and the vaccine doses procured by the State/UT Government may be used for those aged 18 years to 44 years.

x. All technical protocols as prescribed in the Guidelines of the Ministry regarding vaccination centres and AEFI management etc., must be followed.

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Annexure P-2

Government of India
Ministry Women and Child Development
(Child Welfare-II Section)

Room No.640, A-Wing.
Shastri Bhawan, New Delhi
Dated: 04th January, 2022

To,

The Principal Secretaries / Secretaries
WCD/SJE (All States/UTs)

Subject: Preventive measures to contain spread of COVID 19 & new variant Omicron - Vaccination of Children in CCIs – Reg

Madam/Sir,

Please refer to the Order of Ministry of Home Affairs No. 40-3/2020-DM-1 (A) dated 27th December 2021, whereby States/UTs have been directed in view of the initial surge in cases of COVID-19 as well as detection of the Variant of Concern (Voc), Omicron in different parts of the country, to consider implementation of the normative framework to contain spread of COVID-19. MOHFW vide D.O letter No. Z.28015/318/21-EMR, dated 21st December, 2021 has issued an advisory to all States/UTs, prescribing a framework for taking evidence based containment measures at district/local level.

2. In continuation of the advisories/guidelines issued by Ministry of Women and Child Development requesting the States/UTs to ensure care and protection of Children adversely impacted by COVID especially Children living in Child Care Institutions (CCI), while following the protocol as mandated under Juvenile Justice (Care and Protection of Children) Act, 2015; it is stated that while number of actions have been taken by the States/UTs, it is necessary to continue the efforts relentlessly, to bring all children under the safety net provided under the Government Schemes and programmes.

3. Further it is brought to the notice that in light of the compulsory vaccination of children against COVID-19 falling in the 15-18 age group, it is requested that all District Magistrates may be directed to make appropriate arrangements on for vaccination of the Children living in CCIs as well, on priority basis.

4. An update on Children vaccinated in CCIs may be shared on a fortnightly basis with MWCD. The Person In-charge of CCI/Superintendent shall keep record of the vaccination administered to these Children along with vaccination teams in the following format:

Date	No. of eligible Children	No. of Children Vaccinated	Percentage of Vaccination

5. It is further requested to ensure that report for first fortnight from 1st January 2022 – 15th January 2022 is sent to the Ministry in the above format at email **cw2section-mwcd@gov.in** on the next working day. The regular progress of vaccination may be mailed for every fortnight thereafter, till completion of vaccination process.

Encl.: As above.

Yours faithfully,
(Navendra Singh)
Director to the Govt. of India
e-mail: navendra.singh@nic.in

Copy for information to:
1. Principal Secretary (H&FW), Health and Family Welfare Department (All States/UTs).
2. MD, NHM, All States/UTs.
3. Member Secretary, National Disaster Management Authority

Annexure P-3

Guidelines for COVID-19 vaccination of children between 15-18 years and precaution dose to HCWs, FLWs & 60+ population with comorbidities

India's National COVID Vaccination Program is built on scientific and epidemiological evidence, WHO guidelines and global best practices. Anchored in systematic end-to-end planning, it is implemented through effective and efficient participation of States/UTs and the people at large.

Government of India's commitment to the vaccination program has been unwavering and proactive from the beginning, from strengthening Research and Development capacity, to encouraging and enabling manufacturing and vaccinating each and every adult Indian safely, as fast as possible.

As a consequence of reliance on scientific & epidemiological evidence and pro-active implementation, India's COVID-19 vaccination programme has achieved historical milestone of administering more than 141 crore doses so far. 90% of the adult population of the country has been covered with at least one dose and 62% of the adult population has been covered with both the doses.

For the COVID vaccination program, Government of India initiated early and proactive steps as far back as April 2020:

- "Task Force for Focused Research on Corona Vaccine" (constituted in April 2020), to encourage domestic R&D of Drugs, Diagnostics and Vaccines, headed by Principal Scientific Advisor to the Government of India.
- "National Expert Group on Vaccine Administration for COVID-19" (NEGVAC), (constituted in August 2020), to formulate a comprehensive action plan for vaccine administration, co-chaired by Member (Health) NITI Aayog and Union Health Secretary.
- "Empowered Group on Vaccine Administration for COVID-19" (constituted in January 2021), to facilitate optimal utilization of technology to make COVID vaccination all inclusive, transparent, simple and scalable, headed by CEO, National Health Authority.

India's COVID vaccination program incorporates recommendations of the foremost experts in the field of immunization, public health, disease control and information technology. Based on scientific and epidemiological evidence, the programme gives priority to strengthening the country's healthcare system by protecting the professionals, health and frontline workers, manning it, as well as protecting the most vulnerable population groups.

COVID vaccination in the country commenced with vaccination to all Health Care Workers. The program was expanded with time to include vaccination of Front Line Workers, citizens more than 60 years of age, citizens more than 45 years of age, and eventually citizens more than 18 years of age.

Under the National COVID Vaccination Program, from 16th January to 30th April 2021, 100% of vaccine doses were procured by Government of India and provided free of cost to State Governments. State Governments were in turn to administer vaccination free of cost to defined priority groups. To increase the pace of vaccination, participation of private hospitals was also enlisted where individuals could also choose to get vaccinated at a prescribed rate.

In response to the suggestions of many State Governments to be permitted the flexibility to procure vaccine directly and administer them as per their own prioritization based on local requirements, Government of India revised the Guidelines. Under the revised Guidelines effective from 1st May, 2021, Government of India was procuring 50% of the vaccine produced and was continuing to provide them to States free of cost for administering to priority groups. The State Government and private hospitals were also empowered to directly procure from the remaining 50% vaccine pool.

Many States subsequently communicated that they were facing difficulties in managing the funding, procurement and logistics of vaccines, impacting the pace of the National COVID Vaccination Program. It was also noted that smaller and remoter private hospitals also faced constraints.

Keeping in view the aforesaid aspects, the experiences gained from 1st May 2021 and the repeated requests received from States, the Guidelines for National COVID Vaccination Program were reviewed and revised. These Revised Guidelines became effective from 21st June 2021.

Under the Revised Guidelines, Government of India procured 75% of the vaccines being produced by the manufacturers in the country and provided it free of cost to States/UTs as has been the case from the commencement of the National Vaccination Programme. These doses were administered by the States/UTs free of cost to all citizens as per priority through Government Vaccination Centres.

Vaccine doses provided free of cost by Government of India have been allocated to States/UTs based on criteria such as population, disease burden and the progress of vaccination. Wastage of vaccine has affected the allocation negatively.

Government of India has also provided States/UTs advance information of vaccine doses to be supplied to them. States/UTs were expected similarly, to further allocate doses well in advance to districts and vaccination centers. They were also expected to put in the public domain the information about the above availability at district and vaccination center level, and widely disseminate it among the local population, maximizing the visibility and convenience of citizens.

In order to incentivize production by vaccine manufacturers and encourage new vaccines, domestic vaccine manufacturers were given the option to also provide vaccines directly to private hospitals. This was restricted to 25% of their monthly production. Later on, it emerged that the off take of private hospitals was much below the aforesaid 25%. Therefore, the Govt. of India procured more than 75% of vaccines being produced by the manufacturers in the country. These vaccines were provided free of cost to the States/UTs.

All citizens irrespective of their income status have all along been entitled to free vaccination. Those who have the ability to pay are encouraged to use private hospital's vaccination centres.

The CoWIN platform provides every citizen the facility of conveniently and safely pre-booking vaccination appointments. All government and private vaccination centers also provide onsite registration facility, available both for individuals as well as groups of individuals, for which detailed procedure have been finalized and published by States/UTs, in order to minimize any inconvenience to citizens.

Keeping in view the recent global surge of COVID-19 cases, detection of Omicron variant which has been categorized as a Variant of Concern (VOC), scientific evidence, global practices and the inputs/suggestions of 'COVID-19 Working Group of National Technical Advisory Group on Immunization (NTAGI)' as well as of 'Standing Technical Scientific Committee (STSC)' of NTAGI it has now been decided to further refine the scientific prioritization & coverage of COVID-19 vaccination as follows:

1. COVID-19 Vaccination of children in the age-group of 15-18 years to be started from 3rd January 2022. For such beneficiaries, vaccination option would be "Covaxin" only.
2. As a matter of abundant precaution, for those Health Care Workers (HCWs) & Front Line Workers (FLWs) who have received two doses, another dose of COVID-19 vaccine would be provided from 10th January 2022. The prioritization and sequencing of this precaution dose would be based on the completion of 9 months i.e. 39 weeks from the date of administration of 2nd dose.
3. All persons aged 60 years and above with comorbidities who have received two doses of COVID-19 vaccine, will on Doctor's advice be provided with a

precaution dose from 10th January 2022. The prioritization and sequencing of this precaution dose would be based on the completion of 9 months i.e. 39 weeks from the date of administration of second dose.

All citizens irrespective of their income status are entitled to free COVID-19 vaccination at Govt. Vaccination Centres. Those who have the ability to pay are encouraged to use Private Hospitals' Vaccination Centres.

Co-WIN features and provisions:

1. HCWs, FLWs and Citizens 60+ with co-morbidities:
   a. All HCWs, FLWs and citizens aged 60 years or above with comorbidities will be able to access the vaccination for precaution dose through their existing Co-WIN account.
   b. Eligibility of such beneficiaries for the precaution dose will be based on the date of administration of 2nd dose as recorded in the Co-WIN system.
   c. Co-WIN system will send SMS to such beneficiaries for availing the precaution dose when the dose becomes due.
   d. Registration and appointment services can be accessed through both, the online and the onsite modes.
   e. The details of administration of the precaution dose will be suitably reflected in the vaccination certificates.
2. New beneficiaries aged 15-18 years:
   a. All those aged 15 years or more will be able to register on Co-WIN. In other worlds, all those whose birth year is 2007 or before, shall be eligible.
   b. Beneficiaries can self-register, online through an existing account on Co-WIN or can also register by creating a new account through a unique mobile number, this facility is available for all eligible citizens presently.
   c. Such beneficiaries can also be registered onsite by the verifier/vaccinator in facilitated registration mode.
   d. Appointments can be booked online or onsite (walk-in).
   e. For such beneficiaries, option for vaccination would only be available for Covaxin as this is the only vaccine with EUL for the age-group 15-18.

These Guidelines will come into effect from 3rd January 2022 & will be reviewed from time to time.

****

Annexure P-4

Bengaluru, India
emailpriyanka@gmail.com
Cite this as: *BMJ* 2022;376:n3146
http://dx.doi.org/10.1136/bmj.n3146
Published: 07 January 2022

How covid-19 vaccines exposed India's adverse events reporting system

Adverse events are among the most heavily scrutinised parts of the covid-19 vaccine process. But India's system was woefully unprepared for this, leaving families confused, sowing vaccine hesitancy in communities, while robbing the system of valuable data, reports Priyanka Pulla

Priyanka Pulla *freelance journalist*

Around a week after she received her first dose of Covishield, the Indian version of AstraZeneca's covid-19 vaccine, 20 year old Rijuta developed a blinding headache. On 2 June 2021, she was admitted to a large corporate hospital in Bhopal city, Madhya Pradesh. Imaging and blood tests revealed a clot in her brain, says her friend Ajay, while her platelet counts dropped precipitously.

Concerned, the family approached a reputable neurosurgeon for a second opinion. The neurosurgeon told the family that Rijuta's symptoms were consistent with thrombosis with thrombocytopenia syndrome (TTS), the very rare adverse event that occurs between 0.5 and 6.8 times for every 100 000 jabs.[1] "But she said that no one could confirm it," Ajay told *TheBMJ*. When the family raised the possibility of Rijuta's illness being linked to the vaccine with the doctors treating her, they dismissed the idea. Rijuta, who was studying for her bachelor's degree in arts, died on 20 June.

Despite the strong evidence that existed by then that TTS could be caused by the AstraZeneca vaccine,[2] the Bhopal hospital didn't report Rijuta's case to India's covid-19 vaccine safety surveillance system. Ajay says Rijuta's family couldn't do so either because they didn't know how to report it.

Rijuta's case highlights just two of the many gaps that plague India's covid-19 vaccine safety system: hospitals are failing to report adverse events following immunisation (AEFI), while patients and their families don't know how to do it. But the system is also constrained by other problems, including the slow pace at which officials are investigating whether reported adverse events are due to vaccines and the non-communication of their findings with patients.

This has left not only an incomplete picture of vaccine safety in India but also confusion among the families of the victims of serious AEFIs that result in death or prolonged hospitalisation.

Such a situation is likely to trigger vaccine hesitancy, says Gagandeep Kang, a public health microbiologist at the Christian Medical College, Vellore, who helped develop India's first rotavirus vaccine. "For families to not even have acknowledgment of the reason they lost a child is callous," she said.

Multitude of challenges

Among the hurdles facing the covid vaccine safety system is the difficulty in adapting India's existing paediatric immunisation programme to adults. Before January 2021, the Indian government's immunisation programme was aimed at children. So, when the country began vaccinating healthcare workers that month, the post-licensure safety surveillance system for children's vaccines had to be modified for adult vaccines.

This system is three tiered. Once a hospital or healthcare provider voluntarily reports a serious AEFI, a district committee gathers all related data and sends them to a state committee. The state committee then investigates whether the AEFI is causally related to the vaccine, and sends the data to a national committee for verification. After verification, these data are supposed to go back to immunisers and vaccine recipients. This feedback loop is critical because it helps immunisers avoid errors and handle AEFIs better, while also bringing closure to victims of serious adverse events.

However, before the pandemic most of the experts sitting on state and national committees were paediatricians. When covid-19 vaccines were developed, the committees had to hurriedly recruit adult physicians, such as cardiologists and neurologists, and train them in causality assessments.

Furthermore, adult physicians have not been used to reporting vaccine adverse events. "Many of them may never have heard of AEFIs, they may not know where to report them," said Jyoti Joshi Jain, who previously worked with New Delhi's Immunisation Technical Support Unit, which advises the Indian health ministry on its immunisation programmes.

Even though the central government sent letters asking district officials to sensitise hospitals about reporting, "relatively fewer reports" are coming from India's large private healthcare sector, said Satinder Aneja, who leads the national committee which investigates vaccine AEFIs. This data gap is significant, because over half of all Indians approach the private sector for treatment when they become ill.[3]

On top of this, the pandemic and the immunisation programme itself have stretched the safety system. The members of the national committee, for instance, not only continue to evaluate AEFIs arising from childhood immunisation but are also involved in covid policy making. Meanwhile, district immunisation officers have to meet high vaccination targets, while also pushing hospitals to report adverse events and collecting the necessary medical records to investigate them.

The net result is very low levels of reporting, delay in the collection of medical records, and slow causality assessments. As of 30 November 2021, the national committee had received 49 819 adverse events reports, according to a response filed by India's health ministry in the country's parliamentary upper house.[4] By then, India had administered 1.23 billion vaccine doses, which means that Indian healthcare providers had reported only about four adverse events for every 100 000 doses. In contrast, the Canadian safety surveillance system received 48 reports for 100 000 doses until 3 December 2021,[5] while the UK had received 300-700 per 100 000 doses up to 16 December 2021.[6]

Reporting rates for TTS are similarly low, with only 26 reports having reached the national committee so far. And the reports that do reach the national committee are investigated slowly. Of the 946 deaths reported up to November 2021, the committee had completed investigations for only 89. And of the 26 TTS cases by mid-December 2021, only six have been investigated at the time of writing, with five attributed to Covishield.

Aneja said the speed of investigation was hampered by how long it was taking states to send medical records and postmortem reports. Distinguishing between causally related and coincidental adverse events often requires sophisticated medical investigations, which aren't always done by hospitals, especially in the chaos of the pandemic. "The safety system relies on the healthcare system, and the healthcare system itself has been overburdened and overwhelmed in the last two years," she said.

Fixing the system

Many of the problems with India's covid vaccine safety system were presaged by its paediatric vaccine safety system. In a 2017 paper, Jain and her colleagues described how the system had grown rapidly,[7] but still suffered from considerable under-reporting. Against a global benchmark of at least 10 AEFI reports for every 100 000 live births, the country was then reporting only 4.2 AEFIs.

Asked how the system could be strengthened, a senior official, who requested not to be named, said there was an urgent need to facilitate self-reporting by patients and their families. A government body known as the Indian Pharmacopoeia Commission does allow patients to report drug and vaccine adverse reactions, but poor awareness of this service means that it hasn't contributed much to AEFI reports. As of mid-December 2021, the commission had received only around 225 of the 49 819 reports, the official told *The BMJ*.

Another key intervention would be an active surveillance programme to identify rare events such as TTS and multisystem inflammatory syndrome. Compared with the current passive system, in which doctors can choose whether to report an adverse event, an active one would solicit such information from healthcare providers. Aneja says the Indian government has had plans to roll out an active surveillance system since 2020, but the exercise was taking time, given how resource intensive it was. She added that a self-reporting system was also expected to be up and running next year.

Aneja says that it is also necessary to supplement the national and state committees. Since India began its covid immunisation programme, the government has appointed a 30 member sub-committee dedicated to covid vaccine causality analysis, which supports the 27 member national committee. Even so, Aneja says, these committees cannot handle the large load of verifying causality assessments from across India in a short time. "We may need to decentralise and put in place 3-4 regional committees."

The need for these interventions couldn't be more urgent. With only half of India's adults fully immunised, and the threat of omicron looming large, improving vaccination rates is crucial. And a few surveys[8] show that hesitancy could be a significant barrier to this goal.

A strong safety system will also allow finer calculations of a vaccine's benefit-risk ratio in specific age groups. For instance, on the basis of data showing that younger people had a higher risk of TTS and a lower risk of severe covid-19, the UK is now offering alternatives to AstraZeneca's vaccine among healthy adults under 40.[9] In December 2021 India opened up vaccinations to 15-17 year olds, among whom severe covid-19 is even rarer, making a sensitive safety surveillance system critical.[10]

Such a system will also prevent needless deaths due to vaccines, as in the case of TTS, where the right treatment can cut mortality. "We need to know that TTS is being recognised, because we know that recognising it allows for appropriate early treatment," Kang says. With India's slow rate of investigation into TTS, this information currently doesn't exist.

Families left in the dark

In July 2021, Tamil Nadu based entrepreneur Venugopalan Govindan lost his 20 year old daughter, Karunya, after she became ill following her first Covishield jab. Karunya, who was studying for a masters degree in data science, was diagnosed with multisystem inflammatory syndrome, a condition that appears on the World Health Organization's list of adverse events of special interest for covid vaccines.[11] These events are so called because there is a theoretical possibility that they may occur after covid vaccination, although no evidence exists yet. For this reason, WHO advises that such events be monitored carefully.

When Karunya was admitted to hospital, Govindan suspected a link with the vaccine, but did not know where to report it. In desperation, he contacted the Serum Institute of India, the manufacturer of Covishield. The institute says it reported this information to a pharmacovigilance programme for manufacturers, which is supposed to forward the information to the covid vaccine safety system.

Aneja said that government policy was to communicate the results of causality analysis for all serious adverse events to recipients. Yet several state officials told *The BMJ* they were not aware of any such policy. "We only communicate the results to the district committee. There is no policy to tell patients," Vinay Kumar, state immunisation officer for Tamil Nadu said. In any case, Govindan says he didn't receive any updates on the information he submitted to the Serum Institute of India.

Frustrated, he has taken to social media to publicise his daughter's story. His appeals were then heard by a senior official associated with the safety system, who collected Karunya's medical records again. Eventually, on 29 October 2021, the official informed Govindan that the committee had classified the link between his daughter's death and the vaccine as "indeterminate"—a term used when an adverse event occurs soon after vaccination, but there isn't enough evidence to arrive at a causal link.

For other families, who didn't go public with their stories, getting the results of causality analyses has proved harder, if not impossible. Govindan says several families have found it difficult to persuade doctors to report deaths in the first place. "No one knows that a reporting system exists. Even when someone knows, they have to be extremely persistent to get deaths registered." Once reported, the system is "a black hole," he adds, with no assurance that a case

will be dealt with in a time bound manner. Also, India doesn't currently have any countrywide compensation programme for vaccine related injury.

For Govindan, the entire situation is especially grating because Indian government officials have frequently miscommunicated the risk from covid vaccines in the last year. In their eagerness to promote vaccination, government officials often claimed that covid vaccines were completely safe,[12] even though this statement isn't true of any vaccine. Further, recipients were rarely counselled during their appointments about the small possibility of serious adverse events.

The entire experience has left Govindan and many of his family unwilling to take their second doses of vaccine. "Myself and my wife, who are single jabbed, are totally staying away from that poison. And so also my brother and his wife," he says.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: Reporting for this story was supported by a grant from the Thakur Family Foundation. The foundation exerts no editorial influence on the work.

Commissioning and peer review: Commissioned; not externally peer reviewed.

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Annexure P-5

www.news18.com /news/india/no-need-to-vaccinate-children-against-covid-right-now-centre-informed-...

No Need to Vaccinate Kids Against Covid Right Now, Centre Informed About Decision: NTAGI Member

Himani Chandna : 3-4 minutes : 12/21/2021

1-MIN READ

School students, wearing face masks to protect against Covid-19, leave after attending their classes following the reopening of primary schools in Ahmedabad, on November 22, 2021. (REUTERS/Amit Dave)

NTAGI member and epidemiologist Dr Jayaprakash Muliyil said the panel has informed the central government that “children are doing fine and we should not be vaccinating children now”.

- News18.com
- Last Updated:December 21, 2021, 19:33 IST
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There is no need to vaccinate children against Covid-19 as the data shows no urgency, a member of the Narendra Modi government's panel on vaccination has told News18.com.

According to Dr Jayaprakash Muliyil, member of the National Technical Advisory Group on Immunisation in India (NTAGI), the panel has informed the central government that "children are doing fine and we should not be vaccinating children now".

The data driving the decision to not vaccinate children on an urgent basis shows no significant mortality among children due to Covid-19.

"India has not witnessed a single death among children below 12 years of age due to Covid-19. We have registered deaths among children due to cancer, leukaemia and other diseases where children tested positive, but those deaths cannot be attributed to Covid-19," Muliyil, who is a professor at Christian Medical College in Vellore and known as one of the country's leading epidemiologists, told News18.com.

While the central government hasn't made an official statement so far on the decision to vaccinate children, News18.com had reported in October that Union Health Minister Mansukh Mandaviya had told senior officials there should be no rush in clearing vaccines for children or starting the drive.

The NTAGI was also asked to take a holistic view before submitting the final plan to start the drive as the government has been exercising extraordinary caution before it finally kick-starts Covid-19 vaccination drive for children in India.

Mandaviya had earlier asked officers to study reasons behind the slow pace of vaccine rollout for children in developed nations.

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Himani Chandna

Himani Chandna writes on healthcare and pharmaceuticals, policy, R&D and corporate updates, and has a ringside view of India’s battle against the ...Read More

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www.thehindubusinessline.com /news/governments-decision-on-covid-vaccination-for-children-un…

Government's decision on Covid vaccination for children 'unscientific': Senior epidemiologist of AIIMS

PTI : 3-4 minutes : 12/26/2021

A senior epidemiologist at AIIMS who is the principal investigator of Covaxin trials for adults and children at the institute on Sunday termed the Centre's decision to vaccinate children against Covid "unscientific" and said it will not yield any additional benefit.

Dr Sanjay K Rai, who is also the president of the Indian Public Health Association, said before implementing the decision, data from countries that have already started vaccinating children should be analysed.

In an address to the nation on Saturday night, Prime Minister Narendra Modi announced that vaccination against Covid-19 for children in the 15 to 18 age group will start from January 3.

This will reduce the worries of children going to schools and colleges and their parents, and boost the fight against the pandemic, he said, adding that the move is also likely to aid in normalisation of teaching in schools.

"I am a great fan of PM Modi for his selfless service to nation and taking right decisions at right time. But I am completely disappointed with his unscientific decision on children vaccination," Rai said in a tweet tagging the Prime Minister's Office.

Elaborating his viewpoint, Rai said there should be a clear-cut objective of any intervention. The objective is to either prevent coronavirus infection or severity or death.

"But according to whatever knowledge we have about vaccines, they are unable to make a significant dent in the infection. In some countries, people are getting infected even after taking booster shots.

"Also, 50,000 breakthrough infections are being reported per day in the UK. So this proves that vaccination is not preventing coronavirus infection but vaccines are effective in preventing severity and death," Rai told PTI.

He said mortality due to Covid-19 in susceptible populations is around 1.5 per cent, which means 15,000 deaths per million population.

"Through vaccination, we can prevent 80-90 per cent of these deaths, which means that 13,000 to 14,000 deaths per million (population) can be prevented," he added.

Serious adverse events following immunisation are between 10 to 15 per million population, Rai said.

science.thewire.in /health/10-questions-indian-govt-must-answer-covid-19-vaccines-teenagers-booster-…

10 Questions the Indian Govt Must Answer About Vaccines for Minors and Boosters - The Wire Science

26/12/2021 : 6-7 minutes : 12/26/2021

Photo: Mike Flamenco/Unsplash

Around 10 pm on December 25, 2021, Prime Minister Narendra Modi announced in a televised address that the Union health ministry would roll out COVID-19 vaccines for young adults aged 15-18 years as well as booster doses frontline and healthcare workers and the elderly (if they have a doctor's certificate).

Since the government didn't avail officials to elaborate on the decision at the late hour, here are 10 questions the Union health ministry and Prime Minister Modi should answer if the announcement is to make more sense.

1. On December 24, vaccination drive chief Vinod K. Paul, Indian Council of Medical Research chief Balram Bhargava and Union health secretary Rajesh Bhushan had said in a presser that their decisions are guided by science and that there isn't any scientific basis yet to necessitate paediatric vaccination. Are we to believe the science changed substantially between December 24 evening and December 25 night? If so, what exactly changed?

2. Which vaccines will frontline workers, healthcare workers and the elderly receive as booster doses? What will the rationale be for these decisions considering the Paul-Bhargava-Bhushan triumvirate admitted on December 24 that there haven't been studies thus far about Covaxin's efficacy or its benefit as a booster dose – both against the omicron variant?

Addendum: Why has the emergency-approval for the Covavax vaccine, filed by Serum Institute, been delayed? Covovax was developed by Novavax and CEPI, and Novavax transferred the technology to Serum. This question arises because a) the WHO has already listed Covovax on its emergency-use vaccines roster, b) there has been a study from England saying the Covovax-equivalent there has been found to safely boost two doses of the AstraZeneca vaccine, and c) India is already exporting Covovax.

3. Did the Indian government wait to change its policy on vaccinating teenagers until the drug regulator had approved Covaxin for this age group? Because the government had approved Zydus Cadila's ZyCoV-D for teenagers in August and the evidence for the need to vaccinate children hasn't changed substantially since.

4. More worryingly, did the Indian government change its policy on vaccinating teenagers only because the drug regulator had approved Covaxin for this age group (considering the

evidence at the moment on the need to vaccinate minors is iffy and debatable)? Put another way, if the regulator hadn't approved Covaxin – no matter how unlikely such rejection – would government officials have continued to say they're still unconvinced of the need to vaccinate children?

5. Covaxin maker Bharat Biotech has said it has formulated the vaccine such that the same dose works for those aged 15-18 years and for those older. How will this change the company's manufacturing and supply calculi? Will existing stock start being diverted to vaccinate teenagers from January 3, 2022?

Also read: In May, Remdesivir From Zydus Cadila Made Patients Sicker: Report

6. Bharat Biotech reportedly submitted data from phase 2/3 trials for Covaxin for those aged 15-18 years, conducted in India, to the Drug Controller General. Is this data in the public domain, for independent verification? Or must we wait until tens of thousands of teenagers have been vaccinated before we're offered a preprint paper?

Addendum: What about the deliberations of the National Technical Advisory Group on Immunisation, of the National Expert Group on Vaccine Administration for COVID-19 and of the Subject Expert Committee – all of which should have pointed the way for the drug regulator's decision?

7. The one other vaccine the drug regulator has approved for use among those aged 12-18 years is ZyCoV-D, made by Zydus Cadila. The phase 3 trial data for this product isn't available in the public domain either. Why?

8. Why must elderly citizens get a doctor's certificate in order to receive booster doses while teenagers straightforwardly qualify for primary doses when the scientific evidence is ordered the other way: that SARS-CoV-2's effects become worse the older you are, especially if you're 60+, whereas the prevalence of disease, mild or severe, has been very low among minors? Remember that the vaccines' primary outcome is preventing severe disease, and transmission can be cut by better designing and enforcing COVID-appropriate behaviour.

9. How will informed consent work with people aged younger than 18 years? This isn't as simple as the buck stopping with their parents. For example, what happens when parents are opposed to a vaccine but their child wants one, or vice versa? Or when one parent is in favour of vaccination but the other is against? The UK uses a test called the Gillick competence to arbitrate such cases. The test stipulates: "the parental right to determine whether or not their minor child below the age of sixteen will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to understand fully what is proposed."

10. Why is the prime minister making announcements about expanding the vaccination programme that are at odds with what representatives of the epidemiology and vaccination enterprises have been saying? And why is the prime minister making announcements related to healthcare at all instead of more informed officials who can answer questions from journalists and independent experts? (We may know the answer, but we must still ask.)

File No. BIO/MA/21/000124
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002,
Dated: 24-DEC-2021

To
M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Grant of permission to use Whole Virion inactivated corona virus vaccine in age group more than 12 to 18 years-regarding

References:

1. Your application in SUGAM portal vide no. BIO/CT21/FF/2021/28432 dated 04-Oct-2021.
2. Amendment letter dated 11.03.2021.
3. Permission in Form CT-23 granted by this Directorate vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir,

This is with reference to your application for grant of permission to use Whole Virion inactivated corona virus vaccine in age below 18 years in permission in Form CT-23 granted by this Directorate vide no. MF/BIO/21/000002 dated 03.01.2021. This is to inform that the proposal was examined by this office in consultation with Subject Expert committee (SEC) on 11.10.2021.

In this regard, the recommendations of SEC experts were considered by this Directorate. Accordingly, based on the recommendations of SEC experts & submission of additional safety data, this Directorate has no objection at this stage for additional indication of Whole Virion inactivated corona virus vaccine for use in age group of >12 to 18 years with the dose schedule of 0 & 28 days for restricted use in emergency situation with the condition to submit SmPC, PI, Factsheet incorporating clinical information for said age group along with pharmacovigilance & risk management plan.

However, all other terms & conditions mentioned in the permission dated 03.01.2021 & amendment letter dated 11.03.2021 shall also be applicable for this amendment.

Yours faithfully

VGS

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Annexure P-9

COVID-19 Information

Public health information (CDC)

Research information (NIH)

SARS-CoV-2 data (NCBI)

Prevention and treatment information (HHS)

Español

Try the modernized ClinicalTrials.gov beta website. Learn more about the modernization effort.

NIH U.S. National Library of Medicine
ClinicalTrials.gov

Trial record **2 of 2** for: covaxin | India

Previous Study | Return to List | Next Study

COVAXIN in a Pediatric Cohort (COVAXIN-Peds)

The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Know the risks and potential benefits of clinical studies and talk to your health care provider before participating. Read our disclaimer for details.

ClinicalTrials.gov Identifier: NCT04918797

Recruitment Status : Recruiting
First Posted : June 9, 2021
Last Update Posted : July 2, 2021

See **Contacts and Locations**

Sponsor:
Bharat Biotech International Limited

Information provided by (Responsible Party):
Bharat Biotech International Limited

Study Description

Go to

Brief Summary:

The study is designed to evaluate the safety, reactogenicity and immunogenicity of three groups ages ≤18 - >12, ≤12 ->6, ≤ 6 - >2 years of healthy volunteers who receive two doses of the whole virion inactivated SARS-CoV-2 virus vaccine (**COVAXIN®**) 28 days apart.

Data will be un-blinded to the third party bio-statistician and an interim analysis will be performed on day 56 for Immunogenicity, Safety and submitted to CDSCO.

Condition or disease	Intervention/treatment	Phase
SARS-CoV2 Infection	Biological: **COVAXIN**	Phase 2 Phase 3

Detailed Description:

Study design: A Phase II/III, Open Label, Multicenter Study to Evaluate the Safety, Reactogenicity and Immunogenicity, of the Whole-Virion Inactivated SARS-CoV-2 Vaccine (COVAXIN®) in Healthy Volunteers ages ≤18 to ≥2 Years.

A total sample size of 525 healthy volunteers.

The study is designed to evaluate the safety, reactogenicity and immunogenicity of three groups ages ≤18 - >12, ≤12 ->6, ≤ 6 - >2 years of healthy volunteers who receive two doses of the whole virion inactivated SARS-CoV-2 virus vaccine (COVAXIN®) 28 days apart.

Group1: A total of 175 healthy volunteers ages ≤18->12, years will be enrolled in this group and will receive two doses of BBV152 vaccine through intramuscular route on Day 0 and Day 28+2.

Group 2: A total of 175 healthy volunteers ages ≤12->6, years will be enrolled in this group and will receive two doses of BBV152 vaccine through intramuscular route on Day 0 and Day 28+2.

Group 3: A total of 175 healthy volunteers ages ≤6-> 2 years will be enrolled in this group and will receive two doses of BBV152 vaccine through intramuscular route on Day 0 and Day 28+2.

Data will be un-blinded to the third party bio-statistician and an interim analysis will be performed on day 56 for Immunogenicity, Safety and submitted to CDSCO.

Immunogenicity analysis: A total of 5 ml of blood is collected at days 0, 28+2, 56±7, 118±7 and 208±7. SARS-CoV-2 test will be conducted at the time of screening using RT-PCR and ELISA method.

Study Design

Go to

Study Type :

Interventional (Clinical Trial)

Estimated Enrollment :

525 participants

Allocation:

N/A

Intervention Model:

Single Group Assignment

Intervention Model Description:

Open label

Masking:

None (Open Label)

Primary Purpose:

Prevention

Official Title:

A Phase II/III, Open Label, Multicenter Study to Evaluate the Safety, Reactogenicity and Immunogenicity of the Whole-Virion Inactivated SARS-CoV-2 Vaccine (**COVAXIN®**) in Healthy Volunteers Ages ≤18 to ≥ 2 Years.

Actual Study Start Date :

May 26, 2021

Estimated Primary Completion Date :

August 15, 2021

Estimated Study Completion Date :

January 25, 2022

Resource links provided by the National Library of Medicine

NIH NLM

MedlinePlus related topics: COVID-19 (Coronavirus Disease 2019) Vaccines

U.S. FDA Resources

Arms and Interventions

Go to

Arm	Intervention/treatment
Experimental: Study vaccine SARS-COV2 vaccine	Biological: **COVAXIN** Whole-Virion Inactivated SARS-CoV-2 Vaccine (**COVAXIN®**)

Outcome Measures

Go to

Primary Outcome Measures :

1. Reactogenicity [Time Frame: Within 7 days after each dose of vaccination]

   Occurrence of Solicited Adverse events

2. Immunogenecity [Time Frame: 6 months]

   GMTs of SARS-CoV-2 virus neutralizing antibodies by MNT/PRNT assay.

Secondary Outcome Measures :

1. Immunogenicity [Time Frame: 6 months]

   The GMT of binding antibodies (bAb's) IgG against spike protein (S1) and Nucleocapsid (N) protein in all three groups.

Other Outcome Measures:

1. Unsolicited Adverse Events [Time Frame: Within 28 days after each dose of vaccination]

   Occurrence of Unsolicited Adverse events

2. Adverse Events of Special Interest [Time Frame: Through study completion ,an average of 9 months]

   Occurrence of Adverse Events of Special Interest

Eligibility Criteria

Go to

Information from the National Library of Medicine NIH NLM

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the contacts provided below. For general information, Learn About Clinical Studies.

Ages Eligible for Study:

2 Years to 18 Years (Child, Adult)

Sexes Eligible for Study:

All

Accepts Healthy Volunteers:

Yes

Criteria

Inclusion Criteria:

1. Ability to provide written informed consent (by the parents or legally acceptable/authorized representative (LAR) and assent by the children (verbal/oral assent for the children of age between 7-12 years, and written assent for the children of age between >12 to 18 years), and Audio video consent for all participants.
2. Participants of either gender of age between ≥2 to ≤18years (Participant should be ≤18 years at the time of Screening of the study).
3. Good general health as determined by the discretion of investigator.
4. Expressed interest and availability to fulfill the study requirements.
5. Agrees not to participate in another clinical trial at any time during the study period.
6. Agrees to remain in the study area for the entire duration of the study.
7. Willing to allow storage and future use of biological samples for future research.

Exclusion Criteria:

1. History of any other COVID-19 investigational vaccination.
2. Confirmed SARS-CoV-2 at the time of screening using RT-PCR and ELISA method.
3. Temperature >38.0°C (100.4°F) or symptoms of an acute self-limited illness such as an upper respiratory infection or gastroenteritis within three days prior to each dose of vaccine.
4. Receipt of an experimental agent (vaccine, drug, device, etc.) within 60 days before enrollment or expects to receive an investigational agent during the study period.
5. Receipt of any licensed vaccine within four weeks before enrollment in this study.
6. Known sensitivity to any ingredient of the study vaccines, or a more severe allergic reaction and history of allergies in the past.
7. Receipt of immunoglobulin or other blood products within the three months prior to vaccination in this study.
8. Immunosuppression as a result of an underlying illness or treatment with immunosuppressive or cytotoxic drugs, or use of anticancer chemotherapy or radiation therapy within the preceding 36 months.
9. Long-term use (>2 weeks) of oral or parenteral steroids (glucocorticoids) or high-dose inhaled steroids (>800 mcg/day of beclomethasone dipropionate or equivalent) within the preceding six months (nasal and topical steroids are allowed).

10. Any history of hereditary angioedema or idiopathic angioedema.
11. Any history of anaphylaxis in relation to vaccination.
12. History of congenital diseases.
13. Any history of albumin-intolerance.
14. History of any cancer.
15. History of psychiatric severe conditions likely to affect participation in the study.
16. A bleeding disorder (e.g. factor deficiency, coagulopathy or platelet disorder, or prior history of significant bleeding or bruising following IM injections or venepuncture.
17. Any other serious chronic illness requiring hospital specialist supervision.
18. Respiratory diseases like severe acute respiratory syndrome (SARS), including mild asthma.
19. Chronic cardiovascular disease, gastrointestinal disease, liver disease, renal disease, endocrine disorder, and neurological illness
20. History of SARS-CoV-2 infection or known close contact with anyone with laboratory-confirmed SARS-CoV-2 infection or COVID-19 within 2 weeks prior to vaccine administration.
21. Any other condition that in the opinion of the investigator would jeopardize the safety or rights of a volunteer participating in the trial or would render the subject unable to comply with the protocol.

    Re-Vaccination Exclusion Criteria

22. Anaphylactic reaction following administration of the investigational vaccine.
23. Virologically confirmed cases of COVID-19

Contacts and Locations

Go to

Information from the National Library of Medicine

To learn more about this study, you or your doctor may contact the study research staff using the contact information provided by the sponsor.

Please refer to this study by its ClinicalTrials.gov identifier (NCT number): ***NCT04918797***

Contacts

Contact: Dr. V Krishna Mohan, PhD 04023480567 kmohan@bharatbiotech.com

Locations

India

Victoria Government Hospital **Not yet recruiting**

Visakhapatnam, Andhra Pradesh, **India**, 530001
Contact: Dr I V Padmavathi, MBBS,MD 9666140568 padmavathi.vgh@gmail.com

All India Institute of Medical Sciences — **Not yet recruiting**
Patna, Bihar, **India**, 801507
Contact: Dr Lokesh Tiwari, MBBS,MD 9555989176 lokeshkumartiwari789@gmail.com

Cheluvambha Hospital — **Not yet recruiting**
Mysore, Karnataka, **India**, 570001
Contact: Dr Prashanth, MBBS,MD 9606352062 drsp2013@rediffmail.com

Meditrina Institute of Medical Sciences — **Not yet recruiting**
Nagpur, Maharashtra, **India**, 440010
Contact: Dr.Vasant Khalatkar, MBBS,MD 9823044438 vasant.khalatkar@gmail.com

Jawahar Lal Nehru Medical college — **Not yet recruiting**
Ajmer, Rajasthan, **India**, 305001
Contact: Dr Jai Prakash Narayan, MBBS,MD 9314294402 narayan_jaiprakash@yahoo.co.in

Pranam Hospitals Hyderabad — **Recruiting**
Hyderabad, Telangana, **India**, 500050
Contact: Dr Mirza Nizam Baig Baig, MBBS,MD 9949389002 drmnb007@yahoo.co.in

Prakhar Hospital — **Not yet recruiting**
Kanpur, Uttar Pradesh, **India**, 208002
Contact: Dr Virendra Nath Tripathy, MBBS,MD 9415050777 dr.vntripathicr@gmail.com

Sponsors and Collaborators

Bharat Biotech International Limited

Investigators

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Principal Investigator:	Dr Padmavathi I V, MBBS,MD	Victoria Government Hospital
Principal Investigator:	Dr.Lokesh Kumar Tiwari, MBBS,DNB	All India Institute of Medical Scienes,Patna
Principal Investigator:	Dr.Jai Prakash Narayan, MBBS,MD	JLN Medical college,Ajmer
Principal Investigator:	Dr Mirza Nizam Baig, MBBS,MD	Pranam Hospitals Hyderabad
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More Information

Go to

Responsible Party:

Bharat Biotech International Limited

ClinicalTrials.gov Identifier:

NCT04918797 History of Changes

Other Study ID Numbers:

BBIL/BBV152/2021

First Posted:

June 9, 2021 Key Record Dates

Last Update Posted:

July 2, 2021

Last Verified:

July 2021

Individual Participant Data (IPD) Sharing Statement:

Plan to Share IPD:

No

Studies a U.S. FDA-regulated Drug Product:

No

Studies a U.S. FDA-regulated Device Product:

No

Additional relevant MeSH terms:

COVID-19
Respiratory Tract Infections
Infections
Pneumonia, Viral
Pneumonia
Virus Diseases
Coronavirus Infections
Coronaviridae Infections
Nidovirales Infections
RNA Virus Infections
Lung Diseases
Respiratory Tract Diseases

GlobalResearch
Center for Research on Globalization

‘The Truth of COVID-19 – The India Statement’: Citizens and Experts Call for a Halt to COVID-19 Vaccine Rollout in India

By Colin Todhunter
Global Research, December 16, 2021

Region: Asia
Theme: Science and Medicine

The mass rollout of COVID-19 vaccines should be halted immediately. These experimental vaccines pose serious dangers. That is the message contained in a statement from concerned citizens soon to be forwarded to India’s Prime Minister Narendra Modi.

The statement’s signatories include medical scientists, doctors, epidemiologists, civil servants, civil society organisations and “deeply concerned mothers, fathers, husbands and wives”.

Concerned citizens of India can sign on to the ‘The Truth of COVID-19 — The India Statement’ prior to its dispatch to the PM in the link provided at the end of this article.

Internationally renowned professionals in the field of medical science have also joined this effort by offering their expertise, including Dr Mike Yeadon, Dr Peter McCullough, Dr Pierre Kory, Dr Roger Hodkinson, Professor Sucharit Bhakdi and Dr Tess Lawrie.

The statement comprises two parts.

Part one is a five-page summary of the main points and recommendations.

This is supported by part two, a 62-page document which quotes the relevant literature and has dozens of references to back up the assertions made about the vaccines, COVID-19 and the vaccination programme.

Some of the key points and recommendations contained in part one are summarised below.

The statement begins by saying that a coronavirus vaccine has never before been used successfully. One problem has been the development of antibody disease enhancement (ADE). The vaccine produces antibodies, but sometimes this does not prevent disease – it instead makes the disease more serious and ADE can extend into the future (this has been seen before, for example regarding the rollout of a Dengue vaccine in Manila).

All the vaccines use the spike protein and this was thought to be a good idea at first because the virus uses its spike protein to attach to the host cells. But the statement notes this is a blunder and a major catastrophe.

The spike protein is the toxic part of the virus that causes major (vascular) disease. It is now confirmed that the synthetic spike protein of the vaccines is also toxic and is similarly causing the likes of clotting and bleeding disorders.

Many thousands of people taking the vaccine have died.

The vaccine leaves the injection site in the arm and, contrary to what was assumed, and unexpectedly, travels into the bloodstream, spreading all over the body including with concentrations in the ovaries, bone marrow and lymph nodes.

Moreover, the mass rollout of the vaccines is putting selection pressure on the virus to evolve into strains that are resistant to the vaccine, like Delta and Omicron. This is well known science that follows the same pattern as, for example, in anti-biotic resistance. Dr Luc Montagnier, the Nobel Prize winner who discovered the AIDs virus, has raised an urgent warning about this phenomenon. The statement notes that this process of new variants will not stop as more and more people get vaccinated.

Data from Israel (where the vast majority are vaccinated) show an increase in hospitalisations and deaths among the vaccinated. This is a repeated pattern occurring in other countries and was predicted by Dr Montagnier and other leading virologists.

The protective effect of the vaccines is also waning and is now below the required regulatory efficacy of at least 50%. The US health agencies are already advising a booster third dose. However, leading vaccine experts and immunologists and the vaccine manufacturers knew this all along. It was hidden though from the public.

It is clear that people who recover from Covid-19 develop natural immunity, which is long lasting with antibodies that are effective against several viruses or variants. A large percentage of the Indian population, around 70% or more, already have this natural immunity. The statement concludes that vaccines are therefore not required.

As the vaccines can produce antibodies to a protein, syncytin, which, in the future, may cause abortions in women, the assertion is that women of child-bearing age (50 and below) should not be given the vaccines.

The statement notes that children have not had much problem with Covid, but some doctors are suggesting that a third wave will affect them. This is based on speculation, not science. Moreover, the long-term impacts of these vaccines and in particular the toxic spike protein are unknown. It would thus be quite unconscionable to risk the future of children. Given the data, it is clear that the risks of Covid-19 vaccines far outweigh the benefits for children.

India has a major disease burden in terms of communicable diseases, (TB, diarrhoeal, etc) and children are seriously impacted (more than 2,000 children die every day). On the other hand, the incidence and deaths due to COVID-19 are negligible. Children are not impacted by this disease.

In India, levels of serious malnutrition are worrying (and the COVID-related lockdown of the country can only have exacerbated this). According to the statement, stopping unneeded vaccinations would release the huge sum of Rs 35,000 crores (almost 4.1 billion euros) for a public health system in dire need of resources to deal with killer childhood diseases and for improving the health of the population.

The statement notes that at the very heart of the problem of unsafe vaccines is the endemic conflict of interest that engulfs the institutions of health worldwide, not least in the US (NIA/FDA/CDC) the UK (MHRA) and the WHO.

It is for all the reasons mentioned above that vaccine manufacturers demand to be indemnified from any harm their vaccines may cause. Pfizer and Israel have made an agreement to hide Covid-19 vaccine adverse reactions for 10 years. Yet, these adverse effects are key to understanding vaccine science.

The statement also says that routine RT-PCR testing as presently conducted, including on asymptomatic cases, should be discontinued. PCR-driven 'cases' mislead the public on Covid infections. Furthermore, it is clear that the vaccines have failed to provide immunity and also fail to stop transmission from those vaccinated. India has acquired 'herd immunity' and does not need these vaccines. Medical science therefore does not support their continued rollout.

The statement concludes:

> "India must stop the vaccines with immediate effect... Preventive measures, early treatment and treatment protocols through all the stages of the diseases with Ivermectin and other off-label drugs are proven... very early on, India took exemplary action with regard to the ICMR [*Indian Council of Medical Research*] guideline on HDQ (hydroxychloroquine) and UP state with its public health measure of dispensing Ivermectin, which was an acknowledged success. We need to widen these measures across India. Both are 'repurposed' drugs, are medically proven and safe solutions, and there are others in our toolkit of medical products, along with vitamins (D, C and zinc)."

The PM will be urged to implement the recommendations set out in the statement and these will be at a fraction of the cost of vaccines. The funds released will allow the government to invest in overall health infrastructure (children's health in particular), the economy, farmers and agriculture and the environment.

Concerned citizens of India can sign on to the statement here, where links to both parts of the statement are provided.

Colin Todhunter is a Research Associate of the Centre for Research on Globalization (CRG)

Articles by: Colin Todhunter

About the author:

Colin Todhunter is an extensively published independent writer and former social policy researcher. Originally from the UK, he has spent many years in India. His website is www.colintodhunter.com https://twitter.com/colin_todhunter

CITIZENS ACROSS INDIA WRITE TO THE PRIME MINISTER

The Hon'ble Prime Minister of India
Shri Narendra Modi
7, Lok Kalyan Marg
New Delhi
India

30 December 2021

THE TRUTH OF COVID-19
THE INDIA STATEMENT

Summary & Recommendations: Part I

Dear Prime Minister

We are citizens writing to you from every walk of life. We include: medical scientists, Doctors and epidemiologists, Civil Servants, Civil society organisations, and not least among us, deeply concerned mothers, fathers, husbands and wives.

At the outset, we appreciate your concern for the health and well-being of the people of India in these perilous times of the Covid Pandemic. We appreciate that it is this concern that prompted you to encourage the development of the first Indian Vaccine 'Covaxin' and also promote the production of Covaxin at the Serum Institute in India. However, as medical specialists in particular, we have recently been alerted to serious dangers of all current vaccines, which are also experimental, under Emergency Use Authorisation (EUA), including Covaxin, and feel duty bound to share this with you for appropriate action urgently.

We ask you to stop the vaccines. We quote the relevant literature to support every assertion we are making so that it will be easy for you to get it verified by experts advising the Government. The evidence of medical science supporting this 'Summary & Recommendations', is provided as Part II of this letter and is cross referenced.

We are furthermore, very happy to inform you, that eminent international medical experts have joined this effort, to halt the vaccine rollout, in the interest and necessity of corrective measures to a global vaccine response to deal with this pandemic, and end it. They support the medical science backing our recommendations to you and have provided testimonials along with their brief biodata (ref. Pg. 5; Encl. Appendix 1: a-f); they are Prof/Drs:

Mike Yeadon	Peter McCullough	Pierre Rory
Roger Hodkinson	Sucharit Bhakdi	Tess Lawrie

1. A corona virus vaccine has never before been used successfully. One problem has been the development of Antibody Disease Enhancement (ADE). The vaccine produces antibodies, but sometimes this does not prevent disease – it instead makes the disease more serious and ADE can extend into the future. This happened with the Dengue vaccine, which was given to children in Manila. In the next Dengue season it was found that many of the vaccinated died compared to unvaccinated. (Ref. US Front Line Drs. Legal Suit Pg. 12; Foot note 22).

2. All vaccines use the spike protein. It was thought to be a good idea at first, because the virus uses its spike protein (SP) to attach to the host cells. However, we now know this is a blunder and a major catastrophe. The spike protein is the toxic part of the virus that causes major (vascular) disease. It is confirmed that the synthetic spike protein of the vaccines is also toxic and is similarly causing clotting and bleeding disorders etc. Many thousands of people taking the vaccine have died. The data of adverse effects and deaths as a result of the vaccines is sending shock waves in the scientific community and recipient human population in all countries (Ref Table pg. 6: Pts. 3, 4,5,7).

Furthermore, and very worryingly, it is now conclusive that the vaccine leaves the injection site, which is the arm, and contrary to what was assumed, and unexpectedly, travels into the bloodstream, ie spreads all over the body including with concentrations, in the ovaries, in the bone marrow and lymph nodes. This data has only recently become available in the public domain from Japan's Regulators, consequent to a request for data under the equivalent of our RTI. Given what is known of the spike protein and its ability to cause major disease, this is very dangerous. The potential to cause diseases of the bone marrow and in the long term, to affect the reproductive ability of women is unknown.

Furthermore, mass roll-out of the vaccines is putting selection pressure on the virus to evolve into a strain that is resistant to the vaccine, like the Delta Variant, which emerged in India Now we have Omicron. This is well known science that follows the same pattern as for example, in anti-biotic resistance. Dr. Luc Montagnier, the Nobel Prize winner who discovered the AIDs virus raised an urgent warning about this phenomenon. Therefore, it is not surprising that the Delta variant, which is sweeping the world is not prevented by the existing vaccines. And this process of new variants will not stop as more and more people get vaccinated (Ref Pt 3 (Pg.10)); Pg 42).

4. The data/studies in Israel (where the vast majority are vaccinated), show an increase in hospitalisations and deaths among the vaccinated, as opposed to the

unvaccinated, with the Delta virus. This is a repeated pattern occurring in other countries, and predicted by Dr Luc M and other leading virologists: The graph of vaccinated, infection and deaths rise together. This also quite clearly means that it is not the unvaccinated that are a threat to society, who are spreading the virus. (Ref. Pt D (ii) Pg 38 – 41; E Pg 41 & 42).

5. The protective effect of the vaccines is waning rapidly and is now below the required regulatory efficacy of at least 50%. The US Health Agencies are already advising a booster 3rd dose. However, leading vaccine experts and immunologists and the vaccine manufacturers knew this all along. It was hidden though from the public.

6. Unlike vaccine immunity, (which is also narrow, variant-specific), people who recover from Covid-19 develop natural immunity, which is long lasting with antibodies that are effective against several viruses/variants. Such persons need not be vaccinated saving the exchequer crores of rupees. Indeed, it is potentially dangerous for such persons to be vaccinated. A large percentage of the Indian population, around 70%+, already have this natural immunity according to the ICMR. This is called 'Herd Immunity', which also means that infections will die down. Vaccines are not required (Ref Pt C, Pg. 29 -31).

7. There are several groups other than the above who cannot be properly discriminated or distinguished in a vaccine roll-out. These groups must not be given Covid Vaccines. One such group is pregnant women, who are particularly vulnerable. Quite apart from the urgent inadvisability of pregnant women being vaccinated, the product inserts specifically state that the vaccine should not be used (ref. Pt 6, (Pg. 13 to 16 /also Mike Yeadon Doc @Appendix 1: a Pg 5).

It has also been shown that the vaccines can produce antibodies to a protein **Syncytin,** which, in the future, may cause abortions in women. This means that women of child-bearing age (50 and below) should not be given the vaccines (ref. Pt 6 (Pg. 13).

8. Children have not had much problem with Covid. We are aware some doctors are suggesting that a third wave will affect children. This is not scientific. It is not possible for any person to predict how a virus will evolve and they cannot say what age group it will affect. Moreover, the long term impacts of these vaccines and in particular, the toxic spike protein are unknown. It would therefore, be quite unconscionable to risk the future of our children and it follows, the future of our Country. Given the data, we know the risks of Covid-19 vaccines far outweigh the benefits. (ref. Pt 9 (Pg. 19-21); Pt Ac (Pgs. 25-28)

9. For our country, compared to our major disease burden in communicable diseases, (TB, diarrhoeal and other diseases), where children are seriously impacted,

(over 2000 children die every day), the incidence and deaths due to COVID-19 are negligible. Children are not impacted by this disease. We also draw attention to the levels of serious malnutrition. It will be of great relief to you that stopping un-needed vaccinations will release the huge sum of Rs 35,000 crores for a public health system in dire need of resources to deal with killer childhood diseases and to improving the health of our population. ref Pt. 10 (Pgs. 50-52)

10. The US FDA is withdrawing the current RT-PCR because in its present form @ high Cts (cycle thresholds) and faulty assays, the Covid and Flu viruses are not distinguishable. It is widely acknowledged by experts that determination of Covid cases has been significantly faulty, giving rise to great numbers of false positives. The ramifications have been severe on India (and worldwide), including causing widespread panic (ref Pt 11. (Pg. 52 –55).

11. At the very heart of the problem of unsafe Vaccines is the endemic conflict of interest that engulfs the Institutions of health world-wide, particular the US (NIA/FDA/CDC/) and the UK's MHRA), as well as the WHO. (Pt 9 F: Pgs. 42-49)

It is for all these reasons that vaccine manufacturers demand to be indemnified from any harm their vaccines may cause, from the Government. Pfizer and Israel have made an Agreement to HIDE Covid-19 Vaccine Adverse Reactions for 10 YEARS. Yet, the adverse effects of vaccines are KEY to understanding vaccine science.

The way forward for India: two matters are clear:

First, routine RT-PCR testing as presently conducted, including on asymptomatic cases should be discontinued. They have fuelled a significantly wrong statistic of Covid infections, resulting in flawed policy-responses, have caused panic and great harm.

Second, given the facts, it is clear that the vaccines have failed to provide immunity. They also fail to stop transmission from those vaccinated. Thus, they have failed to perform as vaccines. Furthermore, there are large swathes of the Indian population who may not be vaccinated; and India has also acquired 'herd immunity' and does not need Covod-19 vaccines. Under these circumstances, medical science does not support the continued roll-out of these vaccines. We risk more variants, (ADE) a potential medical nightmare.

Moreover, the recent findings that the vaccine spike protein is biologically active means that it is very dangerous and we are endangering our population through the mass vaccination drive. This fact allows us no alternative. Prime Minister, India must stop vaccinations with immediate effect.

We are encouraged by similar requests to STOP VACCINES by our fraternity of doctors, viz. 'Doctors for Truth'[1] and the joint statements (to the Prime Minister) as early as in August 2020, by experts of the Indian Public Health Association (IPHA), the Indian Association of Preventive and Social Medicine (IAPSM) and the Indian Association of Epidemiologists (IAE), which said, *"Vaccines have no role in current ongoing pandemic control ---"*[2]

Finally, and not least, we would like to assure you that we are confident in the solutions to Covid -19, which is an entirely treatable disease. Preventive measures, early treatment and treatment protocols through all the stages of the disease with Ivermectin (Pg 58-60) and other off-label drugs are proven (Ref Pt. 12 (Pgs. 56- 60)). It is moot to bring to your attention that very early on, India took exemplary action with regard to the ICMR guideline on HCQ (hydroxychloroquine) and UP State with its public health measure of dispensing Ivermectin, which was an acknowledged success. We need to widen these measures across India. Both are 'repurposed' drugs, are medically proven and safe solutions, and there are others in our toolkit of medical products, along with vitamins (D, C and zinc). India can be a beacon of light to other nations, to show the way.

Prime Minister, we look forward to working with you to implement the above recommendations and the proven and safe treatments for India to implement at a fraction of the cost of vaccines, which are bankrupting India. The funds released will allow your government to meet expenditures for restoration: of our health infrastructure, our children in particular, the economy, our farmers & agriculture and our environment.

With our warm wishes for your health and well-being

Yours sincerely,
Citizen Signatories, 81 Doctors and 1557 Concerned Citizens

Enclosed: Appendix 1 (a-f): 6 Testimonials (International Experts):

At this Link: https://drive.google.com/drive/folders/1RGC4i2dfF-OM73ULJsYWvVu0qWgmUi8O?usp=sharing

[1] Doctors for Truth' (ref):Website of: Awaken India Movement
[2] August 2020: https://science.thewire.in/health/health-experts-to-pm-modi-vaccines-have-no-role-in-indias-covid-19-control/

CITIZENS ACROSS INDIA WRITE TO THE PRIME MINISTER
THE TRUTH OF COVID-19
THE INDIA STATEMENT

PART II: EVIDENCE OF MEDICAL SCIENCE
Underpinning our Summary and Recommendations to the Prime Minister

1. OVERVIEW & BACKGROUND

The important Q that arises Prime Minister, is why we are addressing you in a letter whose recommendations are very different from current Government policy?

This is a virus that is entirely treatable through many approved (off-label) drugs, including Ivermectin, which has an outstanding safety record (Section-Pt 12). It is clear by now, 20 months into the pandemic that the COVID inoculations are not safe. The evidence is provided in this Part II. Our 'Recommendations' in Section-Pt 13, as a logical conclusion of the scientific evidence we have presented, therefore, states:

<u>we request you to kindly stop COVID-19 vaccinations for multiple reasons of medical science.</u>

We have observed some serious problems during this COVID -19 pandemic, with a worrying emphasis on the calling of the pandemic itself, its data, its restrictions in 'lockdowns', (which we now know have caused unprecedented economic 'grief' in every country and especially in our country), followed by a rollout of Vaccines under EUA (Emergency Use Authorisation), whose adverse effects are greatly under-reported and even under-recorded. In India, there is a paucity of such data. Yet, accurate Data and public access to such data is absolutely essential and is at the heart of scientific enquiry and analyses. The scientific proof is in the data.

The subsequent vaccine enforcements are even more troubling. As doctors and medical scientists, any coercement runs counter to an inviolate bio-medical ethic and the Hippocratic Oath of *"do no harm",* both of which do not allow a doctor to <u>forcibly</u> administer a drug to, or into any person. As citizens of democratic India, we strongly oppose any medical procedure that is forced. We quote these profound codes of medical bio-ethics, which must be kept before us:

Nuremberg Code (1947): ''The consent of the human subject is absolutely essential. The International Covenant on Civil and Political Rights resumed this ban against unintentional experimentation, in its 1966 text, which states: no one may be subjected without his consent to medical or scientific experiment".

Geneva statement for doctors (1948): '' I will respect the autonomy and dignity of my patient. I will not use my medical knowledge to infringe human rights and civil liberties, even under force. I will keep absolute respect for human life, from conception. I will consider my patient's health as my first concern"

The question also arises why there should be any kind of coercement, especially of a medical procedure or experimental drug? Vaccines are unavoidably unsafe. These COVID 19 inoculations produced at 'warp' speed of less than 1 year, against the usual 10 years and more for traditional vaccines with which we are familiar, are in fact completely different from traditional vaccines.

The mass vaccination rollout, by definition is indiscriminate and imperils 'exclusion' groups within populations, which must not be vaccinated for their safety. These are the exclusion groups: (a) Pregnant women and women below menopausal age, say 50; (b) children; (c) young adults below 30-35; (d) people with allergies and other specific ailments, which do not allow them to be vaccinated even according to the Manufacturers' vaccine instructions; (e) where near herd Immunity (derived from Natural Immunity, **NI**) to the virus is achieved, as in India, which at the end of July was 68%[1]. The current forecast suggests that India's NI may be well over 80%. The medical scientific evidence is consistent: that rapid and efficient memory-type immune responses occur reliably in virtually all unvaccinated individuals who are exposed to SARS-CoV-2. The effectiveness of further boosting the immune response through vaccination is therefore highly doubtful. Vaccination may instead harm, aggravate disease through antibody-dependent enhancement (ADE).[2] Therefore, in respect of herd immunity (e) alone, vaccination of the Indian population is not required.

Given these important deliberations, we therefore, determined to spend quality academic time with our peers, nationally and internationally, to find answers in science based on qualitative and quantitative data, in order to provide our best possible advice as a duty to our Country and to you Sir. Our findings are based on the medical science that the data points to, including the collective medical experience and art of treating patients in clinical practice.

This document has not relied on any modelling studies; it followed the data as it signaled the next steps. In this process we are fortunate that we have more than 20 months of data at our disposal. What we have found is disturbing.

The first point to note is that India has virtually no data on Vaccine Adverse Effects (**AE)**. Other countries are also, most notably seriously deficient in such reporting. In the US/UK/EU **AEs** are reported (voluntarily) to 1%, maximum 10% (for EUDRA). Therefore, science cannot analyse the impacts of the Covid vaccines. The second point is we face a media 'block'-out & fake news of extraordinary proportions. Curiously, the news and data that is blocked is, -- any opposition to, or counter to, the '*official narrative'* of Govts and

[1] ICAR (Indian Council of Medical Research

[2] https://doctors4covidethics.org/letter-to-physicians-four-new-scientific-discoveries-crucial-to-the-safety-and-efficacy-of-covid-19-vaccines/

their health agencies (US –FDA/CDC/NIAID, NIH, UK MHRA etc) and the WHO. We find, that these health agencies serve the interests of the pharmaceutical manufactures because they depend on them for income and have thousands of vaccine patents, including the mRNA vaccine Moderna,[3] all of which contribute very significantly to their revenue streams. Gates through his Foundation and cross-holdings, is the largest funder of the WHO, and Gates also funds the media. It includes the BBC. This deeply egregious conflict of interest describes the collective '*official narrative'*. We, our people are in great danger as are citizens everywhere. It is appropriate for us to quote **Dr Robert W Malone[4],** vaccine expert and the inventor of the technology of mRNA[5].

"We're seeing obstructionism, across literature and the regulatory agencies."

> His LinkedIn account has been suspended twice. -- Malone revealed the alarming counts of censorship by scientific journals and the major conflicts of interest at play. He exposed "another way the pharmaceutical industry can exert influence by bending the law." Dr Malone spoke how Covid vaccine companies are being given special treatment by the FDA and that "the manipulation of the data is occurring on multiple levels." He spoke about the strong disincentives for doctors to report vaccine adverse events to VAERS and explained the term **"plausible deniability"** in the context of why the CDC denies that there are any vaccine-related deaths.

And this interview of 14 Oct 2021[6]

The game-changer is the **role of the spike protein** that the vaccines produce, release or have in their formulations. The relatively recent finding that the synthetic spike protein of the vaccines is mobile and active within the body, and is cytotoxic and pathogenic has come as an enormous jolt to medical Drs and scientists/virologists. It quite simply means that these vaccines are poisonous 'jabs' that may not be administered.

Eminent Internist, cardiologist, epidemiologist **Prof Dr Peter McCullough** MD, MPH, FACC, FAHA,FASN, FNKF, FNLA, FCRSA, provided the science on Vaccines in his PPP summary: 'COVID-19 Vaccine Safety and Efficacy and the Urgent Need for Early Ambulatory Therapy' (Ref Appendix b: Pg 5, Part I, and here[7]).

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[3] https://www.democracynow.org/2021/11/12/headlines/nih_and_moderna_in_legal_battle_over_covid_vaccine_patent_rights?utm_source=Democracy+Now%21&utm_campaign=ed3e859ead-Daily_Digest_COPY_01&utm_medium=email&utm_term=0_fa2346a853-ed3e859ead-192872598

[4] https://trialsitenews.com/part-3-are-the-scientific-journals-censoring-the-science-my-candid-conversation-with-dr-robert-malone/

[5] **Robert W Malone:** Significant expertise with federal contracting, grants, international NGO health related research and development coupled with professional relationships at CDC, DoD, HHS (BARDA, CDC, FDA and NIAID); DoD Secret Clearance authorized

[6] **Malone: The New American:** https://thenewamerican.com/mrna-inventor-on-covid-response-is-this-really-about-the-vaccine-or-is-it-about-something-else/

[7] **Peter McCullough**
https://www.dropbox.com/s/pejishe4a8lckms/McCullough%20AAPS%20Vaccine%20and%20Treatment%20Oct%2030%20Amarillo%20FINAL.pptx?dl=0

Finally, Prime Minister, we need to forge our own independent path in a public health policy that addresses India's health realities. We draw attention to the levels of serious malnutrition in India among children, which is depriving them of any kind of future. We draw attention to the scourge of TB that kills 1400 mostly young every day with a case fatality rate even with treatment, that may reach as much a 5% and for MDR TB, 20%. Yet, COVID 19 does not impact children (recovery rate of over 99.99%).

Given the new reality of the life-threatening synthetic spike protein, it will be a source of great relief to you to be able to redirect a current spending on Covid vaccine (which at Rs 35,000 crores is almost 50% of our health budget of just over Rs 71,000 crores), to instead, meeting the serious expenditure outlays required to mitigate India's own major killer childhood diseases.

1.1 Background
Vaccines in India

Covid-19 injections in India as elsewhere, are being rolled out under EUA (Emergency Use Authorisation). The factual and legal issue under EUA admits their status as 'experimental vaccines'; they are not approved because their safety data is still under investigation in incomplete human trials, which also must await peer review. It bears emphasising that under these circumstances, there is no long term. Some data will only be available sometime in 2022—23. The 'vaccines' in India under EUA are: Covishield, (Astra Zeneca) and Janssen (Johnson & Johnson), both ad vector (DNA) vaccines, Covaxin and Sputnik.

DNA Vaccine ZyCoV-D: The most recent vaccine to receive EUA approval is ZyCoV-D, developed indigenously by Zydus Cadila with help from the National Biopharma Mission, National Institute of Virology and Indian Council of Medical Research, the world's first DNA vaccine for use in humans. The innovation involves injecting a bit of the DNA of the virus – in this case, the genes to produce the spike protein. This enters the host cell nucleus and the inserted genes will direct the cell to make the antigen - spike protein. This spike protein will stimulate the body to produce antibodies to it and so protect from the viral infection. Unlike conventional vaccines made of a killed or attenuated virus or even the latest mRNA vaccine – with this DNA vaccine, the antibody levels will not wane with time, according to the press release by the manufacturers themselves. Not mentioned in the press statement is the fact that the DCGI (Drugs Controller General of India) granted this EUA without the company publishing data from any Phase III trials, which independent scientists can evaluate.

There are concerns about this technology, these risks for example; that the continued expression of a foreign antigen can result in unwanted immunopathological effects. Anti-DNA antibodies may precipitate diseases like SLE. Among the risks anticipated by the

WHO, the most alarming is that it may integrate with the host chromosome and change the person's genome. It can affect fertility, and also cause perinatal toxicity. All these risks will take years to evaluate. Furthermore, the spike protein produced by the vaccine can result in abnormal clotting of blood or even death, which is a major concern with synthetic spike proteins of vaccines.

Covaxin is India's first vaccine, ZyCoV-D is India's second indigenous vaccine. Covaxin was granted EUA by the DCGI on 3 January 2021, but once again the manufacturer is yet to publish its Phase III trials.

On 30 March 2021, the Brazilian drug regulator, Anvisa, conducted an onsite evaluation because the country had plans to place an order to buy the Indian vaccine. Anvisa noted serious problems with the manufacturing process--- they were not sure that the SARS-COV-2 virus was completely killed and that it was free of microbial contamination. The Brazil government decided to drop its plans to buy 20 million doses of Covaxin.

Says **Jacob M Puliyel MD MRCP MPhil,**[8] CRISPR technology and disease prevention with vaccines have made huge strides in recent years. A certain amount of pride in human progress is justified. But we have swung to the side of hubris. Processes and procedures have been compromised.
https://caravanmagazine.in/health/the-little-discussed-risks-of-dna-vaccines-against-covid19

We clarify the scientific findings with regard to these Covid 19 'injections' in the paras that follow (Ref. Section-points in the table following). However, we appeal to first principles, the recognition of patters in the history of hazardous technologies and products. Just as in the case of smoking, which could, and was predicted to cause lung cancer by medical scientists/doctors, so, on first principles, all gene-based vaccines can be expected to cause blood clotting and bleeding disorders[9] based on their molecular mechanisms of action. Consistent with this, diseases of this kind from the jabs or inoculations have been observed across age groups by our fraternity. The vaccines are not safe[10].

We are encouraged by similar requests to STOP VACCINES by our colleagues, viz. 'Doctors for Truth'[11] and the joint statement (to the Prime Minister) as early as in August 2020, by experts of the IPHA, IAPSM and the IAE, which said, *"Vaccines have no role in*

[8] **Jacob Puliyel MD MRCP MPhil**: Paediatrician Delhi; Formerly Member of the National Technical Advisory Group on Immunization (NTAGI)

[9] Bhakdi, S. et al. (2021) Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns.

[10] https://www.ukcolumn.org/video/frances-long-time-vaccine-policy-chief-covid-policy-is-completely-stupid-and-unethical

[11] Doctors for Truth' (ref: Awaken India Movement website)

current ongoing pandemic control ---"[12]. Internationally eminent medical experts have also expressed their support (ref @ Pg 5, Part I).

CONTENT: SECTION-POINTS

2 TRADITIONAL VS COVID VACCINES

It is important to clarify the difference between traditional vaccines and COVID 19 vaccines because of the implicit trust that people have in the former. Traditional vaccines are their only reference point and experience. It is unfortunate that Covid 19 vaccines are drawing undue advantage and are riding on this psychological trust. And governments have made use of this shamelessly. The public ignorance about Covid -19 is fed by a near,

[12] August 2020: https://science.thewire.in/health/health-experts-to-pm-modi-vaccines-have-no-role-in-indias-covid-19-control/

complete lack of data & information in the public domain that has led to everyone rushing to be vaccinated in order to survive the mistaken ravages of the virus.

The former have been in use for over 4 decades and they form the basis of the trust and acceptance in the general public of traditional vaccines (and it may be said, the medical profession too). On the other hand, Covid-19 vaccines are unlike any previous vaccine & have been inadequately studied. The mode of action of all COVID vaccines under EUA for the production of antigens involve the Spike Protein of the virus SARS-CoV-2/COVID19. We clarify as follows:

Traditional Vaccines were developed and tested for 10-12 years before being released to the Public and market commercialisation. Traditional vaccines comprise a small amount of the pathogen (disease-causing agent) mixed with a material called an adjuvant, which is a substance, which induces mild inflammation and thereby alerts the immune system to the presence of a foreign protein. The small amount of pathogen is traditionally 'killed' by heating or by chemical treatment so that it cannot cause the disease against which immunity is sought. Alternatively, 'attenuation' (the process by which lethality of the virus is reduced), or in some vaccines, so-called 'live attenuated' material is used to bring about immunisation. Vaccines of these basic designs cover almost every vaccine ever developed and in use in the population today. Traditional vaccines, like any product, can occasionally malfunction and recognising this, regulatory authorities around the world usually maintain a public record of adverse events (AE) noted after vaccination, without necessarily attributing causation to the noted adverse event. However, the collection of event types and their frequency, coupled with a description of the alleged injured party, taken together with the relationship in time after vaccination that the adverse event is alleged to have occurred, does permit linkages sometimes to be made. For example, the swine flu vaccine marketed in 2009-10 was eventually withdrawn because the Swedish regulatory authorities noted a striking incidence in young people of a neurological condition, narcolepsy, which was reported in almost 1000 citizens.

COVOD 19 Vaccines –These medicinal agents, which are being called vaccines against covid-19 all utilise new technology. They work in an entirely different way to conventional vaccines and therefore have a radically different set of potential safety concerns. Beyond this, it is noted that Regulatory oversight of COVID vaccines lacks scrutiny and rigour and is marked by significant gaps in biosafety, and have even so, been released under EUA. Furthermore, the conspicuous lack of sound data records in all countries and in India in particular, is also a cause of great concern. We grapple for clarity because it disallows rigorous follow-up and analyses, to adequately and responsibly inform the situation in the light of scientific findings, to guide sound and responsible public health policy. COVID vaccines were also developed at warp speed in 3-4 months and are being officially tested on the general public. This means that it is wholly inappropriate to treat them like other vaccines. However, that is exactly what has happened. As a result of the new-technology products called covid-19 vaccines, working quite differently from prior products, (ie traditional vaccines, which are appropriately termed vaccines), leading medical experts & scientists are of the considered opinion that

the regulatory standard has fallen woefully short of the tests required to adequately assess and assure safety. Recognising that there was an *"ongoing failure of the regulatory standard, given the technical novelty of the covid-19 vaccines*", a petition of concern was drawn up by Dr Mike Yeadon (former VP Pfizer Inc) and Dr Wodarg, and lodged with the European Medicines Regulator (EMA) on December 1, 2020.[13]

3. THE SYNTHETIC SPIKE PROTEIN OF THE VACCINES

The emerging evidence: it is cytotoxic, pathogenic and biologically active

It is known conclusively that the spike protein of SARS CoV-2 is the causative factor for serious vascular disease in the body and causes disease on its own ie without the presence of the virus (Salk Institute[14]). The covid-19 vaccines currently released and subject to Emergency Use Authorisation all share a common and novel feature; they cause the recipients cells to manufacture a portion of the SARS-CoV-2 virus called the spike protein and/ its subunit S1. It is almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation. If the Vaccines were like traditional *bona fide* vaccines, and did not leave the immediate site of vaccination, typically the shoulder muscle, beyond the local draining lymph node, then the damage that the spike protein could cause might be limited.

However, the Vaccines were authorized without any studies demonstrating where the spike proteins travelled in the body following vaccination, how long they remain active and what effect they have. *Dr. Robert Malone[15],* creator of mRNA vaccine technology, said "*the COVID vaccine lipid nanoparticles, which tell the body to produce the spike protein — leave the injection site and accumulate in organs and tissues".* Bridle received a copy of a Japanese biodistribution study — which had been kept from the public — as a result of a 'freedom of information request' made to the Japanese Government for Pfizer data. Prior to the study's disclosure, the public was led to believe by regulators and vaccine developers that the spike protein produced by mRNA /(DNA) COVID vaccines, stayed in the shoulder where it was injected and was not biologically active — even though regulators around the world had a copy of the study which showed otherwise.

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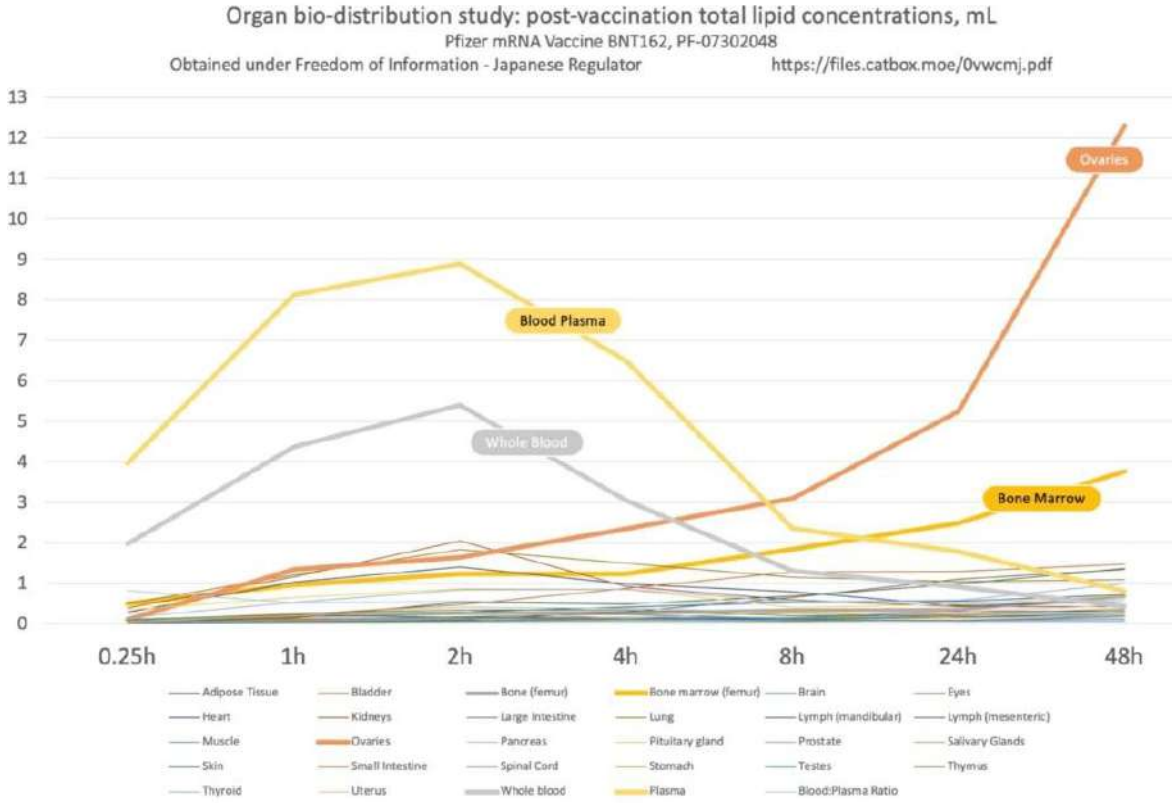
[13] https://dryburgh.com/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_signed_with_Exhibits_geschwarzt.pdf.

[14] Salk Institute Peer reviewed Study 30 April 2021: **https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/**
https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

[15] Robert Malone on the Dark Horse Podcast (**which was** taken down by YouTube): Children's Health Defense 17 June 2021:
https://www.google.com/search?q=%E2%80%A2+Inventor+of+mRNA+Technology%3A+Vaccine+Causes+Lipid+Nanoparticles+to+Accumulate+in+%E2%80%98High+Concentrations%E2%80%99+in+Ovaries&rlz=1C1MIMX_enIN920IN920&oq=%E2%80%A2%09Inventor+of+mRNA+Technology%3A+Vaccine+Causes+Lipid+Nanoparticles+to+Accumulate+in+%E2%80%98High+Concentrations%E2%80%99+in+Ovaries&aqs=chrome..69i57.3733j0j15&sourceid=chrome&ie=UTF-8 also: https://www.globalresearch.ca/inventor-mrna-technology-vaccine-causes-lipid-nanoparticles-accumulate-high-concentrations-ovaries/5748020)

The biodistribution study[16]&[17] obtained by Bridle showed lipid nanoparticles from the vaccine did not stay in the deltoid muscle where they were injected as the vaccine's developers claimed would happen, but circulated throughout the body and accumulated in large concentrations in organs and tissues, including the spleen, bone marrow, liver, adrenal glands and, in *"quite high concentrations,"* in the ovaries.



Robert Malone confirmed the above graph data and made the following added observations: (a) monitoring was required of vaccine recipients for leukaemia and lymphomas as there were concentrations of lipid nanoparticles in the bone marrow and lymph nodes. But those signals often don't show up for six months to three or nine years down the road; (b) there are **two adverse event** signals that are becoming apparent to the FDA. One of them is thrombocytopenia — not having enough platelets, which are manufactured in the bone marrow. The other is reactivation of latent viruses; (c) the FDA knew the COVID spike protein was biologically active and could travel from the injection site and cause adverse events, and that the spike protein, if biologically active, is very dangerous.

"Usually, signals like this are picked up in animal studies and long-term clinical trials, but this didn't happen with mRNA vaccines. The original data packages contained this biodistribution information. *"This data has been out there a long time"* within the

[16] Bridle Report: https://www.globalresearch.ca/vaccine-researcher-admits-big-mistake-says-spike-protein-dangerous-toxin/5746715
Pfizer Biodistribution study submitted to Japanese Medical Agency:
https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf
[17] The Japanese Bio-Distribution Study represented graphically by Steve Krisch & endorsed by Malone

protected, non-disclosed, purview of the regulators across the world. (Malone was one of many scientists to warn the FDA about the dangers of the free spike protein). Autoimmune issues may be related to free-circulating spike protein which developers assured would not happen. To pick up autoimmune issues, a 2- to 3- year follow-up period in phase 3 patients would be required to monitor for potential autoimmune consequences from vaccines — but that monitoring didn't happen with the Pfizer and Moderna vaccines. **Vanden Bossche's** concern (immune escape) is not theoretical. It is real and we have the data. We're stuck with this virus or its downstream variants pretty much for the rest of our lives and it's going to become more like the flu. We will have continuing evolution and circulation of variants, and that is an escape." *("Immune escape"* i.e. incomplete sterilization of the virus by the human immune system, even following vaccine administration).

Earlier this year, Vanden Bossche put out a call (to stop the mass vaccinations) to the World Health Organization, supported by a 12-page document that described the **"uncontrollable monster"**[18] that a global mass vaccination campaign could potentially unleash. His real worry though, or as he puts it, "beyond worried", is that humankind may severely damage its own, natural 'innate' immunity, because of the mass deployment of vaccination programs at this critical juncture. Our 'innate' immunity would be lost (a rich, variant-nonspecific form of natural immunity). It would also mean that vaccine-mediated protection would be lost.

4. MALONE[19]: BIOETHICS, WARNINGS AND MYTHS

The bioethics of the EUA granted to COVID-19 vaccines, their experimentation without proper informed consent violates the Nuremberg Code, which spells out a set of research ethics & principles for human experimentation. This set of principles was developed to ensure the medical horrors discovered during the Nuremberg trials at the end of World War II would never take place again, but in the current climate of extreme censorship, people are not being informed about the full risks of the vaccines — which are only beginning to be uncovered.

FDA Dismissed Malone's Vaccine Warning

Through his professional career, Malone has worked closely with the U.S. government for many years. As such, he has kept an open dialogue with colleagues at the U.S. Food and Drug Administration, with whom he discussed concerns about adverse events and the spike protein used in COVID-19 vaccines. In its native form in SARS-CoV-2, the spike protein is responsible for the pathologies of the viral infection, and in its wild form it's known to open the blood-brain barrier, cause cell damage (cytotoxicity) and, Malone said, "*is active in manipulating the biology of the cells that coat the inside of your blood*

[18] https://dryburgh.com/geert-vanden-bossche-open-letter-to-who-halt-all-covid-19-mass-vaccination/

[19] https://www.lewrockwell.com/2021/08/joseph-mercola/mrna-expert-speaks-out-on-the-covid-crisis/

vessels — vascular endothelial cells, in part through its interaction with ACE2, which controls contraction in the blood vessels, blood pressure and other things."

Malone is well aware of the actions of spike protein, as he worked to identify an effective drug that worked by blocking the action of the COX-2 enzyme, which is a key inflammatory enzyme. In one of his papers, he laid out how the spike protein and another protein in the virus directly turn on COX-2 promoter in infected cells.

This awareness of the spike protein as a biologically active protein made him alert the FDA about the associated risks last fall. His FDA colleagues transferred his concerns to the FDA's review branch, which dismissed his concerns, saying they did not believe the spike protein was biologically active and there wasn't enough documentation otherwise. As history now reveals, they proceeded with the EUA.

Malone tweeted: Pathologist's summary of Post-vaccination. (Considering how few pathology reports exist because of their active discouragement by our health agencies, this report is educative at the very least).
Ryan Cole MD, AFLDS PHYSICIAN: **a pathologist summary of what these jabs do to the brain and other organs**
"Why are we putting spike proteins into the human body. The spike is poisonous. ---And it is still circulating -- disease from the spike. This is not a vaccine".
https://www.bitchute.com/video/TsdTTHJteilw/

Another important point: Censorship prevents full comprehension of these risks. Malone, tweeted: I am told by an Israeli scientist, "Pfizer and Israel Made Agreement to HIDE Covid-19 Vaccine Adverse Reactions for 10 YEARS"[20]. "This is key to understanding -- "what the heck is going on".

> *"If you were wondering why Ivermectin was suppressed, it is because the agreement that countries had with Pfizer does not allow them to escape their contract, which states that even if a drug will be found to treat COVID-19, the contract cannot be voided."*

Information security expert on revealed Pfizer agreements: 'There's good reason Pfizer fought to hide the details of these contracts' - America's Frontline Doctors (americasfrontlinedoctors.org)

Disinformation and Lies: Malone outlined three main logic elements — each false — that are being propagated as part of the grander noble lie. Any discussion that challenges or goes against these three elements is censored:

[20] https://dailyexpose.co.uk/2021/08/10/dr-robert-malone-pfizer-and-israel-made-agreement-to-hide-covid-19-vaccine-adverse-reactions-for-10-years/

(a) **Mitigating death and disease from COVID requires herd immunity —** this is not true, as it's possible to reduce death and disease from COVID-19 using medications like Ivermectin and many others, including anti-inflammatories.

(b) **The only way to reach herd immunity is through universal vaccination —** this is another lie. As Malone says, "Herd immunity *is most often reached through natural infection."*

(c) **The vaccines are perfectly safe.** All three are false - as I have been saying for quite a while now.

Even the World Health Organization advises people who are vaccinated to continue wearing masks due to the delta variant because "vaccine alone won't stop community transmission." "Vaccines will not get us to herd immunity,"

Malone listed several adverse events that are already raising red flags.

- Cardiotoxicity
- Female reproductive health concerns
- Brain and nervous system disorders
- Coagulation problems
- Miscarriage in the first and second trimesters (this has not yet been confirmed), Thrombocytopenia (dropping blood platelets)
- Guillain-Barré syndrome (GBS)

Data Do Not Support Vaccination of Children

Malone believes that children and young adults up to age 30 or 35 should not be vaccinated, noting that the total number of COVID-19 deaths for birth- to 18-year-olds during the entire pandemic is 386. Children reap little benefit from this vaccine, not only because they're at very low risk from COVID-19.

In summary, the biodistribution study reveals that Coronavirus spike proteins are biologically active and they initiate the blood coagulation cascade among other properties. That unlike traditional vaccines, this spike protein enters the bloodstream and circulates throughout the body over several days post-vaccination. It accumulates in a number of tissues, such as the spleen, bone marrow, liver, adrenal glands and ovaries. It fuses with receptors on our blood platelets, and also with cells lining our blood vessels. It can cause platelets to clump leading to clotting, bleeding and heart inflammation. It can also cross the blood-brain barrier and cause brain damage. It can be transferred to infants through breast milk. The VAERS system includes reports of infants suckling from vaccinated mothers experiencing bleeding disorders in the gastrointestinal tract[21]. It is alleged that it is the induction of blood coagulation in various locations in the body, which is responsible for a high proportion of the serious adverse events including deaths, which are being reported to the Vaccine Adverse Event Reporting System (VAERS) in the USA, the Yellow Card System in the UK and EUDRA of the European Union. (These are woefully

[21] Case 2:21-cv-00702-CLM Document 15 Filed 07/19/21 Page 11 of 67: https://dockets.justia.com/docket/alabama/alndce/2:2021cv00702/177186

inadequate, suggesting approximations ranging from less than 1% to say 10%, with proven falsification/cover-up in several cases of data reporting. (Indian data is virtually non-existent).

5. THE SYNTHETIC SPIKE PROTEIN CIRCULATES SHORTLY AFTER VACCINATION

SARS-CoV-2 proteins were measured in longitudinal plasma samples collected from 13 participants who received two doses of Moderna mRNA-1273 vaccine. With 11 of the 13, the SARS-CoV-2 spike protein was detected in the blood within only one day after the first vaccine injection[22].

6. DR MIKE YEADON: REPRODUCTIVE HEALTH[23]

The rate of fatal outcomes following Covid-19 vaccination, usually from clotting or bleeding disorders, is extraordinary and exceeds that from any previous vaccine by a very large amount; estimates are of the order of 60-fold. This astonishingly high rate of adverse events after vaccination is a consequence of two factors: (i) (as Malone also states), the manufacturers were simply not required to study the way the product moves around the body after injection and (ii), they were not required to study the functional effects of the genetic code within the product after administration. There are no products on the mass market which operate in this way. *"It is my expert opinion that **this is the greatest failure of medicinal product regulation in relation to reproductive health since thalidomide** and is very much greater in terms of societal impact"*.

Reproductive Health: Pregnant women and WOCBA (women of child-bearing age) may not be vaccinated: Covid-19 vaccines have not been taken through reproductive toxicology tests**.** It is essential to lay-out the backdrop to the current position with clinical use of covid-19 vaccines, for one reason: we have NEVER, since thalidomide, exposed 'women of childbearing potential' **(WOCBP**) and ESPECIALLY NEVER pregnant women to ANY novel, experimental pharmaceutical product, without that product first having completed a full battery of reproductive toxicology tests. Even after this crucial step, pilot studies are always conducted in a small number of pregnant women to minimise risk to the developing foetus. Neither of these essential steps have been undertaken. Therefore, Yeadon states:

"There is no justification for taking risks with the health of unborn children"

> *"this expert reviewer is astonished at the current position. It is the height of recklessness to allow WOCBP to receive covid-19 vaccines, which are of an entirely novel, (including gene-based technology, mRA/DNA), for which there is no prior human safety experience in a large population. Worse, the active recommendation that these experimental agents*

[22] https://doctors4covidethics.org/letter-to-physicians-four-new-scientific-discoveries-crucial-to-the-safety-and-efficacy-of-covid-19-vaccines/

[23] **Dr Mike Yeadon**: Ref: PDF Appendix 1a Part I SUMMARY: 'Concerning information in relation to covid-19 vaccination and fertility'

should be administered to pregnant women is, in my opinion, ---- completely incomprehensible, criminally negligent".

It seems very likely that mRNA/DNA, which are formulated in lipid nanoparticles, accumulate in the ovaries of mammals including humans. I do not have an opinion about the covid-19 vaccines, which utilise a virus vector in relation to their distribution[24]. **The manufactures knew the risks to reproductive health as far back as 2012:** the problem of nanoparticle formulations for novel medicines like RNA is well known with the pharmaceutical formulation experts. In this paper (Schadliuch, A, et al 2012)[25], say: ***…… Nanocarrier accumulation in the ovaries in different mouse species and Wistar rats may also comprise an important toxicity issue in humans…."*** It is impossible to evade the conclusion that covid-19 vaccine manufacturers MUST have known this, yet they did nothing to explore it in humans. (Regulators, including the Japanese Regulator though, knew LNP accumulate in the ovaries – Malone). This deduction is inescapable and a major liability issue.

Any experienced reviewer would call for a halt of use of this vaccine in non-menopausal women:

(a) Syncytin: Women administered the Pfizer/BioNTech vaccine rapidly develop antibodies to their placenta:

Two outstanding findings are: **first**, spike proteins are able to initiate blood platelet aggregation and this to trigger blood coagulation, which calls into serious doubt the wisdom of having selected spike protein in all the vaccines to date. **Second,** there is a weak, but obvious (to expert reviewers) similarity of the coronavirus spike protein and a family of human proteins called syncytins. It is wrong to decide the level of similarity solely by reference to the primary amino acid sequence of two proteins and important also to consider the similarity of their 3-dimensional structure.

The Syncytin family of proteins are considered critical for the formation and successful maintenance of the placenta. Therefore, no matter how weak the homology between spike protein and syncytins, the concern arose that, upon making a strong immune response to spike protein, some women might generate an immune response to their own placental proteins. This concern would, in this reviewer's experience of over 30 years in the pharmaceutical industry, be met technically with a small series of studies to examine, hopefully to rule out, this concern. Such a study has just been reported as a pre-print: https://www.medrxiv.org/content/10.1101/2021.05.23.21257686v1.full.pdf)

It is unaccountable that the authors state that there was "no humoral response to syncytin-1". It is scientifically invalid to claim that the clear-cut increase in binding to

[24] Added Note (by doctors signing-on): The latter would include Covaxin and Sputnik, which also have the spike protein. Both manufacturers state in the vaccine literature that they are contraindicated for pregnant women. There is no statement with regard to WOCBA.

[25] Schadlich, A, et al (2012). Accumulation of nanocarriers in the ovary: a neglected toxicity risk? J. Controlled Release, **160**, 105-112. : https://www.sciencedirect.com/science/article/abs/pii/S0168365912000892?via%3Dihub

syncytin-1 on days 1-4 is functionally irrelevant. The authors of this paper have no basis to claim that the amount of antibodies to syncytin-1 is too small to matter. They appear to be unaware of the thalidomide lessons, which show that periods of exquisite sensitivity exist during early development where the presence of a toxin for periods of as little as two days can terminate development processes which are then never repaired.

It is sobering to recall again the lessons from thalidomide. It turns out that if the mother, early in pregnancy, took her first dose of thalidomide on day 20 after conception, their baby was likely to be born with brain damage; If on day 21, blind; if on day 24, limbs were often shortened or missing; no damage occurred if taken after day 42 since conception.

This new data, which shows that women do raise antibodies to a component of their placenta after vaccination with the Pfizer/BioTech product, raises serious concerns for foetal safety. It is not safe to assume that this will not have adverse consequences on successful pregnancy. It is not safe to assume that the other vaccines will not have similar effects. Again, as with the biodistribution study, a presumption of risk, potentially severe, arises from these clinical observations, and there isn't an aware person who wouldn't call a halt at this point.

Added Note from Law Suit filed by frontline doctors (ref. pg. 12 Foot N. 21): Antibodies raised against the spike protein might interact with the naturally occurring Syncytin proteins, adversely affecting multiple steps in human reproduction. The manufacturers did not provide data on this subject despite knowing about the spike protein's similarity to Syncytin proteins for more than one year. There are now a very high number of pregnancy losses in VAERS. A study recently published in the New England Journal of Medicine, 'Preliminary Findings of mRNA COVID-19 Vaccine Safety in Pregnant Persons,' exposes that pregnant women receiving Vaccines during their first or second trimesters suffer an 82% spontaneous abortion rate, killing 4 out of 5 unborn babies. There are worldwide reports of irregular vaginal bleeding without clear explanation. Scientists are concerned that the Vaccines pose a substantial risk to a woman's reproductive system. This increased risk of sterility stems from an increased concentration of the spike proteins in various parts of the reproductive system after vaccination (ref. NLP graph on pg. 6). Not enough is known to determine the risk of sterility, but it is beyond question that the risk is increased. Billions of aggressive spike proteins are accumulating in very delicate ovarian tissues, the one place in the human body where females carry a finite number of fertile eggs.

7. DR PETER MCCULLOUGH AND DATA OF ADVERSE EFFECTS (AE)[26]

[26] 23 July 2021 https://www.lewrockwell.com/2021/07/no_author/dr-peter-mccullough-urgent-warning-about-poisonous-jabs/

"*I think if we had had a data and safety monitoring board, they would have shut down the vaccine in February of 2021."* (**Dr Peter McCullough). --** The CDC is now acknowledging 12,000 deaths".

However, 'Whistle-blower Testimony' states 45,000 deaths have been caused by the Vaccines. Jane Doe queried data from CMS medical claims, and has determined that the number of deaths occurring with 3 days of injection with the Vaccines exceeds those reported by VAERS by a factor of at least 5, indicating that **the true number of deaths caused by the Vaccines is at least 45,000.** She notes that in the 1976 Swine Flu vaccine campaign (in which 25% of the U.S. population at that time, 55 million Americans, were vaccinated), the Swine Flu vaccine was deemed dangerous and unsafe, and removed from the market, even though the vaccine resulted in only **53 deaths**).[27]

McCullough continues: The threshold of concern is about 150 [deaths] for all the vaccines combined; 500 million shots per year, across 70 vaccines but for a single vaccine --- (?) "Initially, we didn't know. As these deaths continued to mount; on two occasions, in March and then later on, in June, the CDC put on their website that CDC and FDA reviewers had looked at the deaths and none of them were related to the vaccine and so doctors in my circles were questioning this, because patients were immediately dying after the vaccine at the vaccine centers or then shortly thereafter, we'd be called about some kind of fatal event that's happened, whether it's at home or patients come to the hospital with some type of fatal event.

"And so two important analyses came forward, one from McLaughlin in London and one by Rose, using the VAERS data and they basically concluded this: that 50% of the deaths occur between 48 hours of the injection and 80% of the deaths occur within a week. 86% of the deaths have no other explanation. They're well enough to walk into an ambulatory and actually have the COVID-19 vaccine and within two days, they've died. So, it's my judgement – and I've done a lot of work on data and safety monitoring boards and clinical review boards – it's my judgement, at this point in time that the vaccine is the cause of death**"**

> **"The proposition, now of coming in or of even being pressured or forced or coerced into a vaccine, which, for some people, it looks like it will be fatal, is an agonizing situation. I've never seen it in my career."**

Dr McCullough says that in a report published by the American Journal of Science and Law, it looks like the non-fatal events that occur go along 4 organ systems: the brain, the heart, the immune system and the hematologic system.

"My analysis of this, for instance, the cardiac myocarditis – there's now an official FDA warning on this – that appears to be relatively immediate, in the data that the CDC and

[27] **Jane Doe**: Ref See Ft, Note 21FN US Front Line Drs et al Legal Suit Pg 44

the NIH reviewed – and the FDA reviewed – it was in about two days of the second shot…I've seen these cases in my clinic and they're frightening".

"The CDC has now certified 2,000 of these cases. They tended to hit younger individuals…I'm becoming very worried that the messenger RNA or the adenoviral DNA is taken up and it's not disposed-of and that the spike protein is continuing to be produced locally in the tissues and causing damage.

The emergence of the neurologic symptoms -- we know – the lipid nanoparticles are taken up into the brain, the messenger RNA and the adenoviral DNA is taken up into the brain and it probably depends on how much and where the seeding occurs"…

"But I've chaired over two dozen data and safety monitoring boards, with committee work – we always work in teams – I have been a part of major programs where we've had to shut it down because of safety. I've done this before. I've done this type of work, I've chaired the data and safety monitoring boards for the National Institutes of Health – in fact, I'm doing so, right now. So I can tell you, as a doctor and **this is my book of business**. I'm in my fourth decade of doing this, I can tell you, this program should have been shut down in February, based on safety… it's going to go down as the most dangerous biologic medicinal product roll-out in human history… The mechanism of action is clearly poisonous and then we know that the generation of the spike protein, itself, it damages local tissues. It's not natural for a human cell to produce this foreign spike protein. We've never asked the human body to produce a foreign protein, ever. This is so radically new to do this and to do it on a mass scale and to, let alone express on the cell surface and have the body start to attack its own cells and then, let it circulate in the bloodstream, where we know it damages blood cells and causes blood clotting".

Q. Ever recommend the vaccine for a child? -- and he responds, "Under no circumstances…at this point in time, I really can't recommend it to anybody…I think, at this point in time, it's fair to warn against it…I'd say, take the risks with a natural infection right now and let's treat early. We have EUA on monoclonal antibodies. They have just as good of an approval as the vaccines. We should give monoclonal antibody infusions…The vaccine, once it's in the body, we can't get it out and we don't know how to manage these complications, some of which are fatal."

8. MORE EXAMPLES OF INJURIES (AE) CAUSED BY SPIKE PROTEINS (FN-21)

Neurological damage : the blood-brain-barrier prevents almost everything from getting in. Breaching it is generally incompatible with life. Most unfortunately, the COVID-19 Vaccines — unlike any other vaccine ever deployed — are able to breach this barrier through various routes, including through the nerve structure in the nasal passages and through the blood vessel walls. The Vaccines are programmed to produce the S1 subunit of the spike protein in every cell in every Vaccine recipient, but it is this subunit that causes the brain damage and neurologic symptoms. Elderly persons are at increased risk for this brain damage.

- It has been shown recently by Dr. William Banks, professor of Internal Medicine at University of Washington School of Medicine, that the S1 subunit of the spike protein — the part of the SARS-CoV-2 virus that produces the COVID-19 disease and is in the Vaccines — can cross the blood brain barrier. This is even more concerning, given the high number of ACE2 receptors in the brain (the ACE2 receptor is that portion of the cell that allows the spike protein to connect to human tissue). Mice injected with the S1 subunit of the spike protein developed direct damage to the perivascular tissue. In humans, viral spike protein was detected in the brain tissues of COVID-19 patients, but not in the brain tissues of the controls. Spike protein produces endothelial damage.
  There are an excessive number of brain haemorrhages associated with COVID-19, and the mechanism suggests that it is the spike protein that is responsible. The federal government's VAERS database shows a dramatic increase in adverse event reporting of neurological damage following injection with the Vaccine. While the full impact of these Vaccines crossing the blood-brain barrier is unknown, they clearly put vaccinated individuals at a substantially increased risk of haemorrhage, neurological damage, and brain damage.

- **Autoimmune Disease**: The spike proteins are perceived to be foreign by the human immune system, initiating an immune response to fight them. While that is the intended therapeutic principle, it is also the case that any cell expressing spike proteins becomes a target for destruction by our own immune system. This is an autoimmune disorder and can affect virtually any organ in the body. It is likely that some proportion of spike protein will become permanently fused to long-lived human proteins and this will prime the body for prolonged autoimmune diseases. Autoimmune diseases can take years to show symptoms and many scientists are alarmed at giving young people such a trigger for possible autoimmune disease.

Chronic Disease: Healthy children whose birth-right is decades of healthy life will instead face premature death or decades of chronic disease. We cannot say what percentage will be affected with antibody dependent enhancement, neurological disorders, autoimmune disease and reproductive problems, but it is a virtual certainty that this will occur.

While the full impact of these Vaccines crossing the blood-brain barrier is unknown, they clearly put vaccinated individuals at a substantially increased risk of haemorrhage, neurological damage, and brain damage

None of these risks has been adequately studied in trials, or properly disclosed to healthcare professionals or Vaccine subjects.

9. SARS CoV-2/COVID 19: DATA POINTS

A. OVERALL IFR (INFECTION FATALITY RATE)

Assuming the accuracy of US CDC COVID-19 death data, SARS-CoV-2 has an overall survivability rate of 99.8% globally, which increases to 99.97% for persons under the age of 70, on a par with the seasonal flu.

These data have been fleshed out below, which show that children are not impacted by this disease. Through age 19, children and adolescents have a 99.9973% COVID-19 survival rate. This information, which has been a constant throughout the reported pandemic, is reiterated in the most recent (pre-print) analyses by the eminent Stanford physician, epidemiologist and statistician John Ioannidis, who has been a steadfast critic of COVID alarmism from the very beginning. John Ioannidis data shows that survival rates do not stop with the 19-and-unders. Until people hit their seventies, all age groups have survival rate is well over 99%. The majority of deaths are coming from the 0.62% of the population who are in nursing home facilities.

- **0-19: 99.9973%**
- 20-29: 99.986%
- 30-39: 99.969%
- 40-49: 99.918%
- 50-59: 99.73%
- 60-69: 99.41%
- 70+: 97.6% (non-institutionalized)
- 70+: 94.5% (institutionalized and non-institutionalized)

https://childrenshealthdefense.org/defender/covid-health-data-mainstream-media-vaccine-risks/

These data do not support the global, including Indian policy of mass vaccination. For children vaccination is completely unacceptable[28] [29].

Aa. ADVERSE EFFECTS (AE) IN CHILDREN: The authors of a just-published study[30] (Aug 2021) in Elsevier 'Toxicology Reports' openly ask;

> "Why are we vaccinating children against COVID-19? "--- the clinical trials did not address changes in biomarkers that could serve as early warning indicators of elevated predisposition to serious diseases. Most importantly, the clinical trials did not address long-term effects". They warn that younger age groups could experience longer-term effects (such as myocarditis) "that, if serious, would be borne by children/adolescents for potentially decades."

MIS-C: Multi-System Inflammatory Syndrome in Children: This disease was unknown before October 2020 and is caused by the synthetic Spike protein produced by the

[28] **Drs For Truth write to the PM**: https://awakenindiamovement.com/letter-to-honble-prime-minister-2-0/
[29] **Paul Elias Alexander:** Vaccines for kids ae unnecessary and may kill them
https://www.lifesitenews.com/opinion/covid-19-vaccines-may-potentially-kill-our-children/
[30] **Elsevier:** https://www.sciencedirect.com/science/article/pii/S221475002100161X

vaccines. Its diagnostic code since Oct 2020 is registered on the FDA slide No 16. VAERS hardly reports it; but on the website of the CDC (@CDC.Gov), there are over 4200 cases and 40 deaths. THE FDA KNEW ABOUT THIS ADVERSE EFFECT of MIS-C. MIS-C is a debilitating, inflammation of multiple organs, agonising, lifelong and deadly. Is this what we want for our children?

Dr. Bryan Ardis, Dr. Reiner Fuellmich , & Dr. Wolfgang Wodarg – Depopulation by Any Means! - LewRockwell LewRockwell.com @44:18

The Elsevier Study (above & ref Foot Note 2) also reports on **MIS-C.** It is an important and fairly long account, dealt with briefly here.

MIS-C has emerged in VAERS with modest frequency so far, and it also occurred about a month after COVID-19 infection [65]. In both cases, the presence of the spike protein was a common feature. Many of its characteristic symptoms are those listed from VAERS. MIS-C has similarities with known disease entities like Kawasaki Disease (KD), toxic shock syndrome (TSS), and macrophage activation syndrome, (MAS)/secondary hemophagocytic lymphohistiocytosis (HLH). One presentation of MIS-C is in adolescents with a high disease burden as evidenced by more organ systems involved, almost universally including cardiac and gastrointestinal systems, and with a higher incidence of shock, lymphopenia, and elevated cardiac biomarkers indicating myocarditis.

These are the further comments from this peer reviewed study:

- Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities;
- Per capita COVID-19 deaths are negligible in children.
- Clinical trials for these inoculations were very short-term.
- Clinical trials did not address long-term effects most relevant to children.
- High post-inoculation deaths reported in VAERS (very short-term).

> "A vaccine is legally defined as any substance designed to be administered to a human being for the prevention of one or more diseases [5]. For example, a January 2000 patent application that defined vaccines as "compositions or mixtures that when introduced into the circulatory system of an animal will evoke a protective response to a pathogen." was rejected by the U.S. Patent Office because "The immune response produced by a vaccine must be more than merely some immune response but must be protective. As noted in the previous Office Action, the art recognizes the term "vaccine" to be a compound which prevents infection" [6]. In the remainder of this article, we use the term *'inoculated'* rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission. Since its main function in practice appears to be symptom suppression, it is operationally a "treatment".

Ab. THE SPIKE PROTEIN OF THE VIRUS COVID- 19 & OF THE INNOCULANTS: (to be read with Pt. 3, 4, & 5):

I. Elsevier Toxicology, peer-reviewed study:

https://www.sciencedirect.com/science/article/pii/S221475002100161X

mRNA-based inoculants (Pfizer and Moderna) and **viral vector-based inoculants** (**like Janssen of Johnson & Johnson and Astra Zeneca)** contain the genetic information needed for the production of the viral protein S (spike), which stimulates the development of a protective immune response against COVID-19. These vaccines use an adenovirus (DNA virus) to transport a gene from the coronavirus into human cells, which then produce the coronavirus spike protein. This spike protein primes the immune system to fight off potential coronavirus infection (emphasis added).

Children are unique relative to COVID-19. They have negligible risks of serious effects from the disease. Given that the COVID-19 inoculants were only tested for a few months, any mid- or long-term adverse events (which are unknown) and that emerge, could impact children adversely for decades. The recent emergence of evidence supports the probability of mid-and long-term adverse effects from the COVID-19 **inoculants,** such as:

- The spike protein itself can be a toxin/pathogenic protein
- S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function
- it is concluded that ACE2 and endothelial damage is a central part of SARS-CoV2 pathology and may be induced by the spike protein alone.
- the spike protein of SARS-CoV-1 (without the rest of the virus) reduces ACE2 expression, increases angiotensin II levels, exacerbates lung injury, and triggers cell signaling events that may promote pulmonary vascular remodelling and Pulmonary Arterial Hypertension (PAH) as well as possibly other cardiovascular complications
- **the recombinant S protein alone** elicits functional alterations in cardiac vascular pericytes (PCs). This was documented as:
  - increased migration
  - reduced ability to support EC network formation on Matrigel
  - secretion of pro-inflammatory molecules typically involved in the cytokine storm
  - production of pro-apoptotic factors responsible for EC death. Furthermore, the S protein stimulates the phosphorylation/activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) through the CD147 receptor, but not ACE2, in cardiac PCs, the S protein may elicit vascular cell dysfunction, potentially amplifying, or perpetuating, the damage caused by the whole coronavirus
  - "even in the absence of the angiotensin-converting enzyme 2 receptors, the S1 subunit from SARS-CoV-2 spike protein binding to neutral phospholipid membranes leads to their mechanical destabilization and permeabilization. A similar cytotoxic effect of the protein was seen in human lung epithelial cells." 125
  - The LNP layer encapsulating the mRNA of the inoculant is highly inflammatory in both intradermal and intranasal inoculation and "Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine" [42]. "Humans are likely developing PEG antibodies because of exposure to everyday products containing PEG. Therefore, some of the immediate allergic responses observed with the first shot of mRNA-LNP vaccines might be related to pre-existing PEG antibodies. Since these vaccines often require a booster shot,

anti-PEG antibody formation is expected after the first shot. Thus, the allergic events are likely to increase upon re-vaccination".

- The spike protein has been found in the plasma of post-inoculation individuals, implying that it could circulate to, and impact adversely, any part of the body.
- The spike protein of SARS-CoV-2 crosses the blood-brain barrier in mice [47], and "the SARS-CoV-2 spike proteins trigger a pro-inflammatory response on brain endothelial cells that may contribute to an altered state of BBB function".
- The spike proteins manufactured in vivo by the present COVID-19 inoculations could potentially "precipitate the onset of autoimmunity in susceptible subgroups, and potentially exacerbate autoimmunity in subjects that have pre-existing autoimmune diseases", based on the finding that anti-SARS-CoV-2 protein antibodies cross-reacted with 28 of 55 diverse human tissue antigens.
- **"The biodistribution of ChaAdOx1 [Astra Zeneca's recombinant adenovirus vaccine** candidate against SARS-CoV-2] in mice confirmed the delivery of vaccine into the brain tissues [50]. The vaccine may therefore spur the brain cells to produce CoViD spike proteins that may lead to an immune response against brain cells, or it may spark a spike protein-induced thrombosis. This may explain the peculiar incidences of the fatal cerebral venous sinus thrombosis (CVST) observed with viral vector-based CoViD-19 vaccines".
- A complementary perspective to explain adenovirus-based vaccine-induced thrombocytopenia is that "transcription of wildtype and codon-optimized Spike open reading frames enables alternative splice events that lead to C-terminal truncated, soluble Spike protein variants. These soluble Spike variants may initiate severe side effects when binding to ACE2-expressing endothelial cells in blood vessels." [100].

- (Also Ref Pt. 3 pg. 7, 8) A Pfizer Confidential study performed in Japan showed that "modRNA encoding luciferase formulated in LNP comparable to BNT162b2" injected intramuscularly concentrated in many organs/tissues in addition to the injection site [53]. The main organs/sites identified were adrenal glands, liver, spleen, bone marrow, and ovaries. While damage to any of these organs/sites could be serious (if real for humans), adverse effects on the ovaries could be potentially catastrophic for women of childbearing or pre-childbearing age (also see **II** below).

- "The SARS-CoV-2 spike protein is cytotoxic. That is a fact. Who says so? Multiple peer reviewed references. The Salk Institute. It is the responsibility of the vaccine developers to demonstrate that their expressed version is not toxic. Show us". https://twitter.com/RWMaloneMD/status/1406777926855671811

II. Dr. Byram Bridle, Spike P: Who filed a request under the FoIA (akin to India's RTI), with Japan's regulator for the Pfizer Biodistribution study. Text of the audio (London Times, Aug 10 2021):
https://www.australiannationalreview.com/health/doctor-on-covid-vax-we-screwed-up-we-didnt-realize-the-spike-protein-is-a-toxin-does-this-mean-everyone-vaxinated-is-manufacturing-their-own-spike-protein-toxins-in-their/?fbclid=IwAR3nGXqH2B_PHBoQ3CXO4sGqctot6iuGcwwE2YiNivMFJoYYiX2uDUJqAHg

Bridle, citing a new, peer-reviewed research study out of Japan says**: "They made a mistake – they thought the spike protein was a great target antigen, only to discover it is a toxin that can travel to many organs of the body, causing severe damage."** WORSE -- the spike proteins generated by mRNA vaccines don't stay in the shoulder muscle, but spread to the brain, heart, ovaries, etc. They also know that **the spike protein is what causes the damage with COVID-19** — and now, it is causing serious damage in the vaccinated.

- Spike protein, on its own is the cause of the vascular, neurodegenerative, problems, not the virus. In the original theory it stays in the deltoid muscle, goes to the local draining lymph node, and activates the immune system.
- But a new bio-distribution study from Japan tracked the vax and spike proteins. It gets into the blood within days of vax, accumulates in spleen, brain, bone marrow, liver, adrenal glands, with high concentrations in the ovaries.
- Spike protein is a pathogenic toxin that causes damage if in circulation, binds to platelets, epithelial cells of blood vessels, causing clotting, bleeding, heart problems, and brain blood clotting.

Conclusion is --*"We made a big mistake, and didn't realize it till now." "We thought the spike protein was a great target antigen but never knew the spike protein itself was a pathogenic toxin protein." "By vaccinating people we are inadvertently inoculating them with a toxin".*

III. Clotting and Covid Vaccine "Science" 2nd May 2021: Dr Mike Williams: Excerpts: https://www.ukcolumn.org/article/clotting-and-covid-science

The problem of clots after Covid vaccination was taken more seriously when a preprint paper appeared in Research Square investigating reports "of some vaccine recipients developing unusual thrombotic events and thrombocytopenia". The researchers "investigated whether such patients could have a prothrombotic disorder caused by platelet-activating antibodies directed against platelet factor 4 (PF4), as is known to be caused by heparin and sometimes other environmental triggers".

- Some of the patients were positive for antibodies to PF4 and the authors concluded that "The AZD1222 [AstraZeneca] vaccine is associated with development of a prothrombotic disorder that clinically resembles heparin-induced thrombocytopenia, but which shows a different serological profile". --- Effectively we have two opposing problems here: thrombosis forming a clot that can block a vessel supplying blood to an organ; and thrombocytopenia reducing the number of platelets that are needed to form a clot, causing bleeding, aka haemorrhage. Either of these problems can be very difficult to manage and extremely dangerous, even lethal for the patient -- but to have both at the same time!
- The combined thrombosis and thrombocytopenia linked to Covid vaccination is being considered as something new and very rare, and if clotting happens in a

vital organ … well, we're seeing the results: young people that should **not** be dying, are.

Considering that adverse events are generally accepted to be massively underreported, that is very concerning.

Clotting following vaccination — A surprise?

"If we were to rely on mainstream news and government reports, we might be led to believe that clotting problems with Covid vaccines were entirely unexpected and rare. Yet":

- the first warnings about the Astrazeneca clotting disorder came before the preprint (above) was published: and long before they even started making the current Covid 'vaccines'. Well over a decade before, to be precise.
- Adenoviral viral vector delivery systems that are being employed by Astrazeneca, Sputnik and Johnson & Johnson, for example, were known to be problematic in the past. In 2007 a **research paper** laid it out very clearly:
- In September 2020, another paper, **SARS-CoV-2 binds platelet ACE2 to enhance thrombosis in COVID-19**, also outlined a problem with SARS-CoV-2:

But what has that got to do with the vaccine?

This paper identified a spike protein as causal factor in clotting. And, of course, a spike protein is what is being produced by most of the Covid vaccines. Yet the regulators did nothing. It should also be noted that **platelet-leukocyte aggregation** was mentioned in both the 2007 and 2020 papers. How did the authorities and drug manufacturers miss that?

Magro et al, in a paper available as early as October 2020, entitled **Severe COVID-19: A multifaceted viral vasculopathy syndrome,** demonstrated that in small blood vessels the spike protein, all by itself, can induce clotting by docking in various tissues.

- The key point to this paper in relation to Covid vaccines is that the spike protein, devoid of viral RNA travels to the brain and causes clotting. Once again, to reiterate, **Covid vaccines produce such a spike protein.** ---- Not only can the spike protein cause clots all by itself, that may well be resistant to being broken up, it also looks like it also may alter the blood-brain barrier, causing neurological damage.

In Conclusion

- *"there is overwhelming evidence that the SARS-CoV-2 spike protein (that is also synthetically produced by the Covid vaccines) is a central part of the mechanisms of morbidity and mortality of SARS-CoV-2, and therefore is also a risk of the vaccine. In regard to clotting, that risk is greater if you receive a vaccine.*

- *The data clearly demonstrate that the last thing you would ever want to do is make a vaccine that produces a spike protein. As the literature clearly showed, it would cause significant damage, including brain clots and death. And that literature, for the most part, was available before the release of Covid vaccines to the public".*

IV. m RNA COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning (Steven R Gundry Nov 2021).

The American Heart Association Journal, *Circulation*, just published an abstract of this study. It includes this expression of concern:

> **"***We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination"*

Ac. CHILDREN: OTHER ADVERSE EFFECTS – INCLUDING MYOCARDITIS

UK Government Covid-19 Injection for Children. Does it look safe? https://johnplatinumgoss.com/covid-19-vaccination-statistics/ **(also see Pr D (i) below)**

Pfizer - UK Govts Injection of Choice for Children. UK Disclosed Adverse Reactions & Injuries (Pfizer Only)			
29th September 2021	Total	Fatal	% of Total
Blood disorders	11,342	3	3%
Cardiac disorders	5,734	98	2%
Ear disorders	4,602	-	1%
Endocrine disorders	223	-	0%
Eye disorders	5,562	-	2%
Gastrointestinal disorders	31,083	16	9%
General disorders	83,606	187	25%
Hepatic disorders	156	1	0%
Immune system disorders	1,697	2	1%
Infections	7,902	88	2%
Injuries	5,216	1	2%
Investigations	4,181	3	1%
Metabolic disorders	1,850	2	1%
Muscle & tissue disorders	40,047	-	12%
Neoplasms	239	5	0%
Nervous system disorders	57,975	55	17%
Psychiatric disorders	6,970	1	2%
Renal & urinary disorders	915	7	0%
Reproductive & breast disorders	21,797	1	6%
Respiratory disorders	14,352	51	4%
Skin disorders	23,303	1	7%
Pregnancy/ null/ Congenital/Social	863	15	0%
Surgical & medical procedures	369	1	0%
Vascular disorders	5,360	14	2%
Total Per MHRA	335,344	552	100%

Only 1% of Adverse Effects are estimated to be reported. There is also evidence of active under-recording (in UK MHRA)

- **MALONE: 14 Oct 2021 (interview on LifeSite News)**
  Risk of Heart Inflammation in Adolescents

  The potential side effects of the Pfizer shot — which include two types of heart inflammation, myocarditis and pericarditis — were known a year ago, Malone stated. Still, the CDC ignored them. While the U.S. has databases, such as VAERS and VSafe, to track adverse reactions to vaccines, there is an unspoken agreement in the CDC that the Israeli capability in analysing such data is "far more superior" than that of America. Therefore, the CDC mostly relies on reports from Israel.
  Still, it was neither Israeli nor American scientists at the federal bodies that discovered an obvious link between the COVID jabs and increased risk of heart inflammation in adolescents, who generally don't suffer from cardiac conditions. It was private data company Oracle, whose findings prompted the CDC and other governments, including Israel's, to review their own data.
  No healthy young man should receive a COVID vaccine. https://thenewamerican.com/mrna-inventor-on-covid-response-is-this-really-about-the-vaccine-or-is-it-about-something-else/

- **Elsevier Toxicology: Adverse inoculant effects on children (0-17) @ 3.1.3.2 & 3.1.3.2.1**:

  The main reasons (that) the spike protein could be harmful to children even though they don't seem to get sick from exposure to SARS-CoV-2 are 1) the bypassing of the innate immune system by inoculation, 2) the larger volume of spike protein that enters the bloodstream, and 3) the additional toxic effects of the encapsulating LNP layer. (emphasis added)

  https://www.sciencedirect.com/science/article/pii/S221475002100161X

- **Jessica Rose and Peter McCullough: Elsevier Toxicology Study; 1 October 2021: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products**[31]

  We used VAERS data to examine cardiac AEs, primarily myocarditis, reported following injection of the first or second dose of the COVID-19 injectable products. Myocarditis rates reported in VAERS were significantly higher in youths between the ages of 13 to 23 ($p<0.0001$) with ~80% occurring in males. Within 8 weeks of the public offering of COVID-19 products to the 12-15-year-old age group, we found 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for this age group. In addition, a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males. A total of 67% of all cases occurred with BNT162b2. Of the total myocarditis AE reports, 6 individuals died (1.1%) and of these, 2 were under 20 years of age - 1 was 13. These findings suggest a markedly higher risk for myocarditis subsequent to COVID-19 injectable product use than for other known vaccines, and this is well above known background rates for myocarditis. COVID-19 injectable products are novel and have a genetic, pathogenic mechanism of action causing uncontrolled expression of SARS-CoV-2 spike protein within human cells. When you combine this fact with the temporal relationship of AE occurrence and reporting, biological plausibility of cause and effect, and the fact that these data are internally and externally consistent with emerging sources of clinical data, it supports a conclusion that the COVID-19 biological products are deterministic for the myocarditis cases observed after injection.

[31] Peer-reviewed- Elsevier: withdrawn without notice to the authors

https://www.sciencedirect.com/science/article/pii/S0146280621002267

- **Sept 12 2021: Brian Shilhavy --Editor, Health Impact News**
  https://vaccineimpact.com/2021/teens-50x-more-likely-to-have-heart-disease-after-covid-shots-than-all-other-fda-approved-vaccines-in-2021-combined-cdc-admits-true-but-still-recommends-it/

  12 through 19 (12 is the youngest age that the COVID injections are currently authorized to be injected with), there have been 31 deaths, 181 permanent disabilities, 3,679 ER visits, 1,655 hospitalizations, 331 life threatening events, and 748 reports of heart inflammation (all forms of "carditis").

- **Steve Kirch (Tech Entrepreneur): Inconvenient truth: vaccine-induced myocarditis is neither rare or mild**

  When we apply the proper URF (under reporting factor) to the myocarditis data, we find that myocarditis goes from a "rare" event to a common event. Using data from the CDC and applying the correct URF, for 16 year-old boys, the rate of myocarditis is 1 in 317 as we can see from this slide from our All you need to know deck. That's not rare. That's a train wreck.

RISKS TO CHILDREN: UK (to 25 August 2021)

What the govt will do to children	
On currently reported UK rates	490 Children Dead
If only 1% reported	49,000 Children Dead
If only 10% reported	4,900 Children Dead
On currently reported UK rates	108,000 Children Injured
If only 1% reported	10,800,000 Children Injured
If only 10% reported	1,080,000 Children Injured
Long Term Damage: Impact on future fertility and the growth and development of a child is currently UNKNOWN	

B. THE ABSOLUTE RISK REDUCTION (ABS) & RELATIVE RISK REDUCTION (RRR).

The ABS is the true impact that the injection itself was shown to have at reducing a person's chances of getting sick with Covid-19: 0.84% for Pfizer and 1.28% for Astra Zeneca (Lancet study @ link below)

The ABS is actually right around 1% for all currently available COVID shots.

https://www.globalresearch.ca/microbiologist-explains-covid-jab-effects-dr-sucharit-bhakdi/5754956 [32]

Absolute Risk *= probability = incidence.*

- **Pfizer/BioNTech** — Relative risk reduction: 95%. Absolute risk reduction: **0.84%**
- **Moderna —** Relative risk reduction: 94%. Absolute risk reduction: **1.2%**
- **Gamaleya (Sputnik V)** — Relative risk reduction: 91%. Absolute risk reduction: **0.93%**
- **Johnson & Johnson** — Relative risk reduction: 67%. Absolute risk reduction: **1.2%**
- **AstraZeneca/Oxford** — Relative risk reduction: 67%. Absolute risk reduction: **1.3%**

These data showed zero benefit in the clinical trials.

C. NATURAL IMMUNITY (NI) ie ARISING FROM A PREVIOUS COVID-19 INFECTION

It is settled medical science that natural immunity is robust and long lasting and leads to herd immunity. We cannot vaccinate ourselves out of the 'pandemic', (vaccines will not lead to herd immunity). The scientific literature for a SARS-type virus confirms this and that natural immunity is also 'broadly' effective even in the case of mutations, ie against variants. A paper[33] out of Japan demonstrated that only four relatively small mutations on Sars-CoV-2 can lead to a failure of vaccine-generated immunity, but people who become naturally infected remain protected from these small mutations.
All this makes it a threat to mass vaccination.

15 studies compiled by Daniel Horowitz: that indicate that natural immunity from prior infection is more robust than the COVID vaccines. Reviewed by the CCCA (Canadian Covid care Alliance), Scientific and Medical Advisory Committee, 8 Oct 2021. Natural-Immunity-vs.-Vaccine-Induced-Immunity-FINAL-Oct-8-2021.pdf (canadiancovidcarealliance.org)

> **Excerpt:** "The data suggest that repeat infections are rare — they occurred in less than 1% of about 6,600 participants who had already been ill with COVID-19."7 In the original paper published by Hall et al. in the Lancet,8 the authors interpreted their findings as follows, "A previous history of SARS-CoV-2 infection was associated with an 84% lower risk of infection, with median protective effect observed 7 months following primary infection. This study shows that previous infection with SARS-CoV-2 induces effective immunity to future infections in most individuals." Further, a May 2021 paper published in the Lancet's EClinicalMedicine elaborates that, "based on current evidence, we hypothesize that antibodies to both S and N-proteins after natural infection may persist for longer than previously thought, thereby providing Immunity Following Natural Infection with SARS-CoV-2 vs Vaccine-Induced Immunity Page 5 of 14 evidence of sustainability that may influence post-pandemic planning."9 Their hypothesis was indeed correct since the authors, "demonstrated a sustained positivity rate of antibodies against the SARS-CoV-2 spike protein past ten months post-PCR confirmed COVID-19 infection using data from over 39,000 patients, with linear trends indicating a substantial population half-life."
>
> --- Cumulatively, these studies indicate that there is no need of further vaccination or advantage of vaccinating those previously infected with SARS-CoV-2. Although vaccination

[32] **ABS & RRR Ref** in the Sucharit Bhakdi doc taken from a July 1, 2021, commentary in The Lancet Microbe

[33] Berenson NYT: https://childrenshealthdefense.org/defender/joe-rogan-alex-berenson-covid-vaccines-mandates-big-pharma/?utm_source=salsa&eType=EmailBlastContent&eId=e185acac-7d14-45ba-897b-ccbf886fa055

following natural infection may increase antibody titers to the spike protein, this is not required for further protection. Additionally, as discussed above the responses induced by the vaccine are distinct from that of natural infection and much less durable. Further, amplification of naturally induced antibody responses by vaccination cannot be recommended in the absence of long-term safety studies. This is important because overly robust antibody responses can predispose people to unwanted autoimmune sequelae. **(*** see below)

Horowitz[34]: * studies have shown those with prior infection are associated with 4.4x increased odds of clinically significant side effects following mRNA vaccination.

The scientific literature collected here (81 studies), https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/ establishes unequivocally that protective immunity following natural infection with SARS-CoV-2 is robust, durable and long-lasting. The underlying immunology is clear with repeated examples of recovered persons producing durable antibodies, memory B cells, and durable polyfunctional CD4+ and CD8+ T cells, as well as bone-marrow plasma cells that produce antibodies as needed with re-exposure, targeting multiple targets on the COVID-19 virus. In total, the evidence is clear that immunity persists in persons who have cleared the virus and recovered.

An excerpt: "Bone marrow plasma cells (BMPCs) are a persistent and essential source of protective antibodies… durable serum antibody titres are maintained by long-lived plasma cells—non-replicating, antigen-specific plasma cells that are detected in the bone marrow long after the clearance of the antigen … S-binding BMPCs are quiescent, which suggests that they are part of a stable compartment. Consistently, circulating resting memory B cells directed against SARS-CoV-2 S were detected in the convalescent individuals. Overall, our results indicate that mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans…overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived bone marrow plasma cells". [35]

Vaccinating those with NI is not advised as serious harm may occur

"Not only is a Vaccine unnecessary in this subpopulation, it is more likely to cause harm. Scientists have observed vaccine-driven disease enhancement in the previously infected. The FDA admits that many people receiving a Vaccine either are or were previously infected with SARS-CoV-2, or have or previously had COVID-19 upon injection with the Vaccines, this population has reported serious medical harm, including death--- A study published in the New England Journal of Medicine noted antibody titers 10-45 times higher in those with pre-existing COVID-19

[34] **Horowitz**: 15 studies that indicate natural immunity from prior infection is more robust than the COVID vaccines | Duty To America News

[35] **SARS-CoV-2** infection induces long-lived bone marrow plasma cells in humans, Turner, 2021)

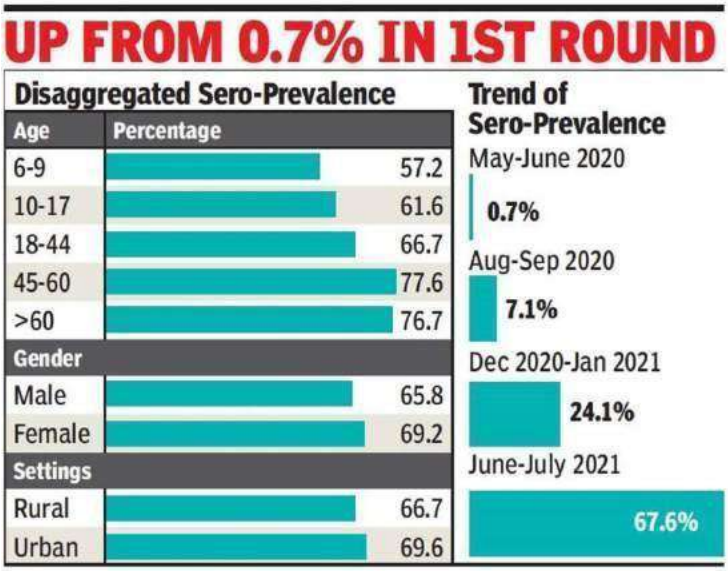
immunity after the first Vaccine injection, **with 89% of those seropositive reporting adverse side-effects.**" (Ref. America's Frontline Drs in their Civil Action Suit[36] [37].

NI also at these references:

Dr Sanjay K Rai[38]: https://www.youtube.com/watch?v=-btDk0eSi5U

Dr. Peter McCullough 'Therapeutic Nihilism And Untested Novel Therapies' | AAPS (bitchute.com) **@49:10**

India has an average Sero-prevalence of around 68 % as of July 2021. By October the figure is expected to be even higher clearly establishing that India has reached herd immunity. The medical science therefore is clear, that the vaccine roll out is not only unnecessary, but potentially harmful. Given the scale of Adverse Effects reported (see below and Para – pg --), the risk to specific subgroups, ie children, and pregnant women and women of child-bearing age, (who by definition are also within the population with herd immunity/NI), would be even greater. Exposing them to such risk is unacceptable. Any injuries sustained leave alone deaths would invite charges of criminality. There can be no justification therefore, for a vaccine rollout.



ICMR: https://blog.forumias.com/explained-icmrs-fourth-serosurvey-and-its-findings/

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[36] **@ Pg 38:** Illinois Leaks | America's Frontline Doctors Files For Preliminary Injunction Against Secretary of the U.S. Department of Health and Human Services (edgarcountywatchdogs.com)

[37] Peter McCullough: also long Covid and treatment https://articles.mercola.com/sites/articles/archive/2021/11/20/treating-long-haul-syndrome.aspx?ui=922aeb461774128786bc38a26b6a65691535e29b780bce2f5795eb010c7c2bb2&sd=20201124&cid_source=dnl&cid_medium=email&cid_content=art1ReadMore&cid=20211120&mid=DM1037015&rid=1327282189

[38] **Dr Sanjay Rai:** Professor, Centre for Community Medicine; The All India Institute of Medical Sciences, (AIMS) New Delhi, India

D. DATA POINT: ADVERSE EFFECTS (AE) (EXCLUDING (in the main) CHILDREN); VACCINATED VS UNVACCINATED (V-XED VS UNV-XED); 'BREAKOUT' CASES

This list of 22 adverse effects were known to the FDA before the 'emergency use (approval) authorisation' (EUA):
https://www.lewrockwell.com/2021/09/gary-g-kohls/we-for-humanitys-urgent-plea-to-stop-the-new-holocaust/

(a) Guillain-Barré syndrome
(b) Acute disseminated encephalomyelitis
(c) Transverse myelitis
(d) Encephalitis/encephalomyelitis/meningoencephalitis/meningitis/encepholapathy
(e) Convulsions/seizures
(f) Stroke
(g) Narcolepsy and cataplexy
(h) Anaphylaxis
(i) Acute myocardial infraction
(j) Myocarditis/pericarditis
(k) Autoimmune disease
(l) Death
(m) Pregnancy and birth outcomes
(n) Other acute demyelinating diseases
(o) Non-anaphylactic allergic reactions
(p) Thrombocytopenia
(q) Disseminated Intravascular Coagulation (DIC)
(r) Venous thromboembolism
(s) Arthritis and arthralgia/joint pain
(t) Kawasaki disease
(u) Multisystem inflammatory syndrome in CHILDREN (MIS-C)
(v) Vaccine enhanced disease/

(Highlighted -- AE specifically mentioned in this document).

In just four months, the COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 —a period of 15.5 years.

D (I) ADVERSE EFFECTS -- Source of this data: https://johnplatinumgoss.com/covid-19-vaccination-statistics/

All The Goss will continue to display the latest casualties in summary form as new updates become available. These are official statistics and those who produce them, **MHRA, EMA and VAERS,** concede that they are much higher, (10 to 100 times higher, ie 1% to 10%) than the figures they have released. In the US and UK, there is also active

'mis-reporting of data. In some of the tables on this page a more realistic picture is illustrated.

Covid-19 Injection Damage: EU, UK AND US SUMMARY		Estimated Numbers if those reported were just:	
		1%	10%
Region and data entry cut off date	Total Reported	Total	Total
UK Fatalities - 29th September 2021	1,698	169,800	16,980
EUdra Fatalities- 9th October 2021	27,242	2,724,200	272,420
US Fatalities -1st October 2021	16,310	1,631,000	163,100
Total Fatalities	**45,250**	**4,525,000**	**452,500**
UK Injuries -29th September 2021	1,222,566	122,256,600	12,225,660
EUdra Injuries -9th October 2021	2,536,526	253,652,600	25,365,260
US Injuries -1st October 2021	3,659,888	365,988,800	36,598,880
Total Injuries	**7,418,980**	**741,898,000**	**74,189,800**
UK Reports -29th September 2021	370,574	37,057,400	3,705,740
EUdra Reports -9th October 2021	1,038,776	103,877,600	10,387,760
US Reports -1st October 2021	778,221	77,822,100	7,782,210
Total Number of Reports	***2,187,571***	***218,757,100***	***21,875,710***

Janssen injection is being distributed in the UK, within private clinics, and no adverse events are being recorded by the MHRA.

--MHRA= UK Medicines and Healthcare products Regulatory Agency; EMA= European Medicines Agency; **--US VAERS = Vaccine Adverse Event Reporting System**

Added data / Comment Notes:

(a) Nicanor Perlas: **Scientists Sound Alarm: Vaccines Will Kill Millions | Covid Call To Humanity** Their concern about these data:

- **These pro-vaccine scientists are shocked at the many irregularities plaguing the development and performance of Covid vaccines.**
- **Current vaccine deaths have surpassed ALL vaccine deaths recorded at the US VAERS or the Vaccine Adverse Events Reporting System for the last 30 years if we count the latest death figures for the US cited above.[4]**
- **Why is there no display of concern from authorities, regulatory or otherwise?**
- **Normally, 50 deaths would cause vaccines to be taken out of the market.[6] We now have tens of thousands of deaths and the Covid vaccines continue to be aggressively promoted. Why are these hazardous vaccines not taken out of the market?**
- **They are scandalized when regulatory agencies and pharmaceutical companies all deny any link between vaccination and deaths. They know that 57% of those who died were killed within 48 hours after taking the vaccines.[7]**
- **They are puzzled. Why did they collapse the normally long-term development period for most vaccines, ranging from 7 to 29 years, to one year.[8] Why is there the rush?**

(b) Evidence, various: https://academic.oup.com/aje/article/175/11/1129/140385) (https://edition.cnn.com/2009/HEALTH/04/30/swine.flu.1976/index.html).

- **A whistle blower has gone on record in the US stating that thousands of Covid-19 injection deaths in the US have been concealed and that numbers reported are understated by a factor of 5.** Court papers that have just been filed: (page 41 for the Whistleblower's statement).
  https://fossaorg.files.wordpress.com/2021/07/m-for-pi-file-stamped.pdf
- In addition, further injuries/fatalities for the Americas lie behind Vigibase (a WHO sponsored adverse reaction website) only accessible by health professionals and on the payment of a fee.
  https://www.who-umc.org/vigibase/vigibase/know-more-about-vigibase/
  Also, evidence of cases being deleted is being uncovered:
- In addition because these injections are still in a trial period we are told that many US adverse reactions are reported directly to the pharmaceutical companies
- **US ADR Data:**
  https://www.openvaers.com/covid-data
  More data on reports from VAERS:
  https://ammtwitter.wordpress.com/

These high numbers and deaths are just usual?

- Billions of doses of the Tetanus jab have been administered since its introduction in 1968, 36 deaths and less than 15k adverse events recorded since then from this jab. Tess Lawrie comments about 45 mins into - https://ebmcsquared.s3.eu-west-2.amazonaws.com/Yellow+Card+Report_June+21.mp4
  Swine flu vaccine killed somewhere between 25 and 53 people and injured 4000 in the US, after 45 million injections were administered before this vaccination programme was pulled with many suing the government for compensation from injuries caused.

VACCINE RELATED DEATHS REPORTED TO US VAERS OVER LAST THREE DECADES TO 1st October 2021		
1990's (10 years of reported deaths)	1778	7.0%
2000's (10 years of reported deaths)	2464	9.7%
2010's (10 years of reported deaths)	4084	16.1%
2020 and 2021 to date non Covid injections	711	2.8%
TOTAL circa 32 years of reported vaccine deaths	**9037**	**35.7%**
Covid-19 Injections Only to 1st October 2021 (2020 and 2021)	16310	64.3%
Last circa 32 Years (1990 - 1st Oct 2021)	**25347**	**100.0%**

(c) Steve Kirsch: Tech Entrepreneur: 15 Oct 2021: the VAERS data shows we killed over 150,000 Americans from the vaccine so far. The CDC lying about COVID V safety https://trialsitenews.com/proof-that-the-cdc-is-lying-to-the-world-about-covid-vaccine-safety/

- If we use the same methodology as used by the CDC in their paper to determine the actual underreporting factor (URF) for this year, but we use a much more accurate reference, we find that the best estimate for the minimum URF is 41. For less serious events you'd use a higher number since healthcare workers and consumers are far less likely to report less serious events. So using 41 is always "safe" in that it will not overestimate any event.
- This means that we've killed well over 150,000 Americans so far, and all of those deaths had to be caused by the vaccine because there is simply no other explanation that fits all the facts. See this paper for the details. The paper also details **7 other ways** that the number was validated and none of those methods used the VAERS data at all. This makes it impossible for anyone to credibly attack the analysis. Nobody wants to debate us on this.

- And Pfizer's own Phase 3 study showed that we **save only 1 COVID death for every 22,000 people we vaccinate** (you have to see Table S4 in the supplement to learn that 2 people died from COVID who were unvaccinated and 1 person died from COVID who got the vaccine, so a net savings of 1 life).

➢ Therefore: with fully vaccinated 220M Americans, we may save an estimated **10,000 lives from COVID per the Pfizer study** which is the most definitive data we have. Yet the VAERS data shows we killed over 150,000 Americans from the vaccine to achieve that goal. **In other words, we killed 15 people for every COVID life we might save.**
But it's worse than that because the Pfizer study was done pre-Delta. The Pfizer vaccine was developed for Alpha variant and is less effective against Delta. So our numbers are even more extreme.

(d) Independent statisticians estimate the injections are linked to roughly 470 deaths per million doses administered. (By way of comparison, CDC researchers once conceded that smallpox vaccination was responsible for one death per mi

Source: All that Goss https://johnplatinumgoss.com/covid-19-vaccination-statistics/

Latest UK Deaths and Injuries Following the Covid-19 Injections - as input by the MHRA to 6th October 2021					
	AstraZeneca	Pfizer	Moderna	Unknown	Total
Total Deaths /Injuries	832,283	339,672	53,584	3,452	1,228,991
Fatalities	1,106	562	20	31	1,719
Number of cases	234,410	120,578	16,754	1,136	372,878
Average no. of injuries per report	3.6	2.8	3.2	3.0	3.3

Note: Cardiac Disorders to 6 Oct.2021:
Astra Zeneca 9,520 related Cardiac disorders and **171** AstraZeneca deaths
Pfizer: 5,840 Pfizer related Cardiac disorders and **100** Pfizer cardiac disorder deaths

More Data from tables show:

UK: Blood Disorders (AstraZeneca) (disclosed by the MHRA to 6th October 2021).

Astra Zeneca: 7,489 injuries; 10 deaths

UK: Blood Disorders (Pfizer) (disclosed by the MHRA to 6th October 2021).

Pfizer: 11,538 injuries; 3 deaths

Loss of Baby (following injections) : **615** (disclosed by the MHRA to 6th October 2021).
If just 1% of the true figure is reported then there may have been as many as 61.5k miscarriages after the injections; if 10% were reported there could still be over 6k miscarriages after the injections.
Only 1-10% of adverse reactions get reported

https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions

ALL BRANDS -Adverse Reactions and Deaths 6th October 21		
Following Covid-19 Injections (PER MHRA)	TOTAL	FATAL
Blood Disorders	20,055	16
Cardiac Disorders	16,092	276
Ear Disorders	15,218	-
Endocrine Disorders	651	-
Eye Disorders	20,413	-
Gastrointestinal Disorders	115,269	31
General Disorders	351,353	577
Hepatic Disorders	646	9
Immune Disorders	5,096	7
Infections	27,654	193
Injuries	15,069	3
Investigations	15,805	4
Metabolic Disorders	10,920	5
Muscle and Tissue Disorders	147,036	1
Cancers / Tumours (Neoplasm)	717	14
Nervous System Disorders	244,649	255
Pregnancy / null/Congenital/ Social	1,941	30
Psychiatric disorders	25,668	8
Renal & urinary disorders	3,664	12
Reproductive & breast disorders	43,969	1
Respiratory disorders	44,193	190
Skin disorders	82,509	3
Surgical & medical procedures	1,222	1
Vascular disorders	19,182	83
Total Adverse Reactions and deaths	1,228,991	1,719

UK: Source: https://johnplatinumgoss.com/covid-19-vaccination-statistics/

Guillian-Barre Syndrome Reported Following the Covid-19 injections -US (8th Oct) +UK (6th Oct)

Guillain-Barre Syndrome cases reported post Covid-19 Injections (UK Yellow Card) 6th October 2021			
Manufacturer	Cases	If just 1%	If just 10%
Astra Zeneca	428	42,800	4,280
Pfizer	55	5,500	550
Unknown	5	500	50
Moderna	3	300	30
Sub total UK Yellow Card	491	49,100	4,910

Covid-19: Regulators warn that rare Guillain-Barré cases may link to J&J and AstraZeneca vaccines

BMJ: Cite this as: BMJ 2021;374:n1786 https://www.bmj.com/content/374/bmj.n1786

EudraVigilance - European database of suspected adverse drug reaction reports

Analysis of Adverse Reactions for Experimental Covid-19 Injection per Eudra

Summary @ input date 9th October 2021	Moderna	Pfizer	AstraZeneca	Janssen	Total	
Fatal	7,320	12,835	5,630	1,457	27,242	
Non Fatal	321,274	1,111,237	1,021,502	82,513	2,536,526	
Total Adverse Reactions	328,594	1,124,072	1,027,132	83,970	2,563,768	
Total Individual Reports	132,122	485,823	390,119	30,712	1,038,776	
Average injuries per report	*2.49*	*2.31*	*2.63*	*2.73*	*2.47*	
Number Women Reporting	91,516	349,908	278,852	18,123	738,399	71%
Number of Men Reporting	39,470	128,715	101,928	12,210	282,323	27%
Number where gender not specified	1,136	7,200	9,339	379	18,054	2%
Number Healthcare Workers Reporting	61,641	211,351	99,032	8,544	380,568	37%
Number Non- Healthcare Workers Reporting	70,481	274,472	291,087	22,168	658,208	63%
Age of Reportee Not specified	4,733	29,974	28,532	2,698	65,937	6%
0-1 month'	*35*	*153*	*229*	*3*	*420*	0.04%
2 mths to 2 yrs	*70*	*276*	*297*	*4*	*647*	0.06%
3-11 yrs	*12*	*94*	*245*	*3*	*354*	0.03%
12-17 yrs	*608*	*7,536*	*223*	*50*	*8,417*	0.81%
18-64 yrs	100,079	359,342	304,036	25,649	789,106	76%
65-85 yrs	22,860	71,296	54,108	2,086	150,350	14%
Over 85 yrs	3,725	17,152	2,449	219	23,545	2%

EU to 9th October 2021 – 27,242 Covid-19 injection deaths and over 2.5 million injuries, reported by over 1 million people per EudraVigilance Database :
https://johnplatinumgoss.com/covid-19-vaccination-statistics/

Note: Of the total injuries reported, 48% are classified as serious
84% of all immune related issues are serious
94% of all pregnancy issues are serious
72% of all cardiac issues are serious

D (ii) COVID BREAKOUT CASES/VAXED / UNVAXED

The data (from mid -August onwards, the most recent being early Oct. 2021), is showing a consistent pattern across countries: (a) as vaccinations increase, COVID cases are rising, (including serious disease), termed breakout cases; (b) the proportion of Covid cases among the V-ted is higher than the unvaxed; (c) the Vs are neither protective, nor stop infections; (d) Boosters are being given demonstrating that vaccine effectiveness is declining; (e)CDC hides breakthrough cases to prop-up V effectiveness by various means including manipulating the CT value to skew results in favour of the vaxed as well as ceasing to report breakout cases unless hospitalised.

This is a policy designed to continuously inflate one number, and systematically minimize the other. What is that if not an obvious and deliberate act of deception?"-- Off-Guardian May 18, 2021[39]

[39] https://off-guardian.org/2021/05/18/how-the-cdc-is-manipulating-data-to-prop-up-vaccine-effectiveness/

❖ **Public Health England (PHE)**

Delta cases England (PHE Data) 1st Feb '21 to 12th Sept '21	Positive Tests	Deaths	% of Deaths
Unvaccinated	257,357	722	28%
Vaccinated	278,212	1,779	70%
Unknown	58,003	41	2%
Total	593,572	2,542	100%
Those 14+ days post 2nd Dose	157,400	1,613	63%

- 70% of all deaths with the Delta variant have now been in those with one or both injections.
- 63% of all deaths with the Delta variant have now been in the "fully vaccinated" i.e. 14 days post the second dose
- the latest Public Health data shows that Covid-19 vaccinated people have accounted for 81% of Covid-19 deaths this summer -- UK Daily expose 5th Oct. https://theexpose.uk/2021/10/05/uk-has-fallen-81-percent-covid-deaths-vaccinated-teen-deaths-63-percent-higher/

❖ **ISRAEL: Covid Cases Explode In Heavily Pfizer Vaccinated Israel** [40] [41]

Israel is the crucible of testing for the Pfizer vaccine (the only one authorised), with one of the highest vaccine uptakes. The data coming out of Israel is considered by many to be the best robust public health infrastructure, a population wholly enrolled in HMOs (health Maintenance Organisations) that track them closely, allowing it to produce high-quality, real-world data on how well vaccines are working.

Despite one of the highest rates of vaccination of all countries, Israel has the world's largest number of Covid cases per capita. It is two times larger than the US per capita rate. Those who have received the COVID jab are **6.72** times more likely to get infected than people with natural immunity. By mid-August, **59%** of serious cases in Israel were also among those who had received two COVID injections, mirroring U.K. data. The Jab is also failing the over-50s both in the UK and Israel, (trends in these two countries appear to be tracking each other, see **Delépine** below)

Malone Twitter Comments on data below
https://twitter.com/search?q=RWMaloneMD%20more%20on%20israel&src=typed_query&f=top

[40] Mercola: 60% of Those Older Than 50 Who Die From COVID Are Double Vaxxed (document taken down by google)

[41] https://www.lewrockwell.com/2021/09/paul-craig-roberts/covid-cases-explode-in-heavily-pfizer-vaccinated-israel/

Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in **Israel**.
are you really a doctor? i thought **israel** was one of the most vaccinated places on earth. and you think having more people vaccinated faster would have fixed it? You sure you're in the right profession?

MaloneTable:

ISRAEL CONFIRMED CASES, JULY 4 TO JULY 31

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20-90+	15634	3038	86.0%	84.4%

Source 1: https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880
Source 2: https://datadashboard.health.gov.il/COVID-19/general

❖ **Gérard Delépine[42]: High Recorded Mortality in Countries Categorized as "Covid-19 Vaccine Champions". The Vaccinated Suffer from Increased Risk of Mortality compared to the Non-vaccinated (8-country data; examples below)**

The data show (WHO data *and the curves of OurWorldinData (From Vaccine outset in December 2020 to September 15, 2021))*

- **Record mortality in Gibraltar, champion of Astra Zeneca injections** (achieving 115% V coverage (vaccination was extended to many Spanish visitors), new infections increased **fivefold** (to 5314) and the number of deaths increased **19fold** i.e. **2853 deaths per million inhabitants, which is one of the European mortality records**. But those responsible for the vaccination deny any causal link without proposing any other plausible etiology. And after a few months of calm, the epidemic resumed, confirming that **115% vaccination coverage does not protect against the disease**.
- **Malta: 84% vaccine coverage, but just as ineffective**

[42] **Delepine** *oncologist and statistician* **22 Oct 2021**: https://www.globalresearch.ca/high-recorded-mortality-in-countries-categorized-as-covid-19-vaccine-champions-increased-hospitalization/5757173

- **Singapore abandons the hope of "Zero Covid" through vaccines**
- **In the UK: a worrying rise in infections:** The United Kingdom is the European champion of Astra Zeneca vaccination, with more than 70% of the population vaccinated for the first time, and 59% with a complete vaccination schedule. This high "vaccination" rate did not prevent an explosion of cases at the beginning of the summer, with up to 60,000 new cases per day by mid-July.
  Faced with this significant resumption of the epidemic despite vaccination, Andrew Pollard, representative of the Oxford Vaccine Group, acknowledged before Parliament: "**collective immunity through vaccination is a myth**".
  This resumption of infections has been accompanied by a resumption of hospitalizations, severe cases and deaths. According to the official report of August,[2] **deaths were more frequent among fully vaccinated patients (679) than among non-vaccinated patients (390), thus cruelly denying the hopes of a protective effect of the vaccine on mortality. After the last sanitary restrictions were lifted**, the epidemic decreased to a level of less than 30,000 cases per day, whereas at the beginning of July, simulations by Covid specialists were predicting up to 100,000 new cases per day if the sanitary measures were removed.
- **Israel (also see previous Pr): End of July: 71% of the 118 seriously ill Israelis (serious, critical) were fully vaccinated! obvious post-vaccination disaster denied by officials**

Delépine: "The current pseudo vaccines are not effective enough. They do not prevent the recurrence of the epidemic, nor hospitalizations, nor severe forms, nor death. In Israel and Great Britain, which specify the vaccination status of the victims, **the vaccinated suffer from an increased risk of mortality compared to the non-vaccinated"**.

❖ **Viral Load in symptomatic Vaccinated at level with Unvaccinated: CDC study:**
Shedding of Infectious SARS-CoV-2 Despite Vaccination, reviewed swab specimens in 36 (US) Wisconsin Counties.
https://aaronsiri.substack.com/p/study-destroys-justification-for
There are two conclusions: First, there is effectively no difference between the symptomatic vaccinated and unvaccinated in terms of who was carrying, and therefore spreading, the virus; second, 82% of asymptomatic vaccinated individuals, had a high viral load (against 29% of unvaccinated). This reflects that the unvaccinated that catch the virus are more likely to be at home in bed with symptoms, while the vaccinated that catch the virus are more likely to have no symptoms and hence continue their daily routine unknowingly spreading the virus.
Malone calls them *'super-spreaders'.*

➢ **These findings highlight the illegitimacy and pernicious societal implications of making civil and individual rights contingent on a medical procedure.**

E. LEADING MEDICAL EXPERTS/SCIENTISTS COMMENT

Dr Peter McCullough:
https://rumble.com/vnc5yk-dr.-peter-mccullough-therapeutic-nihilism-and-untested-novel-therapies-aaps.html

Dr Robert Malone:

https://thenewamerican.com/mrna-inventor-on-covid-response-is-this-really-about-the-vaccine-or-is-it-about-something-else/

Dr Geert Vanden Bossche

https://www.geertvandenbossche.org/post/why-are-the-current-covid-19-mass-vaccinations-to-be-considered-a-public-health-experiment

Prof. Luc A Montagnier:

New evidence, including sworn affidavits from leading experts such as Professor Luc A. Montagnier, has been submitted to the International Criminal Court by lawyers in several countries alleging Government's across the world and their advisors are complicit in genocide, crimes against humanity and breaches of the Nuremberg Code. Sworn affidavits have been received from leading experts research scientist and nuclear cardiologist Dr Richard M. Fleming, the Nobel Laureate virologist Professor Luc A. Montagnier and Dr Kevin W. McCairn, a neuroscientist and expert on neurological disease.

https://cairnsnews.org/2021/08/31/new-evidence-including-a-sworn-affidavit-from-prof-luc-a-montagnier-has-been-submitted-to-the-international-criminal-court-alleging-world-governments-are-complicit-in-genocide-and-crimes-against-h/

Dr. Anthony Fauci

https://www.lewrockwell.com/2021/11/vasko-kohlmayer/fauci-finally-admits-vaccines-dont-protect-against-serious-covid-or-death/

For months Fauci and the US health Agencies censored unfavourable data while claiming that the injections protected against serious Covid and death. However, In a November 12 podcast session with the *New York Times*, Fauci was forced to admit the fact that the vaccines do not reliably protect their recipients from serious Covid or death. Called upon to explain the data coming from Israel – a country with one of the highest vaccination rates in the world – Fauci said the following:

> "They are seeing a waning of immunity not only against infection but against **hospitalization** and to some extent **death**, which is starting to now involve **all age groups**. It isn't just the elderly" [emphasis added].

In other words, the vaccines' protective efficacy wanes not only with regard to the threat of infection, but also in regard to severe Covid and death. Speaking about the effectiveness of the vaccines in countries with high vaccination rates, Fauci admitted:

> "It's waning to the point that you're seeing more and more people getting breakthrough infections, and more and more of those people who are getting breakthrough infections are winding up in the hospital."

Neither do they prevent transmission (CDC Director Rochelle Walensky confessed on CNN). The focus is on Fauci's game-changing admission that the vaccines fail to protect against hospitalization and/or death. The disturbing part of this is that the vaccinators have known about the vaccine failure at least from the early summer. Covid has been

primarily a disease of the elderly. In almost all places and regions, the median age of Covid-related deaths tends to be higher than the average life expectancy. Younger individuals who were healthy were generally safe from the most severe forms of the disease. But now in countries with high vaccination rates we are seeing younger vaccinated individuals coming down with serious Covid and even dying. (ADE – Anti-body Dependent Enhancement?).

To reiterate, some of the world's best scientists in the field have warned precisely against ADE. (Included among them are Dr. Robert Malone (co-inventor of the mRNA technology that is used in the vaccines) and one of the world's leading virologists, the Noble Prize winner Luc Montagnier. As shown and referenced in the preceding paras, this is what the Data from Israel and other highly vaccinated countries has indicated for some time. In the UK for example, between February and September of this year, 72 percent of all Covid-related deaths were among the vaccinated. In Scotland the situation was even worse: 80 percent of Covid deaths occurred among those who had been injected with the vaccines.

F. CONFLICT OF INTEREST

BILL GATES[43] [44]**Corpus** (for investment) **of $ 33 Billion** routed through his various investment 'arms', such as B&MGF (Bill & Melinda Gates Foundation), financial partnerships with Big Ag, Big Chemical, and Big Food, and his control of international agencies — including the United Nations' subsidiary, **GAVI,** (founded by the Gates Foundation in partnership with the WHO, the World Bank and various vaccine manufacturers), a faux governmental agency of which he is the creator and largest donor, the conduit for his chemical, medical and food concoctions, and vaccine experiments on Africans and Indians. Since 2014, The Food and Agriculture Organization of the United Nations, funded by the Gates Foundation in the amount of almost $850K has aggressively pushed, with a focus on the poor, the use of insect protein wasps, beetles, crickets and other insects as "underutilized" food sources.

In 2000, Gates met Fauci asked to partner him NIH in an agreement to vaccinate the entire population of the world with a battery of new vaccines. In 2009, this agreement was rebranded as "The Decade of Vaccines," the objective of which was to implement mandatory vaccinations for every adult and child on the planet by the year 2020.

Bill Gates is the pivotal master puppeteer. The funding data shows we have the criminalisation of global health policy, and specifically 'pandemic' policy of COVID 19/SARS COV 2, steered by Bill Gates, Fauci with the WHO as the 'front'. The funding network via Gates, vaccines/manufacturers and the pharmaceutical industry all

[43] https://www.lewrockwell.com/2021/11/no_author/tucker-carlson-robert-f-kennedy-jr-11-15-21-youtube/
[44] Bill Gates and Neo-Feudalism: A Closer Look at Farmer Bill • Children's Health Defense (childrenshealthdefense.org)

interlinked, extends to the FDA/CDC the influential US Institutes that influence global health policy. This is the evidence of the data below:

I. The WHO[45] [46]: Bill Gates is the No 1 funder through his multiple funding 'arms' contributing to $ US 1 billion of its 4.84 billion biennial budget. 70% of its budget is tied to specific projects, countries or regions, which are dictated by the funders. Therefore, Gates' priorities become relevant for the WHO.

- The WHO endorsed the flawed Drosten COVID- 19 RT-PCR at 45 Cts. For Covid -19 in Jan 2020, ensuring a great number of false positives that drove the 'numbers' exaggerating the infectiousness of the virus. That RT PCR protocol contained no virus genetic sequence and its hurried 2 day peer review by Eurosurveillance was without scientific weight; (Ref Pt 11).
- **WHO Changed the official Definition of 'pandemic' in 2009**: (just before the Swine flu H1N1 pandemic). **Dr. Wolfgang Wodarg**, former head of health at the Council of Europe, explains that a pandemic used to be associated with widespread severe illness and death, but by changing the definition, removing the severity and high mortality criteria, WHO can now make a pandemic whenever it wants (emphasis added). With COVID-19, the WHO did just that. Based on a flawed RT-PCR at Cts in excess of 35 that would register significant nos. of false positives, these tests were extensively, and routinely deployed to provide 'case counts'.
- **The 2009 H1N1 (swine flu) pandemic:** This switch in definition allowed WHO to declare swine flu a pandemic after only 144 people had died from the infection worldwide. In 2010, Dr. Wolfgang Wodarg was head of health at the Council of Europe. He accused pharmaceutical companies of influencing the WHO's pandemic declaration, calling swine flu a "false pandemic" that was driven by Big Pharma, which cashed in on the health scare. According to Wodarg, the swine flu pandemic was "one of the greatest medicine scandals of the century." In the investigation into WHO and Big Pharma's falsification of a pandemic, an inquiry stated:

  > *"… in order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccines strategies, and needlessly expose millions of healthy people to the risk of an unknown amount of side effects of insufficiently tested vaccines."*

[45] https://www.lifesitenews.com/opinion/new-documentary-on-who-exposes-widespread-corruption-massive-funding-by-bill-gates/

[46] **Dr Wolfgang Wodarg**: former head of health at the Council of Europe and past member of the German Parliament:
https://media.mercola.com/ImageServer/Public/2021/November/PDF/who-institution-of-corruption-pdf.

While governments ended up with stockpiles of vaccines they would never use, many of those who received the H1N1 swine flu vaccine suffered from adverse effects including Guillain-Barre syndrome, narcolepsy, cataplexy and other forms of brain damage.

- WHO has a strong allegiance with China, which took the No.1 Country contributor spot when the US under Trump suspended its funding (now restored under Biden). This became abundantly apparent when WHO's investigation into COVID-19's origin was also a "fake" investigation from the start. China was allowed to hand pick the members of the WHO's investigative team, which included Peter Daszak, Ph.D., who has close professional ties to the WIV. WHO cleared the institute and two other biosafety level 4 laboratories in Wuhan, China, of wrongdoing, saying these labs had nothing to do with the COVID-19 outbreak. Only after backlash, including an open letter signed by 26 scientists demanding a full and unrestricted forensic investigation into the pandemic's origins, did WHO enter damage control mode, with Director General Tedros Adhanom Ghebreyesus and 13 other world leaders joining the U.S. government in expressing "frustration with the level of access China granted an international mission to Wuhan."
- "The WHO leadership prioritized China's economic interests over halting the spread of the virus when Covid-19 first emerged.
- **WHO's guideline on digital immunization passes ID2020:**[47] On 27 August, the WHO published a guideline addressed to member governments on the implementation and technical specifications of digital immunization certificates, titled "Digital Documentation of COVID-19 Certificates: Vaccination Status: Technical Specification and Implementation Guidelines." The effort was funded not from the WHO budget, but by the Bill & Melinda Gates Foundation, the Rockefeller Foundation, Estonia, Kuwait, GAVI and another foundation.

II. REGULATORY CAPTURE: US FDA/CDC/MHRA (UK Medicine & Healthcare products Regulatory Agency) (Ref FN 15)/PHFI (Public Health Foundation of India)

https://www.lewrockwell.com/2021/11/no_author/tucker-carlson-robert-f-kennedy-jr-11-15-21-youtube/
https://phfi.org/about/financial-information/ and
https://awakenindiamovement.com/indias-covid-19-task-force-experts-exposed-conflicts-of-interest-in-our-public-health-system/

- **US FDA: 45% of the revenue of the US FDA** (Federal Drug Administration) is derived from Vaccines/pharma Cos. (See FN 15.). And several of its members of the vaccine advisory committee, which approved Pfizer vaccines for children as young as 5 years, have financial ties to Pfizer, eg, recent FDA Commissioner Scott Gottlieb, now sits on the Board of Directors at Pfizer [48].

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[47] **ID 2020: 3 Sept 2021: https://norberthaering.de/en/power-control/id2020-immunization-passes/**

[48] https://www.globalresearch.ca/multiple-fda-committee-members-green-lighted-pfizer-vaccines-children-have-financial-ties-pfizer/5760481

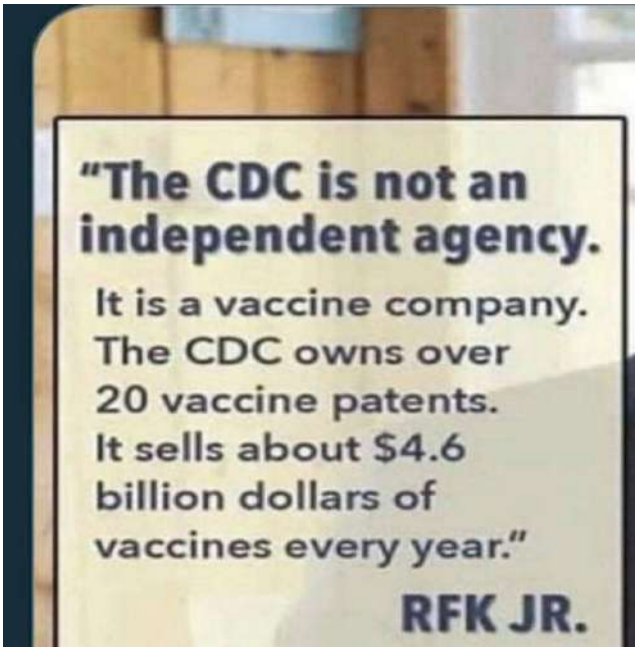
- **The NIH/NIAID** Fauci and top aides own thousands of V and drug patents. Their mandate for public health has been subsumed by a mercantile business operation. For example, Dr. Fauci and (his) NIAID own the patent on a vaccine for dengue fever known as Dengvaxia, marketed by Sanofi-Pasteur and promoted as an "essential" vaccine by Tedros' WHO since 2016. Fauci and NIAID *"knew from the clinical trials that there was a problem with paradoxical immune response,"* but they gave it to several hundred thousand Filipino kids anyway. It was estimated that as many as 600 vaccinated children died before the government stopped the vaccinations.
  William Engdahl Oct. 17 2021: https://www.globalresearch.ca/what-not-said-pfizer-coronavirus-vaccine/5729461 (also referenced @ FN 21)

  In 2015, the US Govt. signed a 'confidentiality agreement' with Moderna with regard to mRNA vaccine. The Agreement of 153 pgs. also includes at pg. 106, The Material Transfer Agreement' by the NIH to Dr Baric (who had co-authored a paper with Dr Shi on corona virus in 2015 a full 5 years before the COVID- 19 Pandemic). The mRNA vaccine is jointly owned by the US Govt (NIAID) and Moderna and it is the US govt that has mandated its own vaccine.
  https://www.bitchute.com/video/mV9G9fsY2A6Z/

- **UK MHRA:** An investigation has revealed that the Bill & Melinda Gates Foundation are the primary funders of the UK's Medicine & Healthcare products Regulatory Agency, and that the Foundation also owns major shares in both Pfizer and BioNtech. A Freedom of Information request, which the MHRA responded to in May 2021 revealed that the current level of grant funding received from the Gates Foundation amounts to $3 million and covers *"a number of projects".*[49]

- **CDC:** US 4.9 billion or + 40% of the CDC budget is from Vaccines/royalties.

[49] **Bill Gates** https://theexpose.uk/2021/08/20/investigation-bill-gates-has-major-shares-in-both-pfizer-biontech-and-an-foi-has-revealed-he-is-the-primary-funder-of-the-mhra/



- **PHFI:** The PPP has received funding over the years from the **Bill & Melinda Gates Foundation, Pfizer, Johnson & Johnson, Rockefeller Foundation, World Bank, PATH, Diamond Jubilee Trust of the Queen of England, USAID, Wellcome Trust, Abbott, Mckinsey, Eli Lily, Glaxosmithkline, Bayer, NIH, & Google**

III. VACCINE FUNDING -- MORE DATA:

Gates through his foundation & cross investments in several institutions (GAVI/CEPI /others), has funded virtually every vaccine currently released by govts. internationally, under EUA. The Vs include both of India vaccines, COVISHIELD (Astra Zeneca) and Bharat Biotech COVAXIN

- **Pfizer and BioNtech[50] also ref FN 20:** Pfizer received funds from the Trump administration to deliver 100 million doses to the US government. The Gates Foundation also owns major shares in both Pfizer and BioNTech. Pfizer has partnered with BioNTech, a small Mainz, German company, newly founded (2008), which has developed the mRNA technique used to produce the new corona vaccine. BioNTech signed an agreement with the BMGF in September 2019, just before announcement in Wuhan China of the Novel Coronavirus and just before BioNTech made its stock market debut. BioNTech also has an agreement with one of the largest drug producers in China, Shanghai Fosun Pharmaceutical Co., Ltd ("Fosun Pharma") to develop a version of its mRNA vaccine for novel coronavirus for the Chinese market. This means that the same German biotech company is behind the COVID vaccines being rushed out in China, as well as the USA and EU.

[50] **William Engdahl Oct. 17 2021:**
https://www.globalresearch.ca/what-not-said-pfizer-coronavirus-vaccine/5729461

- **Covaxin, of Bharat Biotech[51] [52]: Bill Gates created Bharat Biotech:** Indian COVID-19 vaccine COVAXIN maker Bharat Biotech was backed since its inception by Bill Gates and the international pharma lobby. Its funding 'partnership' with the BMGF began with ROTOVAC, ($ 65 million funding), the vaccine against the Rotavirus.

  Bharat Biotech was the first Indian company to receive massive grants from the BMGF for Rotavac. The vaccine was given a green light by the authorities even before its trials were complete and its efficacy is mired in controversy till today with cases pending in the Supreme Court. The Rotavac vaccine showed only 56% efficacy in phase III clinical trial and yet it was approved. Jacob Puliyel, head of the Department of Pediatrics, St. Stephen's Hospital, Tis Hazari, Delhi raised serious concerns over the Rotavac controversy.

  GAVI: The PPP Global Alliance for Vaccine Initiative (GAVI) is founded and led largely by the British Govt and the Gates Foundation, and is involved in India's healthcare policy-making. Covaxin is a collaboration between **Indian Council of Medical Research (ICMR) and Bharat Biotech.**

- **AstraZeneca, The Serum Institute of India (SII) [53] [54] : BMGF** provided at-risk funding, $150 million (around Rs 1,125 crore) to the Pune-based SII for the manufacture of its potential vaccine candidates — 'Covishield' by Oxford University and AstraZeneca, and NVX-CoV2373 by Novavax. SII has also tied up with Gavi, the Vaccine Alliance.

  AstraZeneca Oxford[55]: A lack of transparency hinders the information on funding despite it being sought under the FOIA. Between 2000 and 2019, the U.S. National Institute of Health (NIH) funded over $17.2 billion in published research on development of vaccine technologies, providing the foundation for the COVID-19 vaccines currently entering the market. But, it remains largely unknown, which funding bodies have contributed to the ChAdOx vaccine technology. However, as of 26/10/2020 under the FOIA, these other funders (excluding Govts, the UK's Medical research Council etc), contributed to the for the development of the ChAdOx1 nCoV-19 -- Welcome Trust, BMGF, Coalition for Epidemic Preparedness Innovations (CEPI), and World Report, the latter of which includes all grants administered by the U.S. National Institutes of Health.

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[51] https://greatgameindia.com/bill-gates-bharat-biotech/

[52] https://greatgameindia.com/british-gavi-india/

[53] https://theprint.in/india/serum-institute-ties-up-with-gates-foundation-for-10-crore-doses-of-covid-vaccine/477133/

[54] https://www.youtube.com/watch?v=UsD2kw4C1mo **@ 6:15 (3 jan. 2021)**

[55] 91856291 (medrxiv.org)

Note: Therefore, it can be seen that the same PPPs via Bill Gates infiltrate the funding of vaccines in every country

IV. MEDIA AND BILL GATES

Never-before-seen, is the kind of massive censoring by mainstream media/ social media networks including YouTube, Facebook, and Twitter of anything that contradicts the Govt. the WHO – this is the official narrative, which the media are guarding with a vengeance. WHY? Anything opposing this, the science, the V adverse events are actively falsified, 'fact' checked or not reported. For example, when people in the Facebook vaccine side effects group started pointing out that the drug companies made it difficult-to-impossible to report adverse events in the Phase 3 clinical trials, Facebook removed the groups so that all evidence of clinical trial fraud would be covered up and so that vaccine victims would never discover that hundreds of thousands of other people had been disabled by the vaccines.[56]

This is the polarisation. Scientists are 'cancelled', a new word that has gained currency, resignations forced and professorships withdrawn, jobs lost. Leading scientific journals have been caught in this curious web. A close look at the funding of media by Gates is a revelation. Mint Press (15 Nov 2021) reveals that though the full extent to which Gate's cash has underwritten the modern media landscape is not well known, it is estimated at over $300 million. Recipients include many of America's most important news outlets, including *CNN*, *NBC, NPR*, *PBS* and *The Atlantic*. Gates also sponsors a myriad of influential foreign organizations, including the *BBC*, *The Guardian*, *The Financial Times* and *The Daily Telegraph* in the United Kingdom; prominent European newspapers such as *Le Monde* (France), *Der Spiegel* (Germany) and *El País* (Spain); as well as big global broadcasters like *Al-Jazeera*.[57]. Some pointers:

- $63 million to charities closely aligned with big media outlets, including nearly $53 million to BBC Media Action, over $9 million to *MTV*'s Staying Alive Foundation,
- A wide network of investigative journalism Centres totalling just over $38 million, more than half of which has gone to the D.C.-based International Center for Journalists to expand and develop African media.
- **Gates Foundation grants pertaining to the instruction of journalists include:**
  - Johns Hopkins University – $1,866,408
  - Teachers College, Columbia University – $1,462,500
  - University of California Berkeley – $767,800
  - Tsinghua University (China) – $450,000
  - Seattle University – $414,524

[56] Aug 23 2021 https://trialsitenews.com/a-new-low-for-the-fda/

[57] https://www.globalresearch.ca/revealed-documents-show-bill-gates-given-319-million-media-outlets/5761976

- Institute for Advanced Journalism Studies – $254,500
- Rhodes University (South Africa) – $189,000
- Montclair State University – $160,538
- Pan-Atlantic University Foundation – $130,718
- World Health Organization – $38,403
- The Aftermath Project – $15,435

These Gates-sponsored media projects total $319.4 million. However, there are clear shortcomings with this non-exhaustive list, meaning the true figure is undoubtedly far higher.

CONCLUSIONS

The data show:

1. **The 'official narrative' of the Covid 19 pandemic is sourced in institutions entrenched in a massive Conflict of Interest, whose revenue streams accrue from 000s of vaccine patents held by them. They include the official health agencies of the US and other countries. Funding by Bill Gates via multiple cross holdings, include the WHO (No 1 benefactor), vaccine manufacturers and the Media. Gates is involved in virtually every vaccine currently released under EUA.**
2. **The COVID 19 Vaccines Adverse Events including deaths have never been encountered at this level, surpassing the cumulative 30 year nos. of all vaccines put together.**
3. **Covid -19 vaccines have failed to fulfil the traditional definition of a vaccine. As of end Sept. 2021, the CDC changed the definition of a V to better suit the reality of what is happening. It would appear that this is a 'handy' exercise, because the WHO similarly also changed the definition of a Pandemic, which gives it flexibility to 'call' a pandemic any time.**

> **After covid-19 vaccines were introduced, and it was discovered that they do not necessarily "prevent disease" or "provide immunity", the CDC altered the definition of vaccines again to say that they simply "produce protection"."**

4. **The data show that Vaccines are not required. There are also too many exclusion groups that may not be given these Vaccines. A roll-out as currently executed does not allow for these exclusions. They include persons with (a) NI, (Natural Immunity), around 68% of the population (end July), (b) children, (c) pregnant women and women of child-bearing age (up to say 50).**
   BUT, the discovery in the last few months (2021) that the synthetic spike protein of the Vaccines in cytotoxic and pathogenic is a game-changer. It calls for an immediate stoppage of the V-roll-out.

10. COVID POLICY FROM THE VITAL PERSPECTIVE OF INDIA'S COMMUNICABLE DISEASES ON CHILDREN'S HEALTH

Dr Amitav Banerjee[58] looking at the hard data of infections from COVID-19 (see IFR Table Pt 9A) and vaccine public policy through a massive rollout (of experimental vaccines under EUA), in India and the West as a solution to containing the virus, says, with regard to India, our response to the Virus is akin to 'treating a wart in a patient with disease of the heart'. This brutal truth is staggering and calls for a sober and urgent reassessment of public health policy in India. As he says in this article dated Nov. 11 2021, *"in the present pandemic such blunders are being committed with impunity"*.
https://www.counterview.net/2021/11/indian-strategy-on-covid-19-is-like.html

- Referencing the hard data in Table Pt. 9A, he shows "how compared to our major disease burden, incidence and deaths due to COVID-19 is **negligible"**. Children are not impacted by this disease. Through age 19, children and adolescents have a 99.9973% COVID-19 survival rate. This information, which has been a constant throughout the reported pandemic, is reiterated in the most recent (pre-print) analyses by the eminent Stanford physician, epidemiologist and statistician John Ioannidis. (a critic of Covid alarmism from the beginning.) John Ioannidis data shows that survival rates do not stop with the 19-and-unders. Until people hit their seventies, all age groups have survival rate well over 99%. Yet, basic public health principle demands that resources should be used to control diseases with high death rates and morbidity. For this proper monitoring and surveillance to generate good data is essential, which is lacking for India's major killer childhood diseases. The resources we are spending on COVID 19 are an extravagant waste for a disease that has virtually no impact on mortality for children up to age 19 and thereafter, continues to show limited impact up to age 70; and is entirely treatable. He provides this data of India's disease burden in communicable diseases:

[58] **Amitav Banerjee**: Professor & Head, Community Medicine, Clinical Epidemiologist, Editor in Chief, Medical Journal Dr DY Patil Vidyapeeth, Pune. Website: **https://amitavb.wixsite.com/amitav-banerjee**

Table 1: Overview of our disease burden. [Community Diagnosis – the threat to young people & children]

Road Traffic Accidents	Indian roads witness 415 deaths per day & three times crippled 70% in young people.	Source: According to Union Minister Nitin Gadkari much serious than Covid-19 Pandemic, https://economictimes.indiatimes.com/news/politics-and-nation/road-accident-scenario-more-serious-in-india-than-covid-19-with-415-deaths-daily-nitin-gadkari/articleshow/80771875.cms
Typhoid	Fatality is 1-4% even after treatment. Untreated fatality 10-30%. No proper data updated estimated more than one lakhs deaths in young children annually. Vaccine available but coverage poor.	Sources: https://www.who.int/immunization/monitoring_surveillance/burden/vpd/WHO_SurveillanceVaccinePreventable_21_Typhoid_R2.pdf?ua=1 https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC4833325/
Dengue	70% of global burden from Asian countries in India. With treatment mortality 1% but can be as high as 20% in absence of proper diagnosis. Presently large areas of the country facing surge with deaths of children. Very few samples are tested, miniscule compared to number of Rt-PCR for Covid where even without treatment survival is 99.99% in the young.	Sources: https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617850/ https://www.nationalheraldindia.com/health/mysterious-fever-a-bigger-challenge-than-covid
Japanese Encephalitis	Case fatality ranges from 10% - 60%. 50% of those who recover may be left with paralysis. Vaccine available in spite of which children are dying in Uttar Pradesh and monitoring and surveillance is inadequate.	Sources https://pubmed.ncbi.nlm.nih.gov/10771844/#:~:text=Case%20fatality%20rate%20has%20ranged,occurred%20equally%20in%20both%20sexes. https://www.nationalheraldindia.com/health/mysterious-fever-a-bigger-challenge-than-covid
Scrub Typhus	Fatality ranges from 1.3% to 33.5% depending on early diagnosis and treatment. Presently suspected cause of deaths of children in UP	Sources: https://www.nationalheraldindia.com/health/mysterious-fever-a-bigger-challenge-than-covid (Recently 11 districts in UP reported deaths in children due to "mysterious fever" suspected to be either dengue, scrub typhus, leptospirosis. Only 185 samples tested in peak of this outbreak of mysterious fever compared to lakhs of tests done for Covid-19 which has almost zero fatality for children). Just in one district, Firozabad in UP, around September, thousands of people were bedridden. Over the month there were 208 deaths, out of which 178 were children. The investigation to cause of deaths was sloppy.
Tuberculosis	TB in India Kills about 480,000 every year or 1400 mostly young every day. The case fatality rate even with treatment can be over 5% and for MDR TB 20%	Source: https://pubmed.ncbi.nlm.nih.gov/31813430/
Child Deaths	Daily more than 2000 children die in India from from diarrhea, other respiratory infections against a background of malnutrition(among highest in world).	Sources: https://data.unicef.org/country/ind/ NFHS-5 (http://rchiips.org/nfhs/factsheet_NFHS-5.shtml)

- The 4th serosurvey conducted in June 2021 by the Indian Council for Medical Research (ICMR) found 67% seropositivity. From this we can estimate that over 90 crores of Indians have encountered the corona virus. At that time only 3 crores cumulative cases were reported, indicating that hardly 3-4% of cases of Covid-19 could be detected by 'contact and trace', 'test and isolate', a resource intensive strategy which was a waste of scarce resources in India, and of little value once a virus is in circulation.
- The biggest public health blunder is spending Rs **35,000 crores** for mass vaccination for a disease, which has more than 99% survival across all age groups, the lowest among all our endemic diseases, while only **20,000 crores** have been earmarked for hygiene and sanitation/water supply, the lack of which kills over 2000 children every day in India due to diarrhoeal and other diseases.
- Against this background, it very imprudent to have allocated **Rs 35,000 crores** for covid-19 vaccination, which is almost 50% of India's health budget of **Rs 71,269 crore** allocated to the DHFW (Department of Health and Family Welfare -- (here).

The science does not justify our children being vaccinated, particularly when the data demonstrates their collective failure as vaccines, --- the significant numbers of serious AE (adverse effects, including deaths; not reported in India). India must forge her own public health policy that is absolutely in touch with, and consonant with our own condition and health realities as a Nation. We draw attention to the levels of serious malnutrition in India among children, which is depriving our children of any kind of future.

Finally "Public Health practice keeps encountering difficult choices. It challenges us to be fair and also accountable when making rational decisions. We need reliable data about our own endemic diseases to make such choices. The current model of real-time monitoring of cases and deaths of the novel coronavirus can be more efficiently used for our own major killer childhood diseases. These data would enable rational allocation of health resources to improve the health of our population".

11. COVID RT-PCR TEST: HIGH CYCLE THRESHOLDS (Cts) ENSURED FALSE-POSITIVES FROM ITS INCEPTION IN JAN. 2020.

11a. CDC WITHDRAWS ITS EUA WITH THE FDA

It is very widely held by independent experts that the PCR tests grossly over-estimated the prevalence of truly infected 'cases'. In testing worldwide, high Cts (Cycle thresholds) ensured false positive rates with some experts' estimates of these of up to 97%. Virtually all scientists, including Dr. Fauci, agree that any PCR test run at a CT value of 35-cycles or greater is useless. Yet, these are Cts in: the UK @ 45; the US @ 35-45; Germany @45; India @ approx. 35.
This statement of Dr Fauchi remains unaltered (thus far):

> ***"What is now evolving into a bit of a standard is that if you get a cycle threshold of 35 or more that the chances of it being replication competent are miniscule****…We have patients, and it is very frustrating for the patients as well as for the physicians…somebody comes in and they repeat their PCR and it's like 37 cycle threshold…you can almost never culture virus from a 37 threshold cycle. So I think if somebody does come in with 37, 38, even 36, you gotta say, you know, it's dead nucleotides, period. In other words, it is not a COVID-19 infection".*

FDA Lab alert changes, July 2021: It is therefore, noteworthy, though belatedly surely, that the FDA has just announced that it is withdrawing approval from all RT-PCR tests for detection of SARS-CoV-2 infection.
https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html
In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition

to another FDA-authorized COVID-19 test effective after 1st December 2021. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season.

Asymptomatic Spread: Integral to the call for a pandemic is the new category of 'asymptomatic' cases, the false positives of the 'Drosten' RT-PCR, the notion that fundamentally healthy people could cause COVID-19 in others. 'Asymptomatic spread' for which there is no credible scientific evidence, is the artifice to justify the numbers for a purported emergency. On the contrary, on June 7, 2020, Dr. Maria Von Kerkhov, head of the WHO's Emerging Diseases and Zoonosis Unit, told a press conference that from the known research, asymptomatic spread was *"very rare."* "From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual." She added for emphasis: "it's very rare." A recent study involving nearly 10 million residents of Wuhan, China found that there were NO positive COVID-19 tests amongst 1,174 *close contacts* of asymptomatic cases, *indicating the complete absence of asymptomatic transmission*.

> On September 9, 2020, Dr. Fauci was forced to admit in an official press conference: *"[E]ven if there is some asymptomatic transmission, in all the history of respiratory borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person, even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers"*

11. B WHO ENDORSED DROSTEN COVID RT-PCR IN JAN.2020 @45 Cts

The genesis of the flawed COVID -19 RT- PCR rests with the WHO. It agreed the DROSTEN RT-PCR @45Cts on 13 Jan 2020, (ref. in pg. 3 of the report), even before the detection of the SARS CoV2 virus. THIS RT-PCR TEST DOES NOT IDENTIFY THE VIRUS
Protocol 13 Jan (who.int)

The entire case for WHO-mandated emergency lockdown of businesses, schools, places of worship and other social arenas worldwide is based on the Drosten test endorsed this early (as shown above), in the Wuhan, China coronavirus saga. It was introduced world-wide shortly after as this report (Engdahl) below outlines. The main points:

- **On January 23, 2020,** in the scientific journal **Eurosurveillance,** of the EU Center for Disease Prevention and Control, **Dr. Christian Drosten**, along with several colleagues from the Berlin Virology Institute at Charite Hospital, along with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study claiming to have developed the first effective test for detecting whether someone is infected with the novel coronavirus identified first only days before in Wuhan. The Drosten article was titled, **"Detection of 2019 novel**

coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020). It was immediate endorsed the Director General of WHO, **Tedros Adhanom**, the first non-medical doctor to head WHO. Thereafter, the Drosten-backed test for the virus, called a real-time or RT-PCR test, spread via the WHO worldwide. It was used routinely; and is the most used test protocol to diagnose the Covid 19 infection.

Nov.27 2020 -- **the Pieter Borger Review**: On November 27 a highly-respected group of 23 international virologists, microbiologists and related scientists, who have patents related to PCR, DNA Isolation and Sequencing, and a former Pfizer Chief Scientist, gave a devastating critique and published **a call for Eurosurveillance to retract the January 23, 2020 Drosten article.** Their genuine peer review is damning. They accuse Drosten and cohorts of *"fatal"* scientific incompetence and flaws in promoting their test.

(a) T**he paper that established the Drosten PCR test for the Wuhan strain of coronavirus,** and was subsequently adopted with indecent haste by the Merkel government along with WHO for worldwide use, resulting in severe lockdowns globally and an economic and social catastrophe, was never peer-reviewed before its publication by the journal Eurosurveillance

(b) The Scientists point out that, *"the Corman-Drosten paper was submitted to Eurosurveillance on January 21st 2020 and accepted for publication on January 22nd 2020. On January 23rd 2020 the paper was online."* Incredibly, (and as shown above the Drosten test protocol, which he had already sent to the WHO in Geneva on 13 January), was **officially recommended by the WHO as the worldwide test to determine presence of Wuhan coronavirus, even before the paper had been published.**

(c) As the critical authors point out, for a subject so complex and important to world health and security, a serious 24-hour "peer review" from at least two experts in the field is not possible. The critics point out that Drosten and his co-author **Dr. Chantal Reusken**, did not disclose a glaring conflict of interest. Both were also members of the editorial board of Eurosurveillance. Further, as reported by BBC and Google Statistics, on January 21, there were a world total of 6 deaths being attributed to the Wuhan virus. They ask, "Why did the authors assume a challenge for public health laboratories while there was no substantial evidence at that time to indicate that the outbreak was more widespread than initially thought?" Another co-author of the Drosten paper that gave a cover of apparent scientific credibility to the Drosten PCR procedure was head of the company who developed the test being marketed today, with the blessing of WHO, in the hundreds of millions, Olfert Landt, of Tib-Molbiol in Berlin, but Landt did not disclose that pertinent fact in the Drosten paper either.

(d) The Borger report identifies what they call "ten fatal problems" in the Drosten paper including the significant mistake that the Corman-Drosten paper does not mention

the maximum Ct value at which a sample can be unambiguously considered as a positive or a negative test-result. This important cycle threshold limit is also not specified in any follow-up submissions to date." They note, "an analytical result with a Ct value of 45 is **scientifically and diagnostically absolutely meaningless (a reasonable Ct-value should not exceed 30).** All this should be communicated very clearly.

> "The fact that these PCR products have not been validated at molecular level is another striking error of the protocol, making **any test based upon it useless as a specific diagnostic tool to identify the SARS-CoV-2 virus.**" (emphasis added).

https://www.globalresearch.ca/coronavirus-scandal-breaking-merkel-germany/5731891

20 Jan. 2021: A year after the WHO endorsed the Drosten protocol, it publishes a sort of retraction *on January 20th, 2021,* (excerpts)

> *Users of RT-PCR reagents should read the IFU carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which* ***may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result.***
>
> **that careful interpretation of weak positive** results is needed (*1*). **The cycle threshold (Ct)** needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, **a new specimen should be taken and retested** using the same or different NAT technology".
>
> WHO Information Notice for Users 2020/05

Of course, a new specimen is not possible!

12. PROPHYLAXSIS & TREATMENT: COVID-19 IS AN ENTIRELY TREATABLE DISEASE

&

13. RECOMMENDATIONS

SARS CoV-2/Covid 19 is not the deadly disease it has been projected as, by a combination of the WHO/Government Agencies worldwide, which has caused uncalled-for widespread panic, which could have been avoided. The panic has not been dispelled.

Nevertheless, India has shown remarkable agility, innovation and foresight in the face of this pandemic, in adopting repurposed drugs to fight the scourge. For this, we have to thank the PM for his vision and the scientific community for yeomen service, independent thinking and dedication to serve the people.

Some data is required to put matters into perspective. The data shows that:

- in the **vast majority of people (~99.8% globally), SARS-CoV-2 is non-lethal.** It is typically a mild to moderately severe illness. Therefore, the overwhelming majority of people are not at risk from COVID-19 and do not require vaccination for their own protection. In those susceptible to severe infection, **Covid-19 is a treatable infection**. A convergence of evidence indicates that EARLY TREATMENT with existing drugs reduces hospitalisation and mortality by ~85% and 75%, respectively. These drugs include many tried, repurposed drugs and true anti-inflammatory, antiviral, and anticoagulant medications, as well as monoclonal antibodies, zinc, and vitamins C and D. (ref [59]).

India was very quick off the blocks, with two exemplary interventions: first: amidst rising cases, the ICMR constituted a national task force that recommended Hydroxychloroquine (HCQ ref[60]); and second; a first in India, the UP government's formal large-scale introduction for public distribution, of Ivermectin with doxycycline in prophylaxis and treatment, through an Order dated 6 august 2020[ref[61]]. This followed the successful experiment in May/June 2020 when Ivermectin was administered to health workers (and patients). It was observed that none of the health staff developed Covid-19 despite being in daily contact with patients. A year later, the State health department has stated that the drug helped the State to maintain a *"lower fatality and positivity rate as compared to other States"* and will conduct a suitable study of the findings.

The treatment regimens that have been widely used the world over like the FLCCC protocol (https://covid19criticalcare.com/covid-19-protocols/i-mask-plus-protocol/) use a multipronged approach, which includes immune fortification and treating Zinc and Vitamin D deficiency (which increases susceptibility to disease) and employs drugs like Ivermectin for their antiviral and anti-inflammatory effects. Peter McCullough (ref.[62],[63]) stresses early treatment is crucial. At 53:40 in the video https://rumble.com/vlqdpo-dr-peter-mccullough-lecture-on-the-state-of-covid-treatment..html The treatment progresses to include anti-infectives like HCQ or ivermectin, antibiotics, steroids and blood thinners.

Physicians with thousands of real life cases are reporting very few COVID hospitalizations and a near 100% record in preventing death from COVID and **zero deaths**

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[59] **Risks Vs Benefits**: Drs 4Covid Ethics (removed from the internet) PDF available on request.

[60] **HDQ**: **Delhi, May 23 2020:**
https://economictimes.indiatimes.com/industry/healthcare/biotech/pharmaceuticals/indias-covid-task-force-recommends-hydroxychloroquine-for-high-risk-patients-with-strict-riders/articleshow/74774540.cms?from=mdr

[61] **Ivermectin**: https://indianexpress.com/article/cities/lucknow/uttar-pradesh-government-says-ivermectin-helped-to-keep-deaths-low-7311786/

[62] McCullough: "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection published: American Journal of Medicine January 2021; 134(1): 16-22

[63] "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)"published: Reviews in Cardiovascular Medicine 2020; 21(4): 517-530

or disabilities from the treatment itself. Patients treated early do not end up with long-haul COVID symptoms. These treatments are supported by over 300 studies, including randomized controlled studies. Tens of thousands of physicians have publicly attested, and many have testified under oath, as to the safety and efficacy of the alternatives.

- A recent poll of more than 6,000 doctors from 30 countries found that 37 percent rated hydroxychloroquine (HCQ) as the best treatment for novel coronavirus disease (COVID-19) (Malone)
- Doctors Fareed and Tyson have now treated over 6,000 patients with only a few hospitalizations. (the few patients who died were those who followed the NIH advice to stay home and avoid early treatments)
- Dr. Shankara Chetty has treated over 4,000 patients in South Africa without a single death. There is no evidence that disputes any of these claims.
- Dr. Harvey Risch, Professor of Epidemiology in the Department of Epidemiology and Public Health at the Yale School of Public Health and Yale School of Medicine, has reported over 130,000 patients treated in the US using early treatment protocols with "almost no deaths."
- Professor Christian Perronne (France's Long-time vaccine policy chief) High Council on Public Health (French acronym: HCSP), which advises the government on public health policy and vaccination policy. [64] He wrote the vaccination policy for France for a great many years. *"But the problem is that the products they call "vaccines" for Covid-19 are not really vaccines".* "**It has never happened that a state or politicians recommend systematic vaccinations for billions of people on the planet for a disease whose rate of mortality now is 0.05%**. That's a very low rate of mortality! And they're making everybody afraid that there's a new so-called "Delta variant" coming from India, but in fact **all these variants are less and less virulent**, and we now know that [with] this so-called "vaccine", in the population that is inoculated at large, it is in these people that the variants emerge. **if you treat early, you can succeed and the epidemic will be over very rapidly**. In all countries with massive inoculation of these products (I don't like the term "vaccination"), we see that you have a recurrence of the epidemic, with new cases of death".

IVERMECTIN

Ivermectin won the Nobel Prize in Medicine in 2015 for its impacts on global health.[65]

[64] **Christian Perronne: High Council on Public Health** (French acronym: HCSP). https://prepareforchange.net/2021/08/25/frances-long-time-vaccine-policy-chief-covid-policy-is-completely-stupid-and-unethical/

[65] Ref. Americas Frontline Doctors et al Case 2:21-cv-00702-CLM Document 15 Filed 07/19/21
(5) § 360bbb–3(c)(3): There Are Adequate, Approved and Available Alternatives to the Vaccines

This drug has reduced morbidity and mortality drastically. **Dr. Pierre Kory (ref[66])** testified before the U.S. Senate in December 2020. He testified that based on 9 months of review of scientific data from 30 studies, Ivermectin obliterates transmission of the SARS-CoV-2 virus and is a powerful prophylactic.

A meta-analysis by the WHO of Ivermectin was based on 7 studies with 1,419 patients shows that 80% of deaths may be reduced by the use of Ivermectin (mortality odds ratio of 0.19 [0.09-0.36]).

There are now 63 studies including 31 randomised controlled trials (RCTs). There are 5 meta-analyses done independently, showing the risk of death is reduced by 62% - 83% and these meta-analyses show that the results are consistently positive, in spite of different selection criteria, various rules used for data extraction etc. https://ivmmeta.com/#fig_metam.

Despite all this overwhelming evidence, the COVID -19 Treatment Guidelines Panel of the National Institute of Health (NIH) USA says the evidence is insufficient to recommend for or against the use of Ivermectin for treatment of COVID-19 https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ivermectin/. This group however, recommends the use of Remdesivir with Dexamethasone (Dexamethasone a drug known to be useful, with a drug of doubtful utility Remdesivir) based on one study from Denmark that used historical controls. The mortality rate in the initial phase of the pandemic was phenomenally high due to excessive use of invasive ventilation. Later it was found that mortality could be reduced greatly using non-invasive ventilation --- https://jamanetwork.com/journals/jama/fullarticle/2778089. Remdesivir was also introduced coincidentally, at the time lifesaving non-invasive ventilation came into vogue. By using historical controls all the benefits in terms of reduced mortality accruing from correction of the ventilation strategy can be claimed as benefit of Remdesivir using this historical control. This is plainly unscientific but the NIH that did not find the evidence from 31 RCT and 5 meta-analyses with Ivermectin convincing, were convinced by the evidence in favour of Remdesivir! This is the study quoted by the NIH in recommending Remdesivir. https://pubmed.ncbi.nlm.nih.gov/34111274/

India Going Forward

The PM must know that these international agencies do not have the best interest of our country at heart and are only looking to make a fast buck. They cannot continue emergency use authorisation of their expensive vaccines if there is an effective treatment available https://www.fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-

[66] **https://www.youtube.com/watch?v=3UTuT9TSRFQ;** Dr. Pierre Kory Talks About Human Rights and The Big Science Disinformation - YouTube

medical-products-and-related-authorities#declaration. This could be what is motivating their irrational stance on Ivermectin. We have collusion on a gigantic scale. We have reputed medical journals like the Lancet publishing fraudulent studies, which they have had to retract (ref [67] Perronne).

Israel, which has vaccinated its population is now having problems with increasing COVID cases that they are mandating (recommending) the 3rd dose of vaccine (https://www.reuters.com/world/middle-east/israel-offers-covid-19-booster-shots-all-vaccinated-people-2021-08-29/) and even a 4th dose (https://www.timesofisrael.com/virus-czar-calls-to-begin-readying-for-eventual-4th-vaccine-dose/).

We must see the writing on the wall. Under the guidance of the PM, the Min of Health must officially recommend Ivermectin. As a sovereign nation, the country needs to stand up and advise therapeutics that will save the country. Ivermectin has a huge safety margin and by providing it for India we can become the world leader to lead our economy and country out of this dark period.

Viewpoint supported by world-renowned experts

Among the people who support this viewpoint are the most eminent scientists of the world, including the scientist who gave Ivermectin to the world and so earned his Nobel Prize, Dr Pierre Kory who has speer-headed the Ivermectin solution, Dr Robert Malone, the person who invented the mRNA vaccine technology and others as follows:

Dr. Paul Marik states that in all 3.7 billion people have been treated with Ivermectin, an approved drug with an impeccable safety record of 40 years. https://www.youtube.com/watch?v=Bkcp04z8pE4

On March 10, 2021, Dr McCullough testified before a Senate HHS Committee in Texas.

"A very large study from McKinney, Texas, (and) another one from New York City, show that when doctors treat patients early, who are over age 50 with medical problems, with a sequence multi-drug approach with the available drugs, … (there is) an 85% reduction in hospitalizations and death. 85%. 85%. I want you to remember that number. 85%. …. We have over 500,000 deaths in the United States. The preventable fraction could have been as high as 85%.' In short, early treatment could have saved the lives of 425,000 people in the US alone!(ref.[68] [69])

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[67] **Christian Perronne:** fraudulent study was published in *The Lancet:*,

[68] **Peter McCullough: [68] nicanor-perlas**: **https://covidcalltohumanity.org/2021/06/07/nicanor-perlas-scientists-sound-alarm-vaccines-will-kill-millions/ Quoting Peter McCullough "Pathophysiologic Basis And Rationale For Early Ambulatory Treatment": August 8, 2020 issue of the *American Journal of Medicine*, a top ranking scientific publication. It became the most cited paper in all medical fields at that time".**

[69] https://rumble.com/vlqdpo-dr-peter-mccullough-lecture-on-the-state-of-covid-treatment..html

We have listed and referenced the scientific evidence that an expert committee set up by you could use to recommend Ivermectin and the other lifesaving regimens.

13. RECOMMENDATIONS

In conclusion, we are confident that we can together, a medical and citizens' response, working with your government Prime minister, get India back into harness; get rid of the panic and treat this virus, along with variants, or any other virus sensibly and with a full commitment to what is required. However, the Covid vaccines must be stopped, for reasons amply enumerated. We reiterate, the role of the Spike Protein in the vaccines, which has come to light only recently in the last 5 months or so, that it is mobile and biologically active, makes it very dangerous and it is a game changer. The spike protein is in every vaccine. From the evidence, we now know that the spike protein is cytotoxic and pathogenic. The vaccine is therefore, confirmed to be a poison that we are injecting into every citizen's arm.

We have no choice Prime Minister, but to stop the vaccines; and we must also evaluate what is happening in countries like Israel that have experimented with mass vaccination and have very robust follow-through of Adverse Effects (AE). The Vaccines have failed as 'vaccines', do not provide protection or stop infections and in a mass vaccination roll-out during a prevailing pandemic, variants are emerging from the vaccinated population (immune escape). There is increasing evidence of the risk of Antibody-dependent Enhancement 13 https://www.science.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines. This prospect is a potential medical and human nightmare.

With the expectation that you will heed us, Prime Minister, including the endorsement of Ivermectin among other repurposed drugs in treatment protocols, we look forward to working with you for the implementation of these solutions for the well-being of India, the health of her people, their lives and their livelihoods.

Thank you, Sir

We remain
Yours sincerely,
Citizen Signatories, 81 Doctors and 1557 Concerned Citizens

30 Dec. 2021

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Annexure P-12

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12 January 2022

Hon'ble Mr. Justice N.V. Ramana
Chief Justice of India

Your Honour,

Re: MoWCD Circular WCD/SJE dated 04-01-2022
REQUEST SUO MOTO COGNISANCE AND THE VACCINATION OF CHILDREN BE URGENTLY STOPPED

Suo moto cognisance is humbly requested by us in the context of (a) the written confirmation by the SG to this Hon'ble Court that the vaccines are voluntary. It is inexplicable therefore, how this translates into a mandate, or any form of coercion, by the MoWCD and other authorities, or a rollout, which in its processes is not conducive to obtaining 'informed consent, and (b) Vaccines are unavoidably risky. The status of Covid vaccines under **EUA** (Emergency Use Authorisation), means these Covid vaccines are properly 'experimental', because they are untested, (safety studies are incomplete, and no long term studies have been conducted). Yet, untrue claims of safety, even absolute safety have been made by the WHO and the Government, published in the newsprint and other media. EUA also presupposes that there are no solutions and treatments, (this is untrue), which would negate EUA. There are several treatments, including for example, off-label drugs. These treatments have been actively discouraged by health agencies and the WHO despite their proven efficacy, like the Nobel Prize-winning discovery of Ivermectin, an approved drug with 40 years of safe use and proven in the treatment of Covid (all stages of the disease), HCQ (Hydroxychloroquine) and nutraceuticals. The obvious question is WHY? We provide further data, central to the issue of the safety of these Covid inoculations.

We write, Your Honour, as concerned citizens of India: Dr Banerjee, an epidemiologist of standing and a doctor of Community Medicine and Aruna Rodrigues, Petitioner 1in the Supreme Court in the public Interest writ (PIL) for a moratorium on GMOs (genetically engineered/modified organisms/crops, to ensure that Indian agriculture is not irreversibly and irreparably contaminated by GMOs, in order to keep our food and animal feed safe).

We write to express our great shock and palpable agony at the contents of the Circular referenced above, which mandates vaccination of children in the age group of 15-18 in Child Care Institutions (CCI) on a *"Priority basis"*, (ref. Pr. 2 and 3 of Pg 1 of the letter). We assume that it has occurred to this Ministry, which purports to have a mandate for the development of children, and presumably the 'healthy' development of children, that therefore, such vaccinations will be forced. Since they are in 'care homes', these children are also without parents. It is our fervent hope that the Ministry will not resort to legalese to obtain a 'care-taker's' signature for children in their 'care'. We state at the outset, that the science with regard to the vaccination of children for Covid-19 is very clear; leading medical experts and scientists reject it. The recovery rate from Covid of children is **99.998%** (please ref Pt. 3 below). Children do not die from Covid 19. On the other hand, the vaccines are established to be unsafe and will lead to serious adverse effects and also death. Global data already confirms this. It is significant and will happen in India and will emerge despite the paucity of admitted and published adverse events. We amplify these matters below.

This mandate raises these outstanding concerns:

1. **This is a medical procedure**. And it is being used to violate the foremost Constitutional Right of 'Right to Life', enshrined in the Indian Constitution, which guards the integrity of our bodies. If this right to life is breached, as is proposed, by a forced medical procedure, it simply means the denial of all human freedom. The Nuremberg Code of 1947 was agreed as a result of the horrors that emerged from Hitler's concentration camps including the medical experiments that were forcibly conducted on its inmates. We are clear that this 'Circular' is of an order that similarly raises an inner response of abhorrence and repugnance. We are constrained to say that this circular puts us outside the bounds of civilised society. These children will be experimented upon unless stopped. We reiterate, that given what we now know of the scientific facts with regard to the Covid vaccines, (ref Pts. 4-7) there will be fatalities and injuries among all ages and particularly children. The science absolutely does not support the vaccination of children.

   The Nuremberg Code 1947: A landmark document that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts. It states:

"The voluntary consent of the human subject is absolutely essential".

"This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity". (Emphasis added)

2. **The ICMR Guidelines: 'National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017**

Status of children: Children (up to 18 years) are listed among the vulnerable population or groups (ref @ Box 6.2 on Pg 72). Vulnerable persons are defined thus:

> Vulnerable persons are those individuals who are relatively or absolutely incapable of protecting their own interests because of personal disability; environmental burdens; social injustice; lack of power, understanding or ability to communicate or are in a situation that prevents them from doing so. (@ Pg 71).

3. **Global data on Covid Mortality: SARS-CoV-2** has an overall survivability rate of 99.8% globally, which increases to 99.97% for persons under the age of 70, on a par with the seasonal flu. These data have been fleshed out below, which show that children are not impacted by this disease. Through age 19, children and adolescents have a 99.9973% COVID-19 survival rate. This information, which has been a constant throughout the reported pandemic, is reiterated in the most recent (pre-print) analyses by the eminent Stanford

physician, epidemiologist and statistician John Ioannidis, who has been a steadfast critic of COVID alarmism from the very beginning. John Ioannidis data shows that survival rates do not stop with the 19-and-unders. Until people hit their seventies, all age groups have survival rate well over 99%. The majority of deaths are coming from the 0.62% of the population who are in nursing home facilities.

- 0-19: 99.9973%
- 20-29: 99.986%
- 30-39: 99.969%
- 40-49: 99.918%
- 50-59: 99.73%
- 60-69: 99.41%
- 70+: 97.6% (non-institutionalized)
- 70+: 94.5% (institutionalized and non-institutionalized)

https://childrenshealthdefense.org/defender/covid-health-data-mainstream-media-vaccine-risks/

These data do not support the global, including Indian policy of mass vaccination. For children vaccination is completely unacceptable. This position is held by the National Technical Advisory Group on Immunisation (**NTAGI)**:*"Children's vaccination should not be a priority now."* (Dr Jayaprakash Muliyil, Member NTAGI, to the TOI 23 Dec 2021. It is curious therefore, on what basis this conclusion has been ignored.
https://timesofindia.indiatimes.com/india/advisory-group-opts-for-wait-watch-policy-on-vaccination-of-kids/articleshow/88441808.cms

4. **Covid Vs Traditional Vaccines**: These COVID 19 inoculations were produced at 'warp' speed of less than 1 year, against the usual 10 years and more for traditional vaccines with which we are familiar. The former are in fact completely different from traditional vaccines. It is important to clarify the difference. Traditional vaccines have been in use for over 4 decades and they form the basis of the trust and acceptance in the general public of traditional vaccines (and this is true of the medical profession too). On the other hand, Covid-19 vaccines are unlike any previous vaccine & have been inadequately studied. The mode of action of all COVID vaccines under EUA utilise a new technology for the production of antigens and involve the Spike Protein of the virus SARS-CoV-2/COVID19. They work in an entirely different way to conventional vaccines and therefore have a radically different set of potential safety concerns. The spike protein of SARS CoV-2 is the causative factor for serious vascular disease in the body and causes disease on its own ie without

the presence of the virus (Salk Institute). All Indian vaccines have or produce the spike protein. Several of them are also mRNA/DNA vaccines

5. **The Robert Malone Interview of 30 Dec. 2021:** This recent interview is of outstanding importance. We therefore, reproduce significant sections of the text[1] of this 3 ½ hr broadcasted interview by Joe Rogan, of this renowned scientist, Robert Malone[2], among the foremost experts universally, and the Inventor of the mRNA technology. YouTube and Twitter promptly deleted the interview and mainstream media published a rash of articles attacking Malone and Rogan in the most disparaging terms possible.

   In response to the obvious Big Tech censorship, Congressman Troy Nehls, R-Texas, entered the transcript of the podcast (the Joe Rogan Experience #1757[3]) into the Congressional Record with the following statement:

   > *"By deplatforming Dr. Robert Malone for voicing opposition and removing the interview, Twitter and YouTube are once again proving that they don't work for their users, but for big Pharma, big media, and the elites.*
   >
   > *When we stray away from our core principles of freedom of speech, freedom of expression, and freedom of debate, democracy is lost. Today, I entered the transcript of the Joe Rogan Experience #1757 into the Congressional Record to preserve the podcast forever. Big Tech may be able to censor information on their own platforms, but they cannot censor the Congressional Record."*

   Malone believes the U.S. government is "out of control" and "lawless" in their COVID response and that their actions have resulted in, probably, half a million excess deaths. COVID jab mandates are "explicitly illegal" as the shots are experimental. What's more, people are not getting the information they need to be able to make an informed decision about the risks they're taking by participating in this experiment.

   Suppression of early treatment: Early treatment with drugs such as hydroxychloroquine or ivermectin is very effective and both drugs have also

[1] https://media.mercola.com/ImageServer/Public/2022/January/PDF/censored-mrna-vaccine-inventor-tells-all-pdf.pdf also: https://childrenshealthdefense.org/defender/physicians-scientists-kids-should-not-get-covid-vaccine/

[2] **Robert Malone:** Malone has worked closely with the U.S. government for many years. As such, he has kept an open dialogue with colleagues at the U.S. Food and Drug Administration, with whom he discussed concerns about adverse events and the spike protein used in COVID-19 vaccines.

been safely administered for several decades. The Chinese anti-COVID protocol obtained by Malone in February 2020, actually included hydroxychloroquine.

Malone's stark warning regarding Covid vaccines being administered to children: Malone highlighted the second **Physicians Declaration** by the International Alliance of Physicians and Medical Scientists, dated October 29, 2021. The declaration has been signed by more than 16,000 doctors and scientists, and states that *"healthy children shall not be subjected to forced vaccination"* as their clinical risk from SARS-CoV-2 infection is negligible and long term safety of the shots cannot be determined prior to such policies being enacted.

Summary:

- **"The reason they're giving you to vaccinate your child is a lie".**

"Your children represent no danger to their parents or grandparents. It's actually the opposite. Their immunity, after getting COVID, is critical to save your family if not the world from this disease. **The risk/benefit analysis isn't even close**.

Not only are children at high risk for severe adverse events, but having healthy, unvaccinated children in the population is crucial to achieving herd immunity. The declaration also demands that health agencies and institutions "cease interfering with physicians treating individual patients."(Emphasis added)

Warning to Parents: The Vaccines adverse effects are ***"irreversible"*** and ***"irreparable":*** -- Some excerpts:

> *"Before you inject your child — a decision that is irreversible — I wanted to let you know the scientific facts about this genetic vaccine, which is based on the mRNA vaccine technology I created.*
>
> *There are three issues parents need to understand: The first is that a viral gene will be injected into your children's cells. This gene forces your child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs, including:*
>
> - *Their brain and nervous system. --you can't fix the lesions within their brain.*
> - *Their heart and blood vessels, including blood clots - you can't repair heart tissue scarring.*

- *Their reproductive system - This vaccine can cause reproductive damage that could affect future generations of your family.*
- *This vaccine can trigger fundamental changes to their immune system-- you can't repair a genetically reset immune system.*

The most alarming point about this is that once these damages have occurred, they are irreparable:

The second thing you need to know about is the fact that this novel technology has not been adequately tested. We need at least 5 years of testing/research before we can really understand the risks. Harms and risks from new medicines often become revealed many years later.

As a parent and grandparent, my recommendation to you is to resist and fight to protect your children".

6. Violation of the Precautionary Principle

Malone has the full agreement of other leading medical Drs, virologists, pathologists, and scientists, that the spike protein of the vaccines is biologically active and pathogenic, capable of great harm and whose effects are currently visible and as described by Malone above. Given these facts, it is clear that the Inoculations, given their potential to cause irreversible and permanently damaging adverse effects even death, must require the urgent application of the **'Precautionary Principle'** (which is also an international agreement), to stop the vaccine roll- out to children.

This Hon'ble Court had declared in A.P Pollution Control Board versus M.V. Nayudu [1999 (3) SCC 718]:

> "There is nothing to prevent decision makers from assessing the record and concluding there is inadequate information on which to reach determination. If it is not possible to make a decision with 'some' confidence, then it makes sense to err on the side of caution and prevent activities that may cause serious or irreparable harm. An informed decision can be made at a later stage when additional data is available or resources permit further research."

7. **Luc Montagnier with Mr Rubenfeld writing for the Wall St, Journal, Jan 9 2022. 'Omicron Makes Biden's Vaccine Mandates Obsolete'**
https://www.wsj.com/articles/omicron-makes-bidens-vaccine-mandates-obsolete-covid-healthcare-osha-evidence-supreme-court-11641760009

Dr Montagnier is the *winner of the 2008 Nobel Prize in Physiology or Medicine for discovering the human immunodeficiency virus (HIV). Mr. Rubenfeld is a constitutional scholar.*

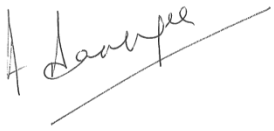
With regard to the variant omicron, Luc Montagnier states that there is no evidence so far that vaccines are reducing infections from the fast-spreading variant. In this important article, which addresses the current deliberations in the US Supreme Court, the two authors say:

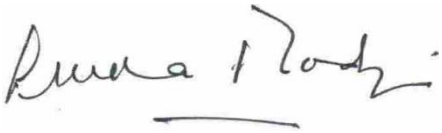
> Federal courts considering the Biden administration's vaccination mandates—including the Supreme Court at Friday's oral argument—have focused on administrative-law issues. The decrees raise constitutional issues as well. But there's a simpler reason the justices should stay these mandates: the rise of the Omicron variant.
> It would be irrational, legally indefensible and contrary to the public interest for government to mandate vaccines absent of any evidence that the vaccines are effective in stopping the spread of the pathogen they target. Yet that's exactly what's happening here.
> --- One preprint study found that after 30 days the Moderna and Pfizer vaccines no longer had any statistically significant positive effect against Omicron infection, and after 90 days, their effect went negative—i.e., vaccinated people were *more* susceptible to Omicron infection. Confirming this negative efficacy finding, data from Denmark and the Canadian province of Ontario indicate that vaccinated people have higher rates of Omicron infection than unvaccinated people.
>
> Meantime, it has long been known that vaccinated people with breakthrough infections are highly contagious, and preliminary data from all over the world indicate that this is true of Omicron as well.
>
> **The best policy** might be to let Omicron run its course while protecting the most vulnerable, **naturally** immunizing the vast majority against Covid through infection by a relatively benign strain. As Sir Andrew Pollard, head of the U.K.'s Committee on Vaccination and Immunisation, said in a recent interview, "We can't vaccinate the planet every four or six months. It's not sustainable or affordable." (emphasis added)

Finally, and in conclusion, given the gravity of the situation, we humbly request you, Your Honour, to appoint a dedicated 5 Member Constitutional Bench (Article 145 (3)), to hear Covid cases on a fast track.

We also, very much hope, given the seriousness of the issues we have raised, and the gravity of harm in evidence that your Honour will find merit in our request for 'suo moto' cognisance of the vaccine rollout and mandates for children and halt them. We are obliged.

Thank you
Yours faithfully





Dr Amitav Banerjee and Aruna Rodrigues

Annexure P-13

Dear Collins sir

Today we went to Moguluru village which is 15 KM to Kanchikacharla the town on the high way of Vijayawada t Hyderabad 40 km from Vijayawada.we met parentds of the girl Kondepogu Daniel aged 42 years and Nagavrani aged 38 years and also collect information from girl maternal uncle Gopi and Yalamanda the brother of Daniel and other village people who gathered there on the occasion of the 7th day conducting prayers by arranging meals to relatives.

Nmitha studied SSC in high school at Moguluru and joined in inter at Akshara junior college at Kanchikacharla 15 Km to their village. She joined in B.P.C with an ambition to become doctor.Poojitha younger daughter studying 10 th class .ON 3rd January vaccine given to Namitha in her college between 12 to 1-30. When the students and some of the parents including the parents refused to give dose to their children, they were threatened the students not to permit them to write exams and not issued hall tickets then only the students without informing to their parents agreed to take dose.

On 3rd jan evening Nmitha return from college as usual at 6.30.On that day no symptoms to her except some weakness. On the next day as usual she went to college and returned to her house early at 5.30.At about 7 pm she felt some inconvenience and closed her eyes for few seconds again at 7 pm when she and her sister watching mobile phone she collapsed on her mat. Immediately the neighbours her maternal uncle came and rubbed her legs and taken her to nearby RMP doctor in their village.He wrote some medicines and infirm4d that pulse rate is very low. Immediately she was taken in auto to private hospital at Kanchikacharla.There the lady doctor examined informed that 45 minute back she died and any doubts totake to another hospital.Then they called ambulance but as no proper response from ambulance they took the body to Nandigama 24/7 hospital.There ECG and other preliminary tests conducted and declared she was dead. She was brought back to Village.On the next day 5th morning the maternal uncle and some other village people went to Akshara college and shouted that they are responsible for the death of their daughter and the college authorities failed to infirm about vaccination to parents by

asking the when they the payment of fees is delayed the college authorities are sending messages to the parents why they did not give my message to their phone.At 12 oclock the local MLA Munikota Jaganmohan Roa visited their house.He consoled them that nearly 10 lakhs doses given but no one effected and Government will do the needful.After few minutes the Asha workers and the staff of health department came and in the presence of MLA verified the signs on dead body.They found reddish prints on the back and on the front side body except on the face,In medical language it is called Urticarica skin rash by reaction through vaccine. They took signatures of parents that they are not interested to conduct post mortem.The health department Asha workers took photogrphs of the reddish on the body.sNo revenue and police authorities visited.at 4 pm body buried in village burial ground.

The college authorities gave 50,000.No amount received from Government. The daily news paper SAAkshi relates to Jagan YSRCP published news that Namitha is suffering with fits and with that she died. The parents informed that Namitha is healthy and no health problems.

--- No information given to parents by college management about vaccination

--- the revenue and police authorities not taken any steps to register case and to conduct post mortem

----- The failure to follow vaccine protocol procedures

----- the immediate relief to prays to exumate the body from the buried and to conduct post mortem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Fact Finding Report

Date: 12/01/2022

Place: Village-Makadone (Bisankhedi),Tehsil-Tarana, District-Ujjain

Issue: A 16-year-old died after covid vaccination

By: Arth Pandey

On 12/01/2022, Information was received from the newspaper that in Ujjain district of Madhya Pradesh, a 16-year-old girl died after taking covid vaccine. I, Arth Pandey, on behalf of Advocate Shanno Khan, was sent to Ujjain for the purpose of fact finding regarding the matter. As it was mentioned in the newspaper, I first visited Bisankhedi village near Ujjain and got to know that the girl lived in Bisankheda (a place near Bisankhedi) with her uncle for her education purposes since birth. I had a conversation with Anuradha's uncle and he told me that her parents lived in Makadone village, which was 21 Kms away from his village.
When I reached her parent's house in Makadona, I saw that there were rituals going on and that many relatives had joined them in their grief.

I interacted with, Bhagwan Singh, father of Anuradha. He is 36-year-old and does farming as an occupation. He said that his daughter Anuradha, was a 16-year-old and studied in 9th Grade. She was good in studies.Her health was also perfectly fine and faced no health issues. She got vaccinated under a vaccination programme organised by government in her school, Girls Government Higher Secondary School, itself. This vaccination programme was available to all and every child was vaccinated under the same. Registration of the programme was to be done on Wednesday (05.01.22) and vaccination was injected on Thursday i.e., 06.01.22. at 1 PM. After getting vaccinated, she sat in the bus to go back home. It took her approximately 30 minutes to reach her stop. Her stop was a few miles away from her house, so she used to walk the distance after reaching the stop. When finally reached the stop, she walked out of the bus, walked a few steps on her way, and fell unconscious.

While I was talking to her father, her mother,Hemlata Bai (Age 33) interrupted in between and said correcting that she felt some sort of pressure in her stomach

after walking out of the bus and so went to a farm to defecate and eventually fell unconscious. Her uncle, Jitendra Singh and cousin, Bablu, worked at a Puncture Shop which was on the same road as her stop. Jitendra while crossing the road on his bag saw her bag lying near the farm. On seeing that,he called out Anuradha's name and when she responded vaguely, they found her and went to pick her up. She was not in a state to speak anything. Jitendra and Bablu, then took her to Tarana Government Hospital.

There, she got admitted and was given a glucose drip within 10 minutes. The doctors of the Tarana Government Hospital referred her to a hospital of Ujjain, Patidar Hospital for better treatment. While she was being taken to Ujjain on bike, she had another drip attached to her. But after some point her health deteriorated and died en route to Ujjain itself. Her death took within 2-3 hours of vaccination.

She had 3 sisters as siblings and she was the eldest one. Her mother said that she was adopted by her uncle, Meharban Singh. He looked after her and bore all her expenses. She also added that, after getting vaccinated, she went to have a cup of tea. At that time also she felt a bit dizzy but didn't give much attention to it and then boarded the bus. After reaching the stop, she went to meet her mama saheb on his shop which was near the stop and told him that she had recently gotten vaccinated.Her mother also mentioned that, the vaccination certificate of Anuradha was printed under the name of her mother i.e., Hemlata Bai.

I also interviewed, Jitendra Singh, his uncle and his 17-year-old cousin, Pankaj. Jitendra stated that Anuradha had gone to school at 8:30 in the morning and got vaccinated around 12:30-1 PM in the school itself. She seemed perfectly fine to them in the morning and had also asked for Aadhar card from Pankaj for vaccination. Jitendra said that on finding Anuradha's bag lying on the road, he looked for her and found her unconscious in the farm. Bablu and Jitendra then took her to the hospital.

Meheraban Singh, Anuradha's uncle, on being asked, said that Anuradha had already informed him on 5/01/22 about the vaccination programme and had also asked for documents for the verification process. Her grandmother, ShyamuBai, added that she was absolutely fine and had no health issues and even met Anuradha on the puncture shop after getting vaccinated.

I, on behalf of HRLN, got Vakalatnama signed by Anuradha's father.

Date: 14/01/2022 **Submitted by**

Arth Pandey
HRLN, Indore

Aadhar Card of Anuradha

Anuradha Picture

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 67537290281

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Hemlata
Age / उम्र	16
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX0051
Unique Health ID (UHID)	
Beneficiary Reference ID	20318190469348
Vaccination Status / टीकाकरण की स्थिति	Partially Vaccinated (1 Dose)

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVAXIN
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, Inactivated virus
Manufacturer / उत्पादक	Bharat Biotech, India
Dose Number / खुराक की संख्या	1/2
Date of Dose / खुराक की तारीख	05 Jan 2022
Batch Number / बैच संख्या	37M21030A
Next Due Date /अगली नियत तिथि	Between 02 Feb 2022 and 16 Feb 2022
Vaccinated By / टीका लगाने वाले का नाम	SUNITA
Vaccination At / टीकाकरण का स्थान	GOVT KANYA HS SCHOOL TARANA 2, Ujjain, Madhya Pradesh

"दवाई भी और कड़ाई भी।
Together, India will defeat COVID-19"
- प्रधानमंत्री नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/ Healthcare Worker/District Immunization Officer/State **Helpline No. 1075**

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

COWIN
Winning Over COVID

This certificate can be verified by scanning the QR code at http://verify.cowin.gov.in

Fact Finding Report

Issue: Death of 16 year old after Covid Vaccination

Date: 12th January, 2022

Place: Village-Pempura, Tehsil-Karhi, District- Khargone

Conducted by: Advocate Shanno Khan, Indore

FACT:

On 12th January, 2022 Advocate Shanno Khan reached to the home of Asha Koge, who was 16 years old girl living in Pempura village Tehsil-Karhi, District- Khargone. She was daughter of Dinesh Koge son of Jaganath Koge Scheduled caste contact no. 6260787218 who was working in forest department on daily wages his monthly salary was approximately Rs. 5,500 with a family of 5 people he, his wife and his 3 children. Eldest daughter Jyoti Koge is in college, Asha was the middle daughter 16 years old in 10th class and one younger son Manoj Koge in school. Asha was studying in Balasgaon Government School in class 10th and aspired to become a doctor.

On 3rd Jan 2022, she got vaccinated during the school vaccination drive with covaxin. On the same day she experienced symptoms like nausea, vomiting, abdomen pain, fever, diarrhoea.

On 3rd Jan when she was leaving her home for school, she told her mother that she will not take the vaccination today. Her teacher called her mother to ask her whether Asha left for school as vaccination drive was going on. When her mother informed the teacher that she might not take vaccination today the teacher told that if they don't take vaccination today, they will have to stand in long line to take the jab and also said that if they don't take vaccination they will not allow her to take the exam so it is better to take vaccination during the school vaccination drive.

Her mother Sunita koge told us that used to like to get ready and that day she got ready to go to school then when she went to school her teachers encouraged her by saying that she is looking very pretty today and she should be the first one to take the vaccination, then she decided to take the vaccination, while taking the vaccination she started bleeding but everyone thought it is normal to happen in some cases.

Her father told me that After she came back home next day she got fever and had stomach ache, later on 5TH Jan 2022 when her situation got deteriorated because of stomach ache and vomiting then she was taken to Padliya CHC there Dr. Zoya Khan who is the incharge there was not present so they took Asha to Doctor's home there also Dr. Zoya Khan was not present so they took her took some Private hospital nearby there the doctor recommended other hospital where the head was Dr. Shrenik, then they took her there, there they found that the hospital was closed so they took her to doctor's home there the doctor prescribed her treatment and said to get this treatment done but did not give any slip and asked to come next day to take the Prescription.

Then they took her to a private hospital again where she was given glucose drips. Then they again took her to Karahi primary health centre/hospital where doctors are available only during afternoon hours and during evening hours they go back to there home and if there is an emergency the nurse calls them and then they come to hospital, this same happened with them as well and so they decided not to call the doctors as it will take a lot of time. Her condition started to get worsened, then the doctors recommended her to other hospital, Barwah Hospital which is 30 to 35kms away from their place but on the way to the hospital she died.

The post mortem did not happen because they said there was no proper treatment that happened so how can they do post mortem.

Then her father gave application and letters to collector and SDM. Then a team from health centre and police team came and took information about the incident but no further action was taken but no FIR was filled.

When I conversed with Asha's grandfather Jagannath Koge, he told us that she was very intelligent student and wanted to become a doctor, her sister told us that she was perfectly fine before vaccination and she was quite active, she used to go to school by cycling 3 to 3.5 km. She did not have any medical or health issues.

Her father told us that she topped the school and also availed scholarship by government for studies, she was very dedicated towards studies and always wanted to serve people by becoming doctor.

In 4 videos which are attached these conversations are included and documents are sent in a pdf.

Documents are attached with the mail like:

1. Deceased Photographs
2. Certificate for covid vaccination of Asha (Deceased)
3. 9th Marklist

4. Aadhar card Asha
5. Aadhar Card Dinesh Koge
6. Caste certificate of Dinesh koge
7. Aadin jati kalian vibhag registered Profile of Asha
8. Schedule caste certificate
9. Samagar portal of Dinesh
10. Income certificate of Dinesh
11. Passbook of Asha
12. Application to SDM and collector by Dinesh
13. Newspaper cutting of Khargone patrika 07/01/2022
14. Three Vakalatnama signed by Dinesh
15. Videos of father, mother and grandfather

SUBMITTED BY: ADVOCATE SHANNO KHAN

Three cases of vaccination deaths in state of Chhattisgarh

1. **Tarini Ghritlahare D/o Dhansai Ghritlahare, village- Lalpur, District- Mungeli, Chhattisgarh**

Tarini Ghritlahre was a student 12th standard. Before the date of vaccination, she had gone to her maternal uncle village. The teachers of school called the family members of the deceased saying that her daughter was required to be present as vaccination camp was being held in the school. The parents called the deceased girl. The girl went to school on 4/1/2022 and was vaccinated between 2:30-3:30 pm. The girl returned home. At around 7 pm, she was helping her mother in cooking supper. At that time, the girl's body temperature started rising suddenly and she started vomiting and became unconscious. The parents called in the 108 helpline for ambulance but ambulance did not come. Thereafter, the family took the girl to CHC, Lormi which is about 10 km from the village. At around, 8:30 pm, ECG machine was tested on the body of girl and the doctor declared her dead. The family members refused for an autopsy. The family also informed that there are other adult persons in the village who got vaccinated and after hospitalization had spent lakhs of rupees in treatment. The government officers threaten that they have to vaccinate themselves or else government will not purchase their paddy on MSP.

2. **Amita Netam D/o Balram Netam, village- Kutulnar, Block- Geedam, Police Station- Faraspal, District- Dantewada, Chhattisgarh**

The deceased girl Amita Netam had gone to school on 4-1-2022 and she was vaccinated in the school situated at village Bade Tumnar. On 5-1-2022 she had gone to school and when, she returned home in the evening, she complained about fever and body ache to her mother. On 6-1-2022, she again went to school for submitting leave application to the teacher. She died on 7-1-2022 at about 12 pm at home. The family members said their daughter used to cycle for 15 km for reaching school. The family said the teachers should have brought their daughter by some vehicle after vaccination considering the distance of 15 km between school and the village of the deceased girl. The family and prominent persons of the village had made a complaint to the police station Faraspal on 7-1-2022 at 6 pm. Post mortem has been conducted on the body but they don't have faith that the report would say she died of vaccination because all the doctors and police are working for government.

3. **Lovekumar Sahu S/ o Toran Das Sahu age about 15 years. village- Bendridih, Police Station and Block- Khairagarh, District- Rajnandgaon, Chhattisgarh**

The deceased Love Kumar Sahu student of class 11th, science subject was vaccinated with Covaccine on 3-1-2022 in his school named as Government Higher Secondary School, Pondadah, Block- Khairagarh, District- Rajanandgaon. In the evening at about 7 pm, he started feeling dizzy and felt rise in body temprature. He took medicine given in the school. After having dinner and medicine, he slept. Next day he got up, he ate food and medicine. When the medicine was over, they purchased medicine from outside. at about 10 pm on 4-1-2022, the boy's health got

deteriorated. He was taken to Khairagarh government Hospital, where he died on 5-1-2022 at about 1:50 pm.

The cause of death as per post mortem report is as under-

”in our opinion and autopsy finding and history given by the parents, death of deceased was due to asphyxia which was due to massive pulmonary oedema which seem to occur due to aspiration (breathing of stomach content and vomitus).”

Annexure P-14

Applicant:- Sonalben Narendrabhai Thakor

Adress:- Shubhas Nagar,junaccher ,
Sabarmati, Ahemdabad.

Date:-09/01/2022

Respected sir,

Police Inspector ,

Sabaramati , Ahemdabad.

Student: Thakore Prateik Narendrabhai,
DOB:- 16/11/2006,
Age:- 15 years,
son of Sonalben Narendrabhai and Narendrabhai Thakore, has been studying at Shri N. M. High School, Sabarmati, Ahmedabad, in standard 10.

On the day of 08/01/2022, time 10:30 am, Pratik was given the Covid vaccine in the school. Few moments after that they instructed him to go home. Just as he left and stepped out the school gate, a few steps out he felt dizzy, had an epileptic fit and then he fell down on the road. He was injured on the head from the fall and he started bleeding. In his injured state his fellow students took him to his house. As soon as his mother found out she took him to a near by hospital and he was given first aid. He continued to feel dizziness and vomiting sensations. He also was feeling feeling highly anxious.

<u>Complaint Statement from mother Sonalben:</u>

Before going to school,Sonalben had reminded her son not to take the vaccine. To which Pratik replied that the school has said that if he does not take the vaccine then he will not be allowed to appear for the examinations. As a result of feeling pressurised by the school, and refused by the mother Pratik himself signed the vaccine parent consent slip which was to be signed by the parent.

During the vaccination, permission of either parent had not been at the site which was the school. Neither had a call been made from the school to the parents to get permission for the son to be vaccinated. They called later to get the OTP only.

Then the mother Sonalben rang up and informed an NGO Sangram Sena and related them matter to them and asked for help. The helpers then alongwith some media representatives reached the school and started making some inquiries. When they were in the midst of making those inquiries, they were were restricted and we're not given answers to their questions.

When asked for principal, they said he was not present and that they would call him. When asked for the name and identity of the medical officer they refused to divulge it and when asked for him, he was not made present as he was actually not there. No action was taken by the school nor the medical staff to treat Pratik. Us helpers called the 108 Ambulance service and hospitalised Pratik at the Civil Hospital Ahmedabad. After that after getting treatment at the hospital, we took Pratik home.

When we asked the medical officer if he had conducted the process of the students screening test, taken informed consent and if he had provided Vaccine information, the medical representative, he could not answer us about any of it. The medical officer turned up at the school after the 108 Ambulance arrived.

We must inform you that none of the procedures, protocols and guidelines; and rules and regulations within the Indian constitution, nor the ICMR, MoHFW, CDSCO were followed.

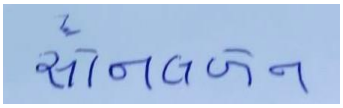
For example, neither informed consent, nor parents consent was taken. Vaccine information was not given to children or the parents prior to the vaccination. No screening process for Vaccine Eligibility had been carried out.

These crimes come under the Section 302 of IPC, Section 420 , section 120 B and 34 of the IPC.

Also uninformed and helpless children have been forcefully vaccinated and this falls under the crimes within section 166, 188, 341, 342, 109, 323, 336, 511, 155, 120B, 34, 52 of IPC and section 51 B, 55 of the Disaster Management Act 2005.

Thus they went against the against the Indian Constitution, WHO, CDSCO, ICMR, MoHFW, Covaxin fact sheet protocols, procedures, rules ans regulations and guidelines and did not follow any of them. As a result we are placing this complaint against the Medical staff and medical officer, School principal and school staff members. We request the Police department for giving us Justice.

Parent signature



Tweet by:

Dr. Tarun Kothari
@DrTaKoMD

Do not become victims of trial vaccination

Modern Naturopathy Health Awareness

DEATH AFTER COVID VACCINATION

Sad Demise date 12/01/2022

Kumari Aryaben Rupeshbhai Govindjibhai

Kutch village: Bitta

Presently: Ghatkopar, Mumbai Age: 15

9:34 PM • Jan 13, 2022

माझी Mumbai, आपली BMC @mybmc · Jan 14

Breaks our heart to confirm the unfortunate demise of Arya, a very bright girl. Her family affirmed that it was a natural death due to cardiac arrest. May they have the strength to bear this loss.

Legal action initiated against the ones using her picture maliciously #RIPArya

> **माझी Mumbai, आपली BMC** @mybmc · Jan 14
> Sir, we see in you biodata that you are an MBBS thus we are hoping you would be able to give a reasonable answer regarding the veracity of the image you have shared. We request you to share your contact on our DM - let's talk please. twitter.com/drtakomd/statu...

176 148 556 Tip

माझी Mumbai, आपली BMC @mybmc · Jan 14

It's sad that a little girl's unfortunate & untimely demise has been used by a few unscrupulous people to spread rumours, depriving the dead of dignity. BMC will take strict legal action & file an FIR against all who used her picture maliciously #RIPArya @rubenquadros @DrTaKoMD

Press Release: Covid-19 Jabs for Children: A Q&A Session for Parents

14/1/2022, Mumbai

This session was organized for parents to have a chance to ask questions related to Covid-19 vaccines for children, in the background of the Central Government having given permission to vaccinate children in the 15-18 years age group. To cover medical as well as legal aspects, the session had an expert panel with 4 practising doctors as well as an eminent lawyer.

Based on the available science and evidence, various experts from India as well as abroad are against the use of the current Covid-19 vaccines for children. This is primarily because of the following reasons.

First, children are not at significant risk from Covid. Covid risk in kids is even lesser than other diseases, it is lesser than even traffic accidents.

Second, most kids in India have already been exposed to the virus (despite school closures), and their bodies have fought off the virus, without us even noticing it. After natural exposure, they now have even stronger immunity.

Third, the current Covid-19 vaccines are experimental, with trials scheduled to go on until 2023. The sizes of the trials for kids' jabs is extremely small and cannot detect anything but the most obvious risks. The long-term effects of these vaccines are clearly unknown.

Fourth, the reason given, of protecting against child-to-adult transmission does not hold water: the current Covid vaccines do not prevent infection or transmission, as data from around the world shows.

On balance, the risk-benefit analysis is not in favour of Covid vaccination for children. This has been opined by various experts including Dr. Jayaprakash Muliyil (member of National Technical Advisory Group on Immunisation (NTAGI)), Dr Sanjay Rai (senior epidemiologist at AIIMS Delhi), Dr Amitav Banerjee (Head, Department of Community Medicine, Dr D.Y.Patil Medical College, Pune), Dr. Maya Valecha (MD, DGO, Vadodara, Gujarat), and various others. Internationally too, the UK's expert body JCVI (Joint Committee on Vaccination and Immunization) has opined the same.

On the legal side, Covid 19 vaccination is purely voluntary for kids as well as adults, as per Central Government guidelines. It is to be noted that there is a lack of reporting and monitoring of Adverse Events Following Immunization in India. Despite this, many deaths have been reported post Covid vaccination in young adults in India; the following link provides a list of more than 10,800 deaths following covid vaccination as reported in media: https://tinyurl.com/vaxdindia . Further, 8 deaths of children have already been reported, following Covid vaccination in kids (details at: https://tinyurl.com/kidvaxdindia).

Informed Consent is a legal right of every individual and children cannot be given any vaccine or any other medical treatment without the written informed consent of their parents. Schools are urged to not promote these experimental vaccines that may cause irreversible damage to children. They are also urged to not follow any illegal and unconstitutional order which is passed by any local authorities. They are finally requested to not indulge in any negligence, carelessness or show any over-enthusiasm which may put the life of children in danger.

If any children die due to vaccination then concerned doctors & authorities, including school management will be liable for charge of murder punishable under Section 302 of IPC. Without the written and informed consent of parents, the children should not be vaccinated. Doctors or public authorities promoting vaccination are bound to explain and publish the death causing and other side effects of vaccines; failing in this would constitute an offence of cheating punishable under Section 420, 120 (B) & 34 of IPC.

Quotes from panel of experts:

1. “Forcing parents to immunize their children's with the Experimental Vaccine (which is still undergoing Clinical trials and has proven to cause thousands of Serious Adverse Events and Deaths) means MURDER”. -- Dr. Lalit Anande, GTB Hospitals, Mumbai

2. “The clinical trials of vaccines rolled out under EUA (i) lack placebos, (ii) are too short and unevaluated for their potential to cause cancer/genetic mutation/abortion/sterility and (iii) contain questionable ingredients (mainly cytotoxic adjuvants like aluminum hydroxide, foetal bovine serum, cultured cell lines of aborted foetuses etc.). Pharmas do not have any reason for due diligence as they are immune to legal prosecution when things go wrong. We are witnessing several deaths which are in temporal relation with the administration of these vaccines, especially in individuals previously in good health.” -- Dr. Mufassil Dingankar, medical doctor and researcher, therapeticka, Mumbai.

3. “Mass vaccination has no scientific basis. Statistics also doesn't support any benefit over risk of catching alleged COVID-19 in kids. The trials with kids has showed serious damages. Still mass roll out has been given a nod. Moreover kids vaccination is going on coercively, including by the schools, which is really very disappointing. The vaccine is neither safe nor effective. It produces irreversible and serious damages and more prominently in the kids. Deaths also are getting reported.” -- Vaidya Sachin Pethkar, Bachelor in Ayurvedic Medicine & Surgery, Parivartan Ayurvedic Hospital in Kothrud, Pune.

4. “There are best and PROVEN TREATMENTS AVAILABLE (for Covid19) in Homoeopathy, Ayurveda, Naturopathy. So infact there is NO CASE FOR EMERGENCY AUTHORISATION PERMISSION to Covid Vaccine. Moreover, Covid HARDLY affects children. There are HARDLY ANY DEATHS due to covid in them. There is no emergency AT ALL for kids. How can one make children as subject of experimentation on such a mass scale? How did such an experiment get Clearance from Ethical Committee?” -- Dr. Abhay Chheda, A Homoeopathic Consultant, practicing since last 25 years, Mumbai.

5. “Child vaccination cannot be done without written permission of their parents and without providing them with the complete information of side effects including deaths due to vaccination.”. -- Adv. Nilesh C. Ojha, LLB, B.E. (Electronics and Telecommunications), Advocate at Supreme Court and Bombay High Court, National President - Indian Bar Association

Awaken India Movement,
Mothers Against Mandatory Vaccinations,
Happy22Kids.Org
Contact: 720-8588-199, mail2aim@protonmail.ch

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. OF 2021

(PIL UNDER ART. 32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

Daniyelu Kondipogu & Ors. …. Petitioner

Versus

Union of India & Ors. … Respondents

APPLICATION FOR PERMISSION TO FILE LENGTHY SYNOPSIS AND LIST OF DATES

TO,

THE HON'BLE CHIEF JUSTICE OF INDIA AND HIS COMPANION JUSTICES OF THE HON'BLE SUPREME COURT OF INDIA.

THE HUMBLE PETITION OF THE APPELLANT ABOVE NAMED.

MOST RESPECTFULLY SHOWETH AS UNDER:

1. The present Writ Petition is being filed in the public interest under Article 32 of the Constitution of India in the backdrop of specifically, (among other critical reasons (listed in Pr. 2), the rollout of vaccinations of children, under a Central

Government instruction of **The Ministry of Health and Family Welfare Guidelines (MoHFW)** dated 27th December 2021 which is voluntary, and by the **Ministry of Women and Child Development (MoWCD),** dated 4th January 2022 mandating the vaccines. This is deeply disturbing as any mandate is illegal, and is counter to the Central Government's instruction, being explicitly clarified in the Counter Affidavit filed in the Supreme Court on 28th November 2021, on behalf of the Ministry of Health and Family Welfare and Central Drugs Standard Control, that the vaccines are "voluntary". Furthermore, as seriously problematic as a roll-out is with regard to 'informed consent', which is legally required, as no informed consent is properly possible in a roll-out, the vaccination of children despite this, has been authorised and is even being mandated illegally, without authority and in writing, by local govt. bodies (LGB). In turn, these LGB mandates are being enforced, down the line, by educational institutions by their own further 'mandates', denying admission to unvaccinated children. The Government Circular (MoWCD) and MoHFW instructions are appended herein.

2. That the facts stated, grounds taken and legal submissions made in the accompanying petition may be read as the part of the present application as same are not reproduced in order to avoid repetition.

3. The present petitioners has moved for permission to file the detailed Synopsis and List of dates with this Petition as the issues involved are necessary to narrate the synopsis in detail to accommodate the facts and circumstances

4. The balance of convenience lies in favour of the applicants and has every likelihood of succeeding in this case.

5 This application is bonafide and made in the interest of justice.

Prayer

6. In the facts and circumstances of the case, this Hon'ble Court may be pleased to:

a. Allow and take on record the lengthy Synopsis and List of dates filed by the petitioners along with the Writ Petition.

b. Pass any such order/s as this Hon'ble Court may deem fit and proper in the facts and circumstances of the present case.

AND FOR THIS ACT OF KINDNESS THE APPLICANT AS IN DUTY BOUND SHALL EVER PRAY.

Filed by:

[SATYA MITRA]

Advocate for the petitioner

New Delhi
Filed on: 17/01/2022

222

SECTION ------

IN THE SUPREME COURT OF INDIA

I.A. (Crl. /Civil) No.....Of 20

In

Special Leave Petition (Crl. /Civil) No.....Of 20

Civil /Criminal Appeal /Transfer/Writ Petition No._____of 2022.

IN THE MATTER OF:

Danielyu Kondipogu & Ors Petitioner's/Appellant's

Versus

Union of India & Ors. Respondent's/ Caveater's

INDEX OF FILING

S.No.	Particuler	Copies	Court fees
1)	L/P		
2)	Synopsis / L/D		
	W.P with Affidavit		
	Appdix		
	Annexure P1 to P16		
	Application for Lenthy		
	L/D.		
	P/M		
	V/A		
		Total Rs.	

Filed On 17/1/22

(SATYA MITRA)
ADVOCATE FOR THE PETITIONERS / RESPONDENT
APPELLANT/ CAVEATOR / INTERVENOR
576,MASJID ROAD,JANGPURA
NEW DELHI-110014
Moble No.9911769905/9953179139/9718610865

CODE No.1852
I.C. NO. 6658/6736
Rahul Saini / Brij Mohan Singh

IN THE SUPREME COURT OF INDIA
CIVIL/CRIMINAL/ORIGINAL/APPELLATE/JURISDICTION

SLP /WP / CURATIVE PETITION OF 2021

In the matter of

Daniyelu Kondipogu & Ors — Appellant(s) Petitioner(s)

VERSUS

Respondent(s)

Union of India & Ors.

VAKALATNAMA

I/ Daniyelu Kondipogu Appellants(s)/Petitioner(s)/Respondent(s)/ Caveator (s)/ Opposite party in the above Suit/ Appeal/ Petition/ Reference do hereby appoint and retain **Mr. Satya Mitra**, Advocate of the Supreme Court to act and appear for me/us in the above Suit/ Appeal/ Petition/ Reference and or my /our behalf to conduct and prosecute (or defend) the same and all proceedings that may be taken in respect of my application connected with the same of any decree order passed therein, including proceedings in taxation and application for Review, to file and obtain return of documents, and to deposit and receive money on my/ or behalf in the said Suit Appeal/ Petition Reference and in application of Review, and to represent me/us and to take all necessary steps on my /our behalf in the above matter, I/We agree to ratify all acts done by the aforesaid Advocate in pursuance of this authority.

Dated : 20 th October day of_2021

Accepted:
Petitioner No 3

APPELLANT(s)/ CAVREATOR(s)/

PETITIONER(s)/

INTERVENOR(s)/ RESPONDENT(s)

(Mr. Satya Mitra)
Advocate on Record, Supreme Court

MEMO OF APPEARANCE

To,

The Registrar,
Supreme Court of India
New Delhi

Sir,

Please enter my appearance on behalf on the Petitioner(s) /Appellant(s)/ Respondent(s)/ Intervenor(s)/ Caveator(s) in the matter above mentioned.

Dated this the 20th day of October 2021

Yours faithfully,

New Delhi
Dated:
Caveat or (s) Code No 1852
110014

(Satya Mitra)
Advocate for Petitioner(s)/Appellant(s)/Respondent(s)/
576, Masjid Road, jangpura, New Delhi

IN THE SUPREME COURT OF INDIA
CIVIL/CRIMINAL/ORIGINAL/APPELLATE/JURISDICTION

SLP /WP / CURATIVE PETITION OF 2021

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IN THE SUPREME COURT OF INDIA
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Dated this the day of January 2022

Accepted: दिनेश कोगे
Petitioner No 3

APPELLANT(s)/ CAVREATOR(s)/

PETITIONER(s)/

INTERVENOR(s)/ RESPONDENT(s)

(Mr. Satya Mitra)
Advocate on Record, Supreme Court

MEMO OF APPEARANCE

To,

The Registrar,
Supreme Court of India
New Delhi

Sir,

Please enter my appearance on behalf on the Petitioner(s) /Appellant(s)/ Respondent(s)/ Intervenor(s)/ Caveator(s) in the matter above mentioned.

Dated this the day of January 2022

Yours faithfully,

New Delhi
Dated:
(s) Code No 1852

(Satya Mitra)
Advocate for Petitioner(s)/Appellant(s)/Respondent(s)/ Caveat or
576, Masjid Road, jangpura, New Delhi 110014

IN THE SUPREME COURT OF INDIA
CIVIL/CRIMINAL/ORIGINAL/APPELLATE/JURISDICTION

SLP /WP / CURATIVE PETITION OF 2021

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Dated : 20 th October day of_2021

Accepted: तोरन दास (Torandas)
Petitioner No 3

APPELLANT(s)/ CAVREATOR(s)/
PETITIONER(s)/
INTERVENOR(s)/ RESPONDENT(s)

(Mr. Satya Mitra)
Advocate on Record, Supreme Court

MEMO OF APPEARANCE

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Supreme Court of India
New Delhi

Sir,
Please enter my appearance on behalf on the Petitioner(s) /Appellant(s)/ Respondent(s)/ Intervenor(s)/ Caveator(s) in the matter above mentioned.

Dated this the 20th day of October 2021

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New Delhi
Dated:
Caveat or (s) Code No 1852
110014

(Satya Mitra)
Advocate for Petitioner(s)/Appellant(s)/Respondent(s)/
576, Masjid Road, jangpura, New Delhi

IN THE SUPREME COURT OF INDIA
CIVIL/CRIMINAL/ORIGINAL/APPELLATE/JURISDICTION

SLP /WP / CURATIVE PETITION OF 2021

In the matter of

Daniyelu Kondipogu & Ors

Appellant(s) Petitioner(s)

VERSUS

Union of India & Ors.

Respondent(s)

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Dated :

भगवान सिंह

Accepted:
Petitioner No 3

PETITIONER(s)/

APPELLANT(s)/ CAVREATOR(s)/
INTERVENOR(s)/ RESPONDENT(s)

(Mr. Satya Mitra)
Advocate on Record, Supreme Court

MEMO OF APPEARANCE

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The Registrar,
Supreme Court of India
New Delhi

Sir,
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110014

(Satya Mitra)
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576, Masjid Road, jangpura, New Delhi