

January 15, 2023

MOST URGENT & MOST SERIOUS

Subject: 1. To follow the law of ‘**Informed Consent**’ and to fix the liability upon Government Authorities, school Authorities, Principal etc. who are violating the law and forcing the children to take MR vaccines and thereby putting their life in danger.

2. To follow the precedent set by the Hon’ble High Court in the case of **Master Haridan Kumar Vs. UOI 2019 SCC OnLine Del 11929** by not vaccinating those students whose parents have refused to give consent for vaccination and displaying quarter page advertisements indicating the contents and adverse events of the MR vaccines in all newspapers.

Reference:

(i) Hon’ble Supreme Court Order in the case of **Jacob Puliyel Vs. Union of India 2022 SCC Online SC 533**, Decided on 2nd May, 2022.

(ii) Hon’ble Supreme Court Judgment **Common Cause Vs. Union of India (2018) 5 SCC 1**.

**(iii) Registrar General, High Court of Meghalaya
Vs. State of Meghalaya 2021 SCC OnLine Megh
130.**

**(iv) Re Dinthar Incident Vs. State of Mizoram 2021
SCC OnLine Gau 1313.**

**(v) Master Haridan Kumar Vs. UOI 2019 SCC
OnLine Del 11929.**

(v) Section 52, 304-A, 115, 120(B), 34, 109, etc. of
Indian Penal Code.

Dear Sir/Madam,

1. That, In the context of present on-going vaccination drive against Measles & Rubella, we appeal to you to ensure the law of informed consent and the right to choice of parents which is needed as per law for any medical intervention. Weighing the pros and cons of the MR vaccines the parents should have free choice to either to vaccinate or refuse vaccinations for their children.
2. That few authorities are treating government circulars and promotions as mandates and forcing parents to vaccinate their children in order in order avail education.
3. It is an incorrect and completely wrong assumption. In fact, the MR vaccine is completely voluntary and in no manner can be made compulsory either directly or indirectly.
- 3.1. Children cannot be given vaccines or any treatment without written consent of their parents. Explaining Informed consent in the RTI reply dated 05.08.2021 to Shri Sitaram Kumar, AIIMS Bhubaneswar has replied as under:

“Question: What is informed consent for vaccines ?

*Answer: A **Consent Form** is a document, in which the beneficiary needs to read, understand and sign before taking the vaccine.*

This Consent Form has information such as:

Name and Type of Vaccine, Manufacturer

Route and Site of Administration, Doser



Risk and Benefits of Vaccination

Side effects if any and whom to contact and what to do in case of any side effect

Any additional source information related to the vaccine, etc.

*Thus, after reading it (**Consent Form**) and understanding, a beneficiary needs to sign the document and thereafter should get the vaccine. The beneficiary may or may not sign the informed consent form”*

Link:<https://drive.google.com/file/d/1fKQWK6biFEPQW3TE1cveMp476eZnVMnu/view?usp=sharing>

- 3.2.** Measles is a viral endemic disease in our country. Healthy Children older than 5 years usually have mild form of disease. Associations in the scientific literature have been found between measles & mumps infections lowering cardiovascular mortality. Natural infection with measles during childhood has been associated with a reduced risk of much more serious diseases later in life, including degenerative bone disease, certain tumours, Parkinson’s disease, allergic disease, chronic lymphoid leukaemia, both non-Hodgkin lymphoma and Hodgkin lymphoma, and cardiovascular disease.

Links:

- i. [https://linkinghub.elsevier.com/retrieve/pii/S0021-9150\(15\)01380-5](https://linkinghub.elsevier.com/retrieve/pii/S0021-9150(15)01380-5)
- ii. <https://www.sciencedaily.com/releases/2006/10/061030143318.htm>
- iii. <https://www.thelancet.com/journals/lancet/article/PII>



[S0140-6736\(85\)90961-4/fulltext](#)

- iv. <https://academic.oup.com/aje/article-abstract/122/6/1017/72271?redirectedFrom=fulltext>
- v. <https://onlinelibrary.wiley.com/doi/full/10.1002/ijc.28205>
- vi. <https://pediatrics.aappublications.org/content/123/3/771>
- vii. <https://www.sciencedirect.com/science/article/abs/pii/S0145212605004662?via%3Dihub>

3.3. Natural immunity is known to be far better and long lasting than vaccine induced immunity. Infact it provides life long protection against the disease. This must be well communicated to all the parents as part of informed consent.

4. There are a catena of judgements which have ruled that

A. No one can ask the parents their reason for refusing consent for administering MR vaccines to their children

B. Authorities and doctors administering the vaccines are duty bound to take informed consent from parents as well advertise widely about the contents and adverse events of the MR vaccines.

4.1. In **Master Haridaan Kumar Vs. Union of India 2019 SCC OnLine Del 11929**, it is ruled as under;

“14. The contention that indication of the side effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited.



The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision. The respondents are not only required to indicate the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/children.

15. In view of the above, it is directed as under:

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

(1) Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents, namely, The Hindustan Times, The Times of India, The Hindu, The Pioneer, The Indian Express, Delhi Tribune, Mail Today, The Asian Age, Navbharat Times, Dainik Jagran, Punjab Kesari, Hindustan, Amar Ujala, Navodaya Times, Hamara Samaj, Pratap, Daur-e-Jadeed, Jathedar, Jan Ekta. The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse



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

- 4.2. That the provisions of **Universal Declaration on Bioethics and Human Rights, 2005** also mandate for informed consent. Relevant Articles reads thus;

Article 6 – Consent.

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.



3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 – Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent;

research should only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take



part in research should be respected.

- 4.3. That, Supreme Court in **Common Cause Vs. Union of India(2018) 5 SCC 1**, it is ruled as under;

*“517. The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide whether or not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional. **Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;***

*202.9. Right to life and liberty as envisaged under Article 21 of the Constitution is meaningless unless it encompasses within its sphere individual dignity. With the passage of time, **this Court has expanded the spectrum of Article 21 to include within it the right to live with dignity as component of right to life and liberty.***

*306. In addition to personal autonomy, other facets of human dignity, namely, “self-expression” and “right to determine” also support the argument **that it is the choice of the patient to receive or not to receive treatment.**”*

- 4.4. In **Montgomery Vs. Lanarkshire Health Board [2015] UKSC 11**, it is ruled as under;



“77. These developments in society are reflected in professional practice. The court has been referred in particular to the guidance given to doctors by the General Medical Council, who participated as interveners in the present appeal. One of the documents currently in force (Good Medical Practice (2013)) states, under the heading “The duties of a doctor registered with the General Medical Council”:

“Work in partnership with patients. Listen to, and respond to, their concerns and preferences. Give patients the information they want or need in a way they can understand. Respect patients’ right to reach decisions with you about their treatment and care.”

78. Another current document (Consent: patients and doctors making decisions together (2008)) describes a basic model of partnership between doctor and patient:

“The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to have no treatment. The doctor may recommend a particular option which they believe to be best for the patient, but they must not put pressure on the patient to accept their advice. The patient weighs up the potential benefits, risks and burdens of the various options as well as any non-clinical issues that are relevant to them. The patient decides whether to accept any of the options and, if so, which one.” (para 5)

In relation to risks, in particular, the document advises that



the doctor must tell patients if treatment might result in a serious adverse outcome, even if the risk is very small, and should also tell patients about less serious complications if they occur frequently (para 32). The submissions on behalf of the General Medical Council acknowledged, in relation to these documents, that an approach based upon the informed involvement of patients in their treatment, rather than their being passive and potentially reluctant recipients, can have therapeutic benefits, and is regarded as an integral aspect of professionalism in treatment.

82. In the law of negligence, this approach entails a duty on the part of doctors to take reasonable care to ensure that a patient is aware of material risks of injury that are inherent in treatment. *This can be understood, within the traditional framework of negligence, as a duty of care to avoid exposing a person to a risk of injury which she would otherwise have avoided, but it is also the counterpart of the patient's entitlement to decide whether or not to incur that risk. The existence of that entitlement, and the fact that its exercise does not depend exclusively on medical considerations, are important. They point to a fundamental distinction between, on the one hand, the doctor's role when considering possible investigatory or treatment options and, on the other, her role in discussing with the patient any recommended treatment and possible alternatives, and the risks of injury which may be involved.*

83. *The former role is an exercise of professional skill and judgment: what risks of injury are involved in an operation,*



for example, is a matter falling within the expertise of members of the medical profession. But it is a non sequitur to conclude that the question whether a risk of injury, or the availability of an alternative form of treatment, ought to be discussed with the patient is also a matter of purely professional judgment. The doctor's advisory role cannot be regarded as solely an exercise of medical skill without leaving out of account the patient's entitlement to decide on the risks to her health which she is willing to run (a decision which may be influenced by non-medical considerations). Responsibility for determining the nature and extent of a person's rights rests with the courts, not with the medical professions.

*87. The correct position, in relation to the risks of injury involved in treatment, can now be seen to be substantially that adopted in Sidaway by Lord Scarman, and by Lord Woolf MR in Pearce, subject to the refinement made by the High Court of Australia in Rogers v Whitaker, which we have discussed at paras 77-73. **An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments.** The test of materiality is whether, in the circumstances of the particular case, a reasonable person in*



the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.

*89. Three further points should be made. First, it follows from this approach that the assessment of **whether a risk is material cannot be reduced to percentages**. The significance of a given risk is likely to reflect a variety of factors besides its magnitude: for example, the nature of the risk, the effect which its occurrence would have upon the life of the patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternatives available, and the risks involved in those alternatives. The assessment is therefore fact-sensitive, and sensitive also to the characteristics of the patient.*

*90. Secondly, the doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is **comprehensible**. **The doctor's duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form.**"*

4.3. In the case of **Jacob Puliyel Vs. Union of India 2022 SCC Online**



SC 533 the Supreme Court propounding that no one can be forced to vaccinated ruled as under;

“(iii) With respect to the infringement of bodily integrity and personal autonomy of an individual considered in the light of vaccines and other public health measures introduced to deal with the COVID-19 pandemic, we are of the opinion that bodily integrity is protected under Article 21 of the Constitution and no individual can be forced to be vaccinated. Further, personal autonomy of an individual, which is a recognised facet of the protections guaranteed under Article 21, encompasses the right to refuse to undergo any medical treatment in the sphere of individual health. However, in the interest of protection of communitarian health, the Government is entitled to regulate issues of public health concern by imposing certain limitations on individual rights, which are open to scrutiny by constitutional courts to assess whether such invasion into an individual's right to personal autonomy and right to access means of livelihood meets the threefold requirement as laid down in K.S. Puttaswamy (supra), i.e.,

(i) legality, which presupposes the existence of law;

*(ii) need, defined in terms of a legitimate State aim;
and*

(iii) proportionality, which ensures a rational nexus between the objects and the means adopted to achieve them.”

5. **Liability of School & other authorities under Criminal & Civil Law:**



5.1. That Hon'ble High Court in Registrar General, High Court of Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130, it is ruled as under;

“.....

Thus, by use of force or through deception if an unwilling capable adult is made to have the flu vaccine would be considered both a crime and tort or civil wrong, as was ruled in Airedale NHS Trust v Bland reported at 1993 AC 789 = (1993) 2 WLR 316= (1993) 1 All ER 821, around thirty years (30) ago. Thus, coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.

In this context, around one hundred and seven (107) years ago, in Schloendorff v Society of New York Hospitals reported at (1914) 211 NY 125 = 105 NE 92; 1914 NY Justice Cardozo ruled that „every humanbeing of adult years and sound mind has a right to determine what shall be done with their body”.

This finds mention in decisions of the European Commission and Court of Human Rights [X vs. Netherlands of 1978 (decision rendered on 4th December, 1978); X vs. Austria of 1979 (decision rendered on 13th December, 1979)] which has become truer in the present times across the world than ever before. Compulsorily administration of a vaccine without hampering one"s right to life and liberty based on informed choice and informed consent is one thing. However, if any compulsory vaccination drive is



coercive by its very nature and spirit, it assumes a different proportion and character.

However, vaccination by force or being made mandatory by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it.”

- 5.2. All authorities are bound to ensure that they should not be part of conspiracy to the offences committed by the authorities.
- 5.3. The act of omission on the part of any authority also make them liable for prosecution as that of the main offender. Hon’ble Supreme Court in **State of Odisha Vs. Pratima Mohanty Etc. 2021 SCC OnLine SC 1222.**
- 5.4. Every person joining the conspiracy is liable. In **Raman Lal Vs. State of Rajasthan 2000 SCC OnLine Raj 226,** has ruled that;
- “**Conspiracy – I.P.C. Sec. 120 (B)** – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal omission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Co-conspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against accused cannot be quashed.”*
6. Under these circumstances it is clear that the Authorities, Principal, School Management, Ministers etc., who are promoting vaccines



should resist and desist from doing any act which is violative of the mandates of the law and constitution.

7. Needless to mention here that, any authority or school staff are not supposed to follow any unlawful or unconstitutional orders by the senior Government officials or even by the courts if constitutional provisions are vitiated. If anyone follows unconstitutional and illegal orders, then he should be held guilty of offence even if the order was that of the Court. [**Nandini Satpathy Vs. P.L.Dani (1978) 2 SCC 424**].
8. Once the children are given MR vaccines, then there is no process for reversing the effect, if these vaccines prove to be harmful, as reported in VigiAccess which is a World Health Organization database regarding adverse drug reports. Some adverse events of the MR vaccines are reproduced below:
 - (i) Blood and lymphatic system disorders
 - (ii) Cardiac disorders
 - (iii) Congenital, familial and genetic disorders
 - (iv) Ear and labyrinth disorders
 - (v) Eye disorders
 - (vi) Gastrointestinal disorders
 - (vii) General disorders and administration site conditions
 - (viii) Hepatobiliary disorders
 - (ix) Immune system disorders
 - (x) Infections and infestations
 - (xi) Injury, poisoning and procedural complications



- (xii) Metabolism and nutrition disorders
- (xiii) Musculoskeletal and connective tissue disorders
- (xiv) Neoplasms benign, malignant and unspecified (incl cysts and polyps)
- (xv) Nervous system disorders
- (xvi) Pregnancy, puerperium and perinatal conditions
- (xvii) Psychiatric disorders
- (xviii) Renal and urinary disorders
- (xix) Reproductive system and breast disorders
- (xx) Respiratory, thoracic and mediastinal disorders
- (xxi) Skin and subcutaneous tissue disorders
- (xxii) Vascular disorders

Link: <https://vigiaccess.org/>

9. List of International lawsuits where courts ordered damages for people suffering from adverse events of MR vaccines.

(i) UK, 2010: Court ordered 90,000 pounds in compensation after a 13 month child was left severely brain damaged after the MMR shots. (Delgado, 2010)

Link: <https://www.dailymail.co.uk/news/article-1307095/Family-win-18-year-fight-MMR-damage-son--90-000-payout-concerns-vaccine-surfaced.html>

(ii) US, 1998: Court ordered over 795,000 USD in compensation after an 18 month child suffered permanent neurological damage as a result of encephalitis caused by the MMR vaccine. (Superior Court of Pennsylvania, 1998)

Link: <https://casetext.com/case/harman-v-borah-3>



(iii) US, 2021: Court ordered over 79,000 USD in compensation for a minor who suffered from an infected sinus tract fistula/abscess following the MMRV shot. (United States Court of Federal Claims, 2021)

Link: <https://casetext.com/case/uglialoro-v-secretary-of-health-and-human-services>

(iv) US, 2006: Court ordered over 800,000 USD in compensation to the estate of a woman who had died as a result of injuries from the MMR shot. (United States Court of Appeals, Federal Circuit, 2008)

Link: <https://casetext.com/case/zatuchni-v-human-services>

(v) US, 2011: Court ordered over 473,000 USD plus an undisclosed sum in compensation after a 1 year old suffered severe cognitive & developmental disabilities following MMRV shot. (UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO, 2020)

Link: <https://casetext.com/case/jg-v-bimestefer>

(vi) US, 2017: After 17 year legal battle in multiple courts, court finally acknowledged MMR shot as the cause of autoimmune encephalopathy in a child and ordered compensation. (United States Court of Federal Claims, 2017)

Link:

<https://www.courtlistener.com/opinion/4371458/moriarty-v-secretary-of-health-and-human-services/>

(vii) US, 2018: Court ordered USD 101 million in compensation (including annuities) after a 1 year old child suffered multiple injuries following the MMRV shots. (mctlaw, 2018)



Link: <https://www.mctlaw.com/101-million-dollar-vaccine-injury-mmr/>

(viii) Japan: Families were compensated after courts determined that serious adverse reactions were caused by MMR vaccine administered 1989 to 1993 (Doward, 2004).

Link:
<https://www.theguardian.com/uk/2004/dec/26/health.politics>

10. Media reports of vaccine injuries from India

Year	News	Link
1986 - 1994	A study of measles vaccination in 9 states noted 79 deaths post vaccination.	http://archive.nmji.in/approval/archive/Volume-8/issue-5/original-articles-2.pdf
1989	4 children died after being administered polio, measles and DPT vaccine.	https://indiankanoon.org/doc/14151/
1991	Manali, Tamil Nadu: 6 children died following measles vaccination.	https://www.indianpediatrics.net/july2008/606.pdf
1995	3 children died following a measles vaccination drive in a district in West Bengal.	https://www.indiatoday.in/magazine/living/story/19950430-death-of-3-children-hospitalisation-of-40-highlights-sorry-state-west-bengal-health-service-807202-1995-04-29
2008	Tamil Nadu: 8 children died after measles vaccination.	https://groups-google-com.translate.goog/g/panbudan/c/Krc-WysE9Uc/m/gUcESXtNrJEJ?_x_tr_sl=auto&_x_tr_tl=en&_x_tr_hl=en-US&_x_tr_pto=wapp

	Gandhidham, Gujarat: 4 children died following administration of the measles vaccine.	https://www.divyabhaskar.co.in/news/GUJ-1268368-1942327.html
	Assam: 4 infants died following administration of the measles vaccine.	http://archive.indianexpress.com/news/assam-denies-vaccine-to-blame-for-infant-deaths/377175/
2010	Damoh Nagar, Madhya Pradesh : 4 children died & 11 were hospitalized following administration of the measles vaccine.	https://rb.gy/sb9ut0
	Mohanlal Gang, UP: 5 children died following administration of the measles vaccine.	https://indiankanoon.org/doc/9004555/
2011	Kutch: 4 children died after administration of measles vaccine.	https://www.technet-21.org/en/community/discussions/deaths-due-to-vaccination-need-intense-investigations-in-india https://www.dnaindia.com/india/report-four-infants-die-after-vaccination-in-gujarat-town-%201520755
2012	Assam: Child suffered permanent disabilities following administration of the DPT, measles & OPV vaccines.	https://indiankanoon.org/doc/9004555/
2013	Tilluvar, Tamil Nadu: 4 children died following measles vaccination.	https://www.dnaindia.com/india/report-new-delhi-team-investigates-measles-vaccine-deaths-1161365
	Aurangabad, Maharashtra: 6 children died following measles vaccination.	https://www.dnaindia.com/india/report-measles-vaccine-issue-team-rushed-to-aurangabad-%201194192



2014	Fatehpur: 2 children died and 20 were hospitalized following administration of the measles vaccine.	https://main.mohfw.gov.in/sites/default/files/1_Final_Fatehpur_AEFI_cluster_de%20-%20Copy%201.pdf
2014	Agra: Child died after being administered measles and DPT vaccine.	https://twitter.com/News18UP/status/466075373545877504
2015	Hardoi: Child died after measles vaccination.	https://twitter.com/News18UP/status/586753209504378881
2016	Baliya, UP: 1 year child no more following measles vaccination.	https://www.jagran.com/uttar-pradesh/ballia-14894423.html
2017	4 children died & 1 was critical following administration of multiple vaccines including measles in Palamu, Bihar.	https://www.bhaskar.com/news/latest-ranchi-news-033503-1432429.html
	Puducherry: 16 students hospitalized following MR vaccine.	https://timesofindia.indiatimes.com/city/puducherry/puducherry-health-officials-ally-fears-after-%2016-students-administered-with-mr-vaccine-complain-of-giddiness/articleshow/57020844.cms
	Bageshwar, UP: 21 children sick following MR vaccine.	https://timesofindia.indiatimes.com/city/dehradun/-20-children-in-bageshwar-fall-sick-after-measles-rubella-vaccination/articleshow/61424547.cms

	Muzaffarpur, Bihar: 2 babies died and a dozen seriously ill following administration of the measles vaccination.	http://www.deshvani.in/news/muzaffarpur/8718.html
2018	Beed: 9 month old infant no more following administration of the vaccine.	https://www.lokmat.com/beed/death-baby-second-day-after-giving-goose-penta-vaccine/
	Deaths of 5 children following Measles Rubella vaccination were reported from UP, Punjab & Gujarat. There were reports of hundreds of children falling sick after the vaccine.	https://www.downtoearth.org.in/hindistory///two-children-die-from-mr-vaccination-62427
	Pune, 7 children fell sick after measles-rubella shot.	https://timesofindia.indiatimes.com/city/pune/seven-students-take-ill-after-measles-rubella-shot/articleshow/66943814.cms?from=mdr
	5 children died following measles rubella vaccination from various places in India.	https://timesofindia.indiatimes.com/city/rajkot/three-year-old-dies-after-mr-vaccination/articleshow/65249489.cms?from=mdr
	Punjab: Several children hospitalized, 1 died following Measles Rubella vaccination.	https://timesofindia.indiatimes.com/city/chandigarh/bathinda-mr-vaccination-drive-dozen-students-land-in-hospital/articleshow/64073930.cms?from=mdr
	UP: Child died following administration of the measles rubella vaccination.	https://www.inextlive.com/uttar-pradesh/bareilly/girl-died-bareilly-news-rubella-vaccine-202529
	Ranchi: Several children hospitalized,	https://chauthiduniya.com/half-a-

6 no more after administration of multiple vaccines including measles.	dozen-children-die/
Tamil Nadu: 5 year old child died following measles vaccination. xxv	https://m-tamil.webdunia.com/article/regional-tamil-news/5-year-girl-passed-away-in-inject-%20vaccine-118050400046_1.html
Gujarat: 13 year old girl no more following MR vaccination in Kothara, Gujarat.	https://kutchcarenews-com.translate.goog/news/?p=6512&_tr_sl=gu&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc
Valsad/Surat: 5 year old died after receiving MR vaccine.	https://indianexpress.com/article/india/gujarat-five-yr-old-dies-3-days-after-being-given-mr-vaccine-5294760/
Pune (Nov 2018 to Jan 2019): 27 children complained of side effects following MR vaccine drive.	https://timesofindia.indiatimes.com/city/pune/reactions-after-mr-shot-coincidental-expert-panel/articleshow/67494864.cms
Sonbhadra: Child in grade 1 died following the rubella vaccination.	https://youtu.be/_GIPAYpGcM0
Sambhal: 9 year old girl died after receiving the rubella vaccination.	https://youtu.be/K4dUOZWBmYM
Pilibhit: College student died after rubella vaccination.	https://youtu.be/9gWIJprevm8
UP:100s of children fell sick across different places following MR vaccine.	https://youtu.be/t-Jvw-IUGjE
Sitapur: 1 child died & 22	https://youtu.be/u6j0T4TlSYk



	hospitalized following MR vaccination.	
	Vashim, Maharashtra: Girl died following rubella vaccination.	https://youtu.be/qCItd-keew
	Buldhana, Maharashtra: 7 children suffered serious reactions following MR vaccination.	https://youtu.be/FniYlyIXyPc
	Mumbai, 2018: Measles outbreaks increased by 50% compared to previous year, despite 95% vaccination coverage	https://timesofindia.indiatimes.com/city/mumbai/measles-vaccination-coverage-at-95-yet-31-outbreaks-reported-this-year/articleshow/66539200.cms?from=mdr
	Solapur: Boy died following MR vaccination, father alleged parents were not informed about vaccination drive.	https://youtu.be/M57PHfWhCm8
2019	Rajasthan: 13 children were hospitalized following administration of the MR vaccine.	https://timesofindia.indiatimes.com/city/jaipur/measles-rubella-vaccine-has-no-ill-effects-says-minister/articleshow/70369430.cms
	Indira Nagar: 11 year old child died after rubella vaccination.	https://youtu.be/KXD1Xx26CKk
	Jalna: 3 year old child died following MR vaccination.	https://www.esakal.com/marathwada/3-years-old-boy-died-after-rubella-vaccination-163577
	Neemuch: Child died after rubella vaccination.	https://youtu.be/Aq0O3u1nKMo
	Kerala, India: Kerala suffered its	https://www.thehindu.com/news/natio



	worst measles outbreak in years, despite having one of the highest immunization rates. The capital, where almost everyone had received at least 1 dose, was the worst affected	nal/kerala/state-witnesses-surge-in-measles-cases/article27182594.ece/amp/
	Anuppur: 4 year old child died following measles rubella vaccination.	https://youtu.be/pXIKOH_g_t4
2022	Belgavi, Karnataka: 3 children died following administration of the MMR.	https://timesofindia.indiatimes.com/city/hubballi/belagavi-jab-botch-up-3-kids-die-nurse-suspended/articleshow/88939849.cms
	Maharashtra: a 16 month old child passed away following administration of the measles rubella vaccine.	https://www.maxmaharashtra.com/max-reports/a-one-and-half-year-child-died-after-vaccination-in-palghar-district-police-complaint-filed-1108612
	Per the testimony of the parents, 4 of the 7 children eligible for vaccination, who died of measles were vaccinated.	https://indianexpress.com/article/cities/mumbai/among-mumbai-children-who-died-of-measles-many-were-unvaccinated-8304610/
	Lucknow: 2 year child died after receiving measles & DPT shots. xlv	https://www.amarujala.com/uttar-pradesh/hathras/hathras-12-days-after-vaccination-the-child-dies-of-fever-hathras-news-ali297235220?pageId=1
2023	West Bengal: 9 year old died following measles vaccination.	https://twitter.com/awakenindiamov/status/1614596677524152323

11. It is important to note that no safety studies have been conducted by CDSCO for reducing the recommended age from 9 months to 6 months and for recommending an additional dose for the MR

vaccine.

Link: <https://awakenindiamovement.com/mr-vaccine-information/>

11.1 **Zero efficacy for babies under 9 months:** A study from South India had shown ZERO efficacy for babies under 9 months. Despite this, the vaccine has been approved for babies between 6 and 9 months of age.

Link: <https://academic.oup.com/tropej/article/55/4/253/1672665?login=false>

Concluding Paragraph:

(i) Authorities should be cautious when conducting mass vaccination of children when natural immunity has proved to bestow life long immunity.

(ii) No authority can impose any condition to get vaccinated;

(iii) **Forcing** to get vaccinated to avail certain services is a civil wrong and criminal offence punishable under Section 166, 188, 341, 342, 109, 323, 336, 511, 115, 120 (B), 34, 52 etc. of IPC and Section 51(b), 55 of Disaster Management Act, 2005;

(iv) **If** any children die due to vaccination then concerned doctors & authorities will be liable for charge of murder punishable under Section 302 of IPC;

(v) **Except** the written consent of parents, the children should not be vaccinated. Informed consent of parents is mandatory;

(vi) **The** Doctors or public authorities promoting vaccination are bound to explain and publish the death causing and other side effects of vaccines by giving advertisements in all daily newspapers as well as in web and electronic media;

(vii) Without such publication and without giving full information if any children are vaccinated, then it is an offence of cheating punishable under



Section 420, 120 (B) & 34 of IPC;

In the said prosecution, victim parents can demand compensation of any amount without paying court fee, by invoking section 357(3) of Code of Criminal Procedure Code;

(viii) As per section 120 (B) all the school authorities, Principal, Doctors, Nurses, ASHA (Accredited Social Health Activist) workers etc. will be equally responsible for all the offences for their act of commission and omission. [Raman Lal Vs. State of Rajasthan 2020 SCC OnLine Raj 226, State of Odisha Vs. Pratima Mohanty 2021 SCC OnLine SC 1222]

(ix) As per section 52 of IPC nothing can be said to be done in good faith if it is not done with due care and caution.

(x) Indian Lawyers and Human Rights Activists Association will take strict legal action against any Public or Private Institution and its office bearers for violating the law.

Yours Sincerely



A. H. Koiri

National Steering Committee Member

Awaken India Movement

