

May 16, 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 HPV 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 Puliyeel 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 2021SCC OnLine Gau 1313.**

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

**(vi) 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 Human Papillomavirus (HPV), 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 HPV 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 HPV 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. Human papillomavirus (HPV) is a sexually transmitted infection (STI) that is passed between people through skin-to-skin contact during sexual activity. HPV infection causes genital warts, some of which can turn into cancer. For the most part, however, HPV infection is benign. More than 90 percent of HPV infections cause no clinical symptoms and are self-limited, meaning the virus is cleared by the body via natural immunological defenses. Infection with a high-risk HPV type is associated with a higher chance of the development of cervical cancer but, by itself, HPV infection is not the sole risk factor to cause cancer. There are many other factors.

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 human being 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 HPV 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 HPV vaccines, then there is no process for reversing the effect, if these vaccines prove to be harmful. Some of the side effects of the HPV vaccine for which compensation has been awarded include but are not limited to the following:
  - Acetabular labrum tear
  - Acute Disseminating Encephalomyelitis (ADEM)
  - Aggravation of multiple sclerosis (MS)
  - Aplastic Anaemia
  - Autoimmune limbic encephalitis
  - Blood Clots
  - Cardiac Arrest



- Cardiomyopathy
- Cardiac Arrhythmia
- Cerebral Vasculitis
- Demyelinating disorders
- Demyelinating encephalitis
- Developmental delays
- Dizziness
- Epilepsy
- Epstein Barr virus (reactivated)
- Fainting
- Fatigue
- Guillian-Barre Syndrome (GBS)
- Headaches
- Henoch Schonlein Purpura
- Hip impingement syndrome
- Joint pain
- Juvenile Amyotrophic Lateral Sclerosis (ALS)
- Macrophagic Myofasciitis (MFF)
- Myocarditis
- Neuromyelitis Optica (NMO)
- Neurogenic bladder
- Neurological Injury
- Neutrophilic urticaria
- Optic Neuritis
- Pancreatitis
- Photophobia
- Polyarthrits
- Polyarthralgia pain syndrome
- Rheumatoid arthritis
- Snapping hip syndrome
- Subarachnoid haemorrhage
- Systemic Juvenile Idiopathic Arthritis





- Transverse Myelitis
- Ulcerative Colitis
- Urticaria
- Vitiligo
- Vomiting
- Weston Hurst disease
- Death

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

- Court awarded over \$ 860,000 in lump sum payments, and several thousand dollars in recurring annual payments, after a woman suffered neurological injury and/or transverse myelitis following HPV vaccination (Link: <https://casetext.com/case/good-v-secy-of-health-human-servs>)
- Person suffered GBS and/or acute disseminating encephalomyelitis ("ADEM") as a result of receiving the Tdap, hep. B, IPV, MMR, hep. A, and HPV vaccines. Court has directed over \$1 million lumpsum & thousands of dollars recurring annually as compensation (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2012vv0729-74-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2012vv0729-74-0))
- Lady suffered from neuromyelitis optica (NMO) following administration of flu & HPV. Court ordered over \$1 million lump sum and several thousand dollars in recurring payments as compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2012vv0630-164-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2012vv0630-164-0))
- A woman developed demyelinating disorders following HPV vaccines. Court awarded damages, including \$1.9 million lump sum and ~\$150,000 in recurring annual payments for life. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2012vv0298-139-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2012vv0298-139-0))
- Court ordered over \$38,000 in damages after person suffered from vitiligo following HPV vaccination. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2017vv1096-45-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2017vv1096-45-0))
- “Petitioner had proven, by a preponderance of the evidence, that her sJIA was caused by her HPV vaccinations”. Child suffered systemic juvenile idiopathic arthritis following HPV. Court ordered ~1.3 million dollars lumpsum & ~\$38,000 in lifetime



annual payments. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2011vv0549-88-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2011vv0549-88-0))

- Child suffered from autoimmune limbic encephalitis, intractable epilepsy & developmental delays following HPV. Court ordered damages: \$1.5 million lumpsum & over \$120,000 in recurring annual payments. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2009vv0293-176-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2009vv0293-176-0))
- A female suffered ulcerative colitis after HPV vaccination, Court ordered \$800,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2013vv0529-55-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2013vv0529-55-0))
- Petitioner suffered urticaria following HPV vaccine. Court ordered over \$166,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2013vv0044-74-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2013vv0044-74-0))
- Female died of cardiac arrest 3 days after receiving 2nd dose of the HPV vaccine. Court ordered \$175,000 in compensation following claim by the parents. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2015vv0929-90-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2015vv0929-90-0))
- Young child died following receipt of multiple vaccines including HPV. Court acknowledged vaccines as the cause of death. (Compensation amount unknown) (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2011vv0206-185-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2011vv0206-185-0))
- Female died suddenly after HPV vaccination. Court ordered compensation of \$310,000 to her estate. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2010vv0251-213-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2010vv0251-213-0))
- Person died of myocarditis following HPV vaccination. Court ordered compensation of \$200,000. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2015vv0160-47-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2015vv0160-47-0))
- Female died from cerebral vasculitis following HPV vaccination. Court ordered \$200,000 compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2010vv0103-145-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2010vv0103-145-0))
- Female died from arrhythmia due to cardiomyopathy following HPV vaccine. Court ordered \$40,000 in damages. (Link: [http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.LALOUX.112612..\\_0.pdf](http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.LALOUX.112612.._0.pdf))



- Female died of Weston Hurst disease, Acute Disseminated Encephalomyelitis (“ADEM”), juvenile Amyotrophic Lateral Sclerosis (“ALS”) and/or a chronic progressive demyelinating encephalitis following HPV vaccination. Court ordered \$20,000 in compensation. (Link: [http://www.uscfc.uscourts.gov/sites/default/files/opinions/ZANE\\_INCZE121012.pdf](http://www.uscfc.uscourts.gov/sites/default/files/opinions/ZANE_INCZE121012.pdf))
- Female died due to aplastic anemia following HPV vaccination, Court ordered compensation of \$240,000. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/GOLKIEWICZ.IBARRA072611.pdf>)
- A woman suffered significant aggravation of pre-existing acute disseminated encephalomyelitis (“ADEM”) and/or multiple sclerosis (“MS”), following HPV vaccination. Court ordered \$350,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2010vv0745-146-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2010vv0745-146-0))
- Minor child developed optic neuritis as a result of receiving the HPV, Hepatitis A, Meningococcal, and Tdap vaccinations. Court ordered over \$206,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2015vv1497-28-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2015vv1497-28-0))
- Minor child suffered from transverse myelitis (“TM”), encephalomyelitis (“ADEM”), neurogenic bladder, and subsequent conditions following receipt of flu, HPV & Hepatitis A vaccines. Court ordered \$185,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2014vv0572-25-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2014vv0572-25-0))
- Woman suffered from chronic neutrophilic urticaria following HPV vaccine. Court ordered \$210,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.WHITING.061913...pdf>)
- Person suffered chronic joint pain & fatigue following receipt of the HPV vaccine. Court ordered \$28,500 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.SNYDER.050813..pdf>)
- Person suffered pancreatitis and blood clots following receipt of HPV, Tdap & meningococcal vaccination. Court ordered \$25,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.GREGORY.041613...pdf>)



- Person suffered from headaches, dizziness, photophobia, vomiting, subarachnoid \* hemorrhage after receiving HPV vaccine. Court ordered \$10,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.JOHNSON.022613...pdf>)
- Female suffered macrophagic myofasciitis (“MFF”) after HPV vaccination. Court ordered \$350,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/MORAN.RATNER020813.pdf>)
- Female died due to cardiomyopathy after receiving HPV vaccine. Court ordered \$40,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.LALOUX.112612.. 0.pdf>)
- Girl suffered from acute disseminated encephalomyelitis (ADEM) after receiving HPV vaccine. Court ordered \$125,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/HASTINGS.SALLACH.103112.. 0.pdf>)
- Female developed a reactivated Epstein Barr virus infection and aplastic anemia after HPV vaccine. Court ordered \$70,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2011vv0620-140-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2011vv0620-140-0))
- Female suffered GBS after HPV vaccination, Court ruled that condition was caused by the vaccine and petitioner was entitled to compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2010vv0077-156-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2010vv0077-156-0))
- Female suffered from polyarthritis, polyarthralgia pain syndrome, seronegative rheumatoid arthritis, hip impingement syndrome, acetabular labrum tear, and snapping hip syndrome after HPV vaccine, Court ordered \$25,000 in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2014vv0438-40-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2014vv0438-40-0))
- Female suffered from GBS after HPV vaccine. Court concluded vaccine caused the condition and ordered \$1.4 million in compensation. (Link: [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2011vv0140-123-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2011vv0140-123-0))
- Female fainted & suffered facial injuries following HPV vaccine. Court ordered ~\$32,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/MORAN.VANSCOY100213.pdf>)
- Female suffered pancreatitis following HPV vaccine. Court ordered ~\$68,000 in compensation. (Link:



<http://www.uscfc.uscourts.gov/sites/default/files/opinions/HAMILTON-FIELDMAN.PARSONS.41613.pdf>)

- Female suffered acute disseminated encephalomyelitis (ADEM) with transverse myelitis, as a result of receiving HPV, Hepatitis A & flu jabs. Court ordered \$90,000 in compensation. (Link: [http://www.uscfc.uscourts.gov/sites/default/files/opinions/HAMILTON-FIELDMAN.TOCIO\\_.032813.pdf](http://www.uscfc.uscourts.gov/sites/default/files/opinions/HAMILTON-FIELDMAN.TOCIO_.032813.pdf))
- Female suffered injury Henoch-Schonlein Purpura and other adverse effects, after HPV vaccination. Court ordered \$15,000 in compensation. (Link: <http://www.uscfc.uscourts.gov/sites/default/files/opinions/MORAN.GRIFFIN052711.pdf>)
- Female suffered from GBS following HPV & varicella jabs. Court ordered \$125,000 in compensation (Link: [http://www.uscfc.uscourts.gov/sites/default/files/opinions/Millman.Nelson 9-73.pdf](http://www.uscfc.uscourts.gov/sites/default/files/opinions/Millman.Nelson%209-73.pdf))
- U.S. court pays \$6 million to Gardasil victims <https://m.washingtontimes.com/news/2014/dec/31/us-court-pays-6-million-gardasil-victims/>
- US, 2021: Court awarded over \$ 860,000 in lump sum payments, and several thousand dollars in recurring annual payments, after a woman suffered neurological injury and/or transverse myelitis following HPV vaccination. <https://casetext.com/case/good-v-secy-of-health-human-servs>
- Court orders over \$38,000 in damages after person suffered from vitiligo following HPV vaccination [https://ecf.cofc.uscourts.gov/cgi-bin/show\\_public\\_doc?2017vv1096-45-0](https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2017vv1096-45-0)  
<https://twitter.com/awakenindiamov/status/1612313411433406466?s=20&t=o5CQ0gBaK8AbMMKQT7-jOA>

## 10. Media reports of vaccine injuries from India

Controversial vaccine studies: Why is Bill & Melinda Gates Foundation under fire from critics in India

In 2009, several schools for tribal children in Khammam district in Telangana — then a part of undivided Andhra Pradesh — became sites for observation studies for a cervical cancer vaccine that was administered to thousands of girls aged between nine and 15. The girls were administered the Human Papilloma Virus (HPV) vaccine in three



rounds that year under the supervision of state health department officials. The vaccine used was Gardasil, manufactured by Merck. It was administered to around 16,000 girls.

Months later, many girls started falling ill and by 2010 five of them died. Two more deaths were reported from Vadodara, Gujarat, where an estimated 14,000 children studying in schools meant for tribal children were also vaccinated with another brand of HPV vaccine, Cervarix, manufactured by GSK.

<https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/controversial-vaccine-studies-why-is-bill-melinda-gates-foundation-under-fire-from-critics-in-india/articleshow/41280050.cms?from=mdr>

The HPV vaccine, administered to pre-pubescent girls to prevent cervical cancer, has received considerable bad press over its 14 years. Why has the controversy around the HPV vaccine still not died down?

[https://www.business-standard.com/article/health/why-has-the-controversy-around-the-hpv-vaccine-still-not-died-down-120021401998\\_1.html](https://www.business-standard.com/article/health/why-has-the-controversy-around-the-hpv-vaccine-still-not-died-down-120021401998_1.html)

As many as 120 girls experienced reactions such as epileptic seizures, severe stomachache, headache and mood swings.

<https://www.deccanherald.com/content/63156/were-tribal-girls-guinea-pigs.html>

Besides 7 deaths, over 120 girls experienced severe adverse events and many continued to do so even after 2 years of follow up. Many of the girls continue to suffer from stomachaches, headaches, giddiness, and exhaustion. There have been reports of early onset of menstruation, heavy bleeding and severe menstrual cramps and extreme mood swings, irritability, and uneasiness following the vaccination.



There were reports of deaths of four girls from Andhra Pradesh and two girls from Gujarat following the administration of the Human Papilloma Virus (HPV) vaccine. Sama along with Jan Swasthya Abhiyan and Anthra conducted a fact finding in March 2010 in Bhadrachalam, one of the areas in Andhra Pradesh, where the HPV vaccine was being administered.

<https://samawomenshealth.in/fact-finding-of-hpv-vaccine-demonstration-project-in-andhra-pradesh/>

Indian Parliament Comes Down Hard on Cervical Cancer Trial

<https://www.science.org/content/article/indian-parliament-comes-down-hard-cervical-cancer-trial>

Trials and tribulations: an expose of the HPV vaccine trials by the 72nd Parliamentary Standing Committee Report

<http://test.pharmabiz.com/news/govt-stops-phase-3-trial-of-hpv-vaccines-after-death-of-6-children-in-ap-gujarat-55908>

## 10.1 **72nd Parliamentary Report – Chapter XII –**

- 10.1.1 Scathing 72nd parliamentary report, Rajya Sabha, alleging criminal irregularities by PATH, Bill& Melinda Gates Foundation in collusion with Indian authorities for HPV Vaccine Trials criminals handling India's AEFI system.

Department-Related Parliamentary Standing Committee on Health and Family Welfare released the 72nd report titled “Alleged Irregularities in the Conduct of Studies using Human Papilloma Virus (HPV) Vaccine by Path in India (Department of Health Research, Ministry of Health and Family Welfare)” dated 30th August 2013. The report has concluded that the program was to serve the ulterior, commercial



interests of vaccine manufacturer to include the said vaccine in universal immunization programme which would have generated windfall profit for the manufacturer(s) by way of automatic sale year after year, without any promotional or marketing expenses.

The committee also concluded that the officers of Indian Council of Medical Research (ICMR), in an unauthorized manner, had signed Memorandum of Understanding (MoU) in 2007 even before the vaccines were approved for use in the country, which actually happened in the year 2008.

10.1.2 Important recommendations of the Parliamentary Committee asking for investigation and legal action against, PATH, Bill Gates and officials of ICMR are as under;

*“2.5 The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation.”*

*“3.18. The Committee feels that there was serious dereliction of duty by many of the Institutions and individuals involved. The Committee observes that ICMR representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH in promoting the interests of manufacturers of the HPV Vaccine.”*

*“4.6 The Committee’s examination has proved that DCGI has also played a very questionable role in the entire matter. Initially, it took*





*a call that since human subjects, as part of the studies, were receiving invasive intervention like immunization, clinical trial rules must be enforced. However, it remained as a silent spectator thereafter, even when its own rules and regulations were being so flagrantly violated. The approvals of clinical trials, marketing approval and import licenses by DCGI appear to be irregular. Therefore, the role of DCGI in this entire matter should also be inquired into.”*

*“6.17. The Committee, accordingly, concludes that most, if not all consent forms, were carelessly filled-up and were incomplete and inaccurate. The full explanation, role, usefulness and pros and cons of vaccination had not been properly communicated to the parents/guardians. The Committee observes that there is a gross violation of the consent and legal requirement of consent which had been substantiated by the experts. The Committee takes a serious view of the violations and strongly recommends that on the basis of the above facts, PATH should be made accountable and the Ministry should take appropriate action in the matter including taking legal action against it for breach of various laws of the land and possible violations of laws of the Country of its origin.”*

*“6.26 The Committee observes that the wrongful use of the NRHM logo for a project implemented by a private, foreign agency as well as the identification of this project with the UIP has adversely affected and damaged the credibility of the programme as well as that of the NRHM.”*

*“6.27. Besides, the Committee notes that no information had been provided to Indian authorities about funding of the project except that it was reportedly funded by Bill and Melinda Gates*



*Foundation and that the vaccines had been donated by the manufacturers. The information regarding financial investments of ICMR and State Governments in the project was not provided, though the States clearly provided cold chain and manpower for immunization.”*

*“6.37 The Committee also noticed lack of firm action on the part of DCGI, to avoid such irregularities in future. One of the actions proposed by the DCGI to check any recurrence of such gross violations was ‘proposal to amend the definition of New Drug during the next meeting’. The same assurance was given by DCGI in December, 2012. The Committee, accordingly, observes that response of the Department and DCGI is very casual, bureaucratic and lacks any sense of urgency..”*

*“7.11.. It is surprising that security and intelligence agencies did not raise an eyebrow on the way a foreign entity entered India virtually incognito through the backdoor. The Committee desires that such incidents should not be allowed in future. The Government should tighten the rules lest one day foreign citizens, with deep roots in organizations/nations inimical to India, set up offices in the country to engage in anti-national and/or unlawful activities.”*

*“7.13 Coming to the instant case, it is established that PATH by carrying out the clinical trials for HPV vaccines in Andhra Pradesh and Gujarat under the pretext of observation/demonstration project has violated all laws and regulations laid down for clinical trials by the Government. While doing so, its sole aim has been to promote the commercial interests of HPV vaccine manufacturers who would have reaped windfall profits had PATH been successful*



*in getting the HPV vaccine included in the UIP of the Country. This is a serious breach of trust by any entity as the project involved life and safety of girl children and adolescents who were mostly unaware of the implications of vaccination. The violation is also a serious breach of medical ethics. This act of PATH is a clear cut violation of the human rights of these girl children and adolescents.”*

10.1.3. Despite there being sufficient evidence of wrongdoings by PATH, BMGF, officials of ICMR, CDSCO and DCGI no action has been taken yet by the government of India After 11 years since the death of 8 girls, countless others injured, there seems to be a lack of political will to take action against these pharma mafia. This also clearly shows that the current administration which is promoting the HPV vaccines will ill intent and cannot be trusted.

11. Countries that suspended/restricted/discontinued HPV vaccine over concerns

11.1 Japan

- Cervarix vaccine issues trigger health notice

The Japanese health ministry had issued a nationwide notice that cervical cancer vaccinations should no longer be recommended for girls aged 12 to 16 because several adverse reactions to the medicines had been reported.

<https://www.japantimes.co.jp/news/2013/06/15/national/cervix-vaccine-issues-trigger-health-notice/>

- Lessons learnt in Japan from adverse reactions to the HPV vaccine: a medical ethics perspective

<https://ijme.in/articles/lessons-learnt-in-japan-from-adverse->



[reactions-to-the-hpv-vaccine-a-medical-ethics-perspective/?galley=html](#)

- In the spring of 2022, Japan announced it was relaunching its HPV vaccination drive.

## 11.2 United States

The original Gardasil (approved in 2006) and Cervarix—are still used around the world, but both have been voluntarily discontinued in the United States.

<https://www.medscape.com/viewarticle/870853>

## 11.3 Denmark

Documentary on HPV Vaccine Shows Lives of Young Women Ruined

<https://healthimpactnews.com/2015/tv2-denmark-documentary-on-hpv-vaccine-shows-lives-of-young-women-ruined/>

<https://oye.news/news/health/vaccines/the-vaccinated-girls-sick-betrayed/>

[http://www.wakingtimes.com/gardasil-firestorm-in-denmark/?utm\\_content=bufferd0247&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://www.wakingtimes.com/gardasil-firestorm-in-denmark/?utm_content=bufferd0247&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

## 11.4 Israel

Criticism from Israel doctor on HPV vaccine is documented here in the link below

<https://www.ageofautism.com/2013/09/hpv-vaccine-a-strong-criticism-from-leading-israeli-obgyn-doctor.html>

## 11.5 Australia



The Australian government's cancer data show the dramatic rise in cervical cancer in young girls vaccinated with Gardasil. Merck markets Gardasil as a prophylactic against cervical cancers despite the company's own pre-licensing studies that showed a 44.6% INCREASE in cervical cancers among girls exposed to HPV virus prior to vaccination (up to 30% may be exposed in the birth canal)

<https://childrenshealthdefense.org/news/australian-data-cancer-epidemic-in-gardasil-girls/>

<https://changingtimes.media/2019/05/26/hpv-vaccination-more-than-100-adverse-reaction-cases-excluded-from-public-database-in-australia/>

#### 11.6 Colombia

200 girls were hospitalized following hpv vaccination in Colombia

<https://www.youtube.com/watch?v=1307z5xlrU>

<https://apnews.com/article/43b7d6db765c48d8b88d3f3221351546>

<https://www.scmp.com/news/world/article/1581501/hundreds-girls-colombian-town-sick-after-taking-gardasil-vaccine>

#### 11.7 Sweden

The Centre for Cervical Cancer Prevention in Sweden has noted in its annual report a substantial increase in the incidence of invasive cervical cancer, especially during the two years 2014 and 2015

<https://ijme.in/articles/increased-incidence-of-cervical-cancer-in-sweden-possible-link-with-hpv-vaccination/?galley=html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4383348/>

<https://pubmed.ncbi.nlm.nih.gov/30037785/>



11.8 Mexico

Girls convulsed on the floor after receiving hpv vaccines in 2015

<https://www.bitchute.com/video/yuNwLqwBJUyB/>

11.9 New Zealand

Three New Zealand girls killed following Gardasil vaccination

[https://envirowatchrangitikei.wordpress.com/2017/03/15/hpv-vaccination-gardasil-kills-three-new-zealand-girls-and-debilitates-hundreds-of-others/?fbclid=IwAR1Vrm3auFin\\_lJevMyvBMfphD2\\_AIDRhqaz0aEF9fFTo\\_ndt0hmj76J4QY](https://envirowatchrangitikei.wordpress.com/2017/03/15/hpv-vaccination-gardasil-kills-three-new-zealand-girls-and-debilitates-hundreds-of-others/?fbclid=IwAR1Vrm3auFin_lJevMyvBMfphD2_AIDRhqaz0aEF9fFTo_ndt0hmj76J4QY)

11.10 Spain

Concerns raised about Gardasil in Spain

<https://www.reuters.com/article/tb-merck-gardasil-suspension-idUSLA56308620090210>

<https://www.healthplanspain.com/blog/health-news/414-concerns-raised-about-hpv-vaccine.html>

11.11 Ireland

Almost 650 girls in Ireland reported requiring medical intervention or treatment after receiving the HPV vaccine

<https://www.irishtimes.com/news/health/almost-650-girls-needed-medical-intervention-after-hpv-vaccine-1.3217346>

11.12 Other References:

<https://www.youtube.com/watch?v=8dxvXPd8BpE>



## **12. Summary**

### **12.1 Vaccines do not provide lifelong immunity**

Though vaccines are claimed to prevent cervical cancer, the truth is that cervical cancer takes twenty or more years to develop and the vaccines have just not been around that long to prove their efficacy in preventing cancer. But what is known with certainty is that if these vaccines are given to women who already are infected with the virus then they do raise the incidence of cervical cancer among those women.

Gardasil was first licensed in the USA in June 2006. This licensing was done on fast track with numerous conflicts of interests not only on the review board but also in that that the vaccine patent was held in PPP and the FDA itself as a part of the health department would benefit from the sales.

<https://journals.sagepub.com/doi/10.1177/0141076819899308>

### **12.2 No long-term studies for HPV vaccine**

The vaccines are genetically engineered and their hazards are unknown even to the scientific communities. Though r-DNA has been detected in Gardasil in samples from many countries including India, in their application for licensing MSD pharmaceuticals claimed that there was no hazard because there was no r-DNA. GlaxoSmithKline uses a novel technique for producing Cervarix which involves the use of insect cells. Their product information admitted to their vaccine containing insect cells and proteins only in July 2011 though the vaccine was already in use since 2007. These residues or adventitious agents enter the blood stream when the vaccine is injected and are acknowledged to have the capacity to cause infections, tumours, and cancer.



<https://www.tandfonline.com/doi/epdf/10.3109/07853890.2011.645353?needAccess=true&role=button>

### 12.3 **Mortality Rate from HPV virus**

In most cases HPV goes away on its own within two years without any serious health problems and most women with even with high-risk HPV infection do not develop cancer. When it does not go away it either leads to genital warts or cancers in the anus, vulva, vagina which are preventable.

Infection with a high-risk HPV type is associated with a higher chance of the development of cervical cancer but, by itself, HPV infection is not the sole risk factor to cause cancer. There are many other factors.

Survival rate of cervical cancer has been found to be 99.99% in the US and 99.99% in India.

<https://jacob.puliyel.com/paper.php?id=186>

### 12.4 **Side Effects of HPV vaccines**

Side effects of HPV vaccines include neurological injury, myocraditis, ovarian injuries. auto immune diseases, cervical cancer and death.





## **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**

