

Date –

To,

Dear Sir / Madam,

Reference - Your letter /circular /advice / _____ dated _____ for

in which you are mandating Covid -19 vaccines / PCR Test

Please understand that your actions are:

- A. Contempt of Supreme court of India and various High Courts of India judgments.
- B. Illegal as this is against Govt of India declared status as Covid-19 vaccination is voluntary.
- C. Adverse effect after Immunization - Your action will put me and other citizens to risk of lethal and non-lethal disruptions of blood clotting including bleeding disorders, thrombosis in the brain, brain stroke and heart attack; nervous system disorders, facial paralysis, tremors, walking problems, autoimmune and allergic reactions; antibody-dependent enhancement of disease. Due to this, the vaccine Astrazenca sold in India as Covishield is banned/age restricted in 24 countries worldwide as young people too have died due to blood clots.

So kindly excuse me / us from the same, as it endangers my / our life and choices too.

In support of the above I/We submit the following:

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Respectfully Yours,

Union of India says Vaccine is Voluntary

1. We respectfully submit that the Ministry of Health and Family Welfare on its website under the heading "Frequently Asked Questions on Covid-19 Vaccine" has stated that the Covid-19 vaccine is voluntary. The link to the FAQ's Ministry of Health and Family welfare (MOHFW) is asunder: **Annexure 1.**
<https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf>
2. Further in a reply to RTI application dated 9th March 2021 filed by Anurag Sinha of Jharkhand, the Central Ministry of Health and Family Welfare has stated very clearly that "taking the Covid Vaccines was entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc to the vaccine". The true copy of the RTI reply dated 09.03.21 is attached as **Annexure 2.**
3. In a reply dated 23rd March 2021 to the RTI filed by Mr. Dinesh Bhausahab Solanke, RTI number A.60011/06/2020 -CVAC, the Ministry of Health and Family Welfare, stated that, "*the Covid-19 Vaccine being voluntary, there is no provision for compensation as of now.*" The true copy of the RTI reply dated 23.03.21 is attached as **Annexure 3.**
4. In a reply to RTI filed by Mr. Tarun, dated 16-04-2021 file number MOHFW/R/E/21/01536, the Ministry of Health and Family Welfare, replied to *the 1st* question, "*Is Covid Vaccine Voluntary or Mandatory?*", thus: "*Vaccination for Covid-19 is Voluntary*". Further when the applicant asked in his subsequent questions, "Can any government or private organization hold our salary or terminate us from job in case of not taking Covid vaccine?" and "Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?" the reply was, "In view of above reply, these queries do not arise". The true copy of the RTI reply dated 16.04.21 is attached as **Annexure 4.**

5. A perusal of the above RTI replies makes it clear that the Union of India has made the vaccination drive completely voluntary, so to coerce someone to take vaccine is not only contrary to the guidelines of the Union of India but violative of Article 14 and 21 of the Constitution of India.

6. Indian Citizens have a right to receive treatment of his choice and vaccination cannot be forced upon him. Making vaccine mandatory and forcing upon an individual will be contrary to the judgment of the Hon'ble Supreme Court in Common Cause Case, where Hon'ble Supreme Court has held that an individual has right over his/her own body and the right to decide the medical treatment for themselves.

6.1. The Ministry of Health and Family Welfare on its website under the heading "Frequently Asked Questions on Covid-19 Vaccine" has stated that the Covid-19 vaccine is voluntary. This clearly suggest that as per central government vaccine is voluntary and not mandatory for individuals in the country.

6.2. India has made the vaccination drive completely voluntary and therefore (decision of respondent no. 1 to dismiss the petitioner for refusing to take vaccine) OR (Refusing to sit for exams, refusing entry into colleges and schools) OR (Withholding salary or pension or legitimate dues)is not only contrary to the guidelines of the Union of India but violative of Article 14 and 21 of the Constitution of India.

6.3. Several newspaper reports in the country in past months shows that many deaths and serious adverse events are reported after taking Covid-19 vaccine. Thus, citizen should be allowed to choose right to treatment under right to life

under Article 14 of the constitution of India and should not be forced to take the vaccine which can cause adverse reaction.

6.4. Most, if not all, of the mRNA gene therapies/vaccines are in clinical trials. They are experimental. There is evidence that there has been significant adverse events and death around the world and we fear the long term adverse repercussions may cause significant harms, injuries and loss.

Meghalaya High Court rules against Mandatory Covid-19 Vaccination

7. **As in the case of PIL No.6/2021 filed by Registrar General, High Court of Meghalaya Vs. State of Meghalaya**, in the High Court of Meghalaya, presided by Honourable Mr. Justice Biswanath Somadder, Chief Justice and Hon'ble Mr. Justice H.S. Thangkhiew, Judge who passed the **order on 23rd June, 2021, overruling the state's attempt to mandate vaccinations, by stating the following:**

7.1. Vaccination by force or being made mandatory by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it. It impinges on the fundamental right(s) as such, especially when it affects the right to means of livelihood which makes it possible for a person to live.

7.2. A notification/order of the State certainly cannot put an embargo and/or fetter on the fundamental right to life of an individual by stripping off his/her right to livelihood, except according to the procedure established by law. Even that procedure is required to be reasonable, just and fair (see *Olga Tellis, supra*). Till now, there has been no legal mandate whatsoever with regard to coercive or mandatory vaccination in general and the Covid19 vaccination drive in particular that can prohibit or take away the livelihood of a citizen on that ground.

7.3. Therefore, right to and the welfare policy for vaccination can never affect a major fundamental right; i.e., right to life, personal liberty and livelihood, especially when there exists no reasonable nexus between vaccination and prohibition of continuance of occupation and/or profession. A harmonious and purposive construction of the provisions of law and principles of equity, good conscience and justice reveals that mandatory or forceful vaccination does not find any force in law leading to such acts being liable to be declared ultra vires (beyond the scope or in excess of legal power or authority) ab initio (from the beginning).

8. In the Gauhati High Court matter Case No. : WP(C)/37/2020 of In Re Dinthar Incident versus State of Mizoram and 11 Ors, dated 2nd July 2021, the Honorable Mr. Justice Michael Zothankhuma and Honorable Mr. Justice Nelson Sailo, in respect of the following clauses of the Standard Operating Procedure (SOP) dated 29.06.2021:

Clause 5(2): Persons going outside shall mandatorily cover their faces (with face mask or other materials). In case of compelling circumstances, only vaccinated individuals of the family members may be detailed for errands within and around localities having significant COVID-19 active cases.

Clause 6(1): Only vaccinated individuals should be engaged for manning shops and stores or undertaking any works. Shop/stores attendants and other employees should be able to produce proof of vaccination, which will be regularly checked by the police/LLTF/VLTF/COVID-19 executive duty.

Clause 6(5) - Commercial passenger vehicles (city bus, taxi and two-wheeler taxi) allowed to resume operation shall mandatorily provide hand sanitizer for their passenger and they shall not exceed their seating capacity. Only Drivers and conductors who had been vaccinated should be allowed to operate public transport.”

Ruled as follows:

It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus and spread it to others. So if vaccinated and un-vaccinated persons can be infected by the covid virus, and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated

persons, debaring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary.

Clauses 5(2), 6(1) and 6(2) violate Article 14 of the Constitution by discriminating between vaccinated and unvaccinated individuals.

Clause 6(1) and 6(2) violate the fundamental right of a person to practice any profession, or to carry on any occupation or trade or business under Article 19(1)(g) and his right to livelihood protected by Article 21 of the Constitution of India.

Furthermore, Article 19(6) of the Constitution states that restrictions can only be made in the form of a law and not by way of executive instructions by the State Government via Executive Orders under the Disaster Management Act, 2005, curtailing the Fundamental Rights of the citizens that are protected by the Constitution.

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

- 9. High Court of Manipur at Imphal, PIL No: 34/2021, Dated: 13/07/2021 ruled - the State cannot seek to impose conditions upon the citizens so as to compel them to get vaccinated, be it by holding out a threat or by putting them at a disadvantage for failing to get vaccinated. Restraining people who are yet to get vaccinated from opening institutions, organizations, factories, shops, etc., or denying them their livelihood by linking their employment, be it NREGA job card holders or workers in Government or private projects, to their getting vaccinated would be illegal on the part of the State, if not unconstitutional. Such a measure would also trample upon the freedom of the individual to get vaccinated or choose not to do so.**

Challenge is to the Notification dated 30th June, 2021, issued by the Home Department, Government of Manipur, and more particularly para 2 thereof, which states that the State Government proposes to relax curfew/containment zone orders in future in a calibrated manner by assessing the Covid infection scenario and while opening up, without compromising public health safety, the Government considered it prudent to prioritize opening of institutions, organizations, factories, shops, markets, private offices, etc., where employees and workers were Covid vaccinated. The Government further stated that this would also apply to NREGA job card holders and workers of Government/ private projects. Prima facie, the afore stated

prescriptions seem to make vaccination mandatory as they favor those who are vaccinated, not only in terms of prioritizing the opening up of their institutions, organizations, etc., but also by linking vaccination as a condition precedent for employment of NREGA job card holders and workers in Government and private projects.

The Government of Manipur apparently issued the impugned notification, in keeping with the policy of the Central Government, seeking to promote Covid vaccinations. The objective of the Government is to ensure a degree of immunity in the people, at least to the extent of preventing dire consequences, if infected. However, the ground reality is that there is abounding ignorance amongst the people as to the side effects, if any, of the vaccination and in consequence, apprehensions of the risks that may ensue upon being vaccinated. It is for the State Government to dispel such fears by educating people as to the advantages of getting vaccinated and erase their apprehension of the adverse consequences of getting vaccinated.

Without addressing this issue, the State cannot seek to impose conditions upon the citizens so as to compel them to get vaccinated, be it by holding out a threat or by putting them at a disadvantage for failing to get vaccinated. Restraining people who are yet to get vaccinated from opening institutions, organizations, factories, shops, etc., or denying them their livelihood by linking their employment, be it NREGA job card holders or workers in Government or private projects, to their getting vaccinated would be illegal on the part of the State, if not unconstitutional. Such a measure would also trample upon the freedom of the individual to get vaccinated or choose not to do so.

10. High Court of Guwahati, Itanagar Bench, PIL No. 13/2021, Date: 19/07/2021 - There is no evidence available either in the record or in the public domain that Covid-19 vaccinated persons cannot be infected with Covid-19 virus, or he/she cannot be a carrier of a Covid-19 virus and consequently, a spreader of Covid-19 virus. In so far as the spread of Covid19 Virus to others is concerned, the Covid-19 vaccinated and unvaccinated person or persons are the same.

Both can equally be a potential spreader if they are infected with Covid-19 Virus in them. While putting any restrictions, as above, such restrictions, however, must be a reasonable one conforming to the requirement of Article 14 of the Constitution of India as well. Article 14 of the Constitution of India guarantees to every person's the right not to be denied equality before the law or the equal protection of laws. "Equality before the law" means that amongst equals the law should be equal and should be equally administered and that like should be treated alike.

Supreme Court of India's decision in Common Cause v Union of India (2018)
5 SCC 1

A person has a right to choose medication of his choice

11. We respectfully submit that one has a right to receive treatment of his choice and vaccination cannot be forced upon him. Making vaccine mandatory and forcing upon an individual will be contrary to the judgment of the Hon'ble Supreme Court in Common Cause Case, where Hon'ble Supreme Court on the while discussing an individual's right over his/her own body and the right to decide the medical treatment for themselves held asunder:

"169. In the context of health and medical care decisions, a person's exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent he/she is willing to submit himself/herself to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per his or her own understanding, is in consonance with his or her own individual aspirations and values.

...

202.8. An inquiry into Common Law jurisdictions reveals that all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment, even if such decision entails a risk of death. The "Emergency Principle" or the "Principle of Necessity" has to be given effect to only when it is not practicable to obtain the patient's consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.

...

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.**

...

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;

602. Right of self-determination also encompasses in it bodily integrity. Without consent of an adult person, who is in fit state of mind, even a surgeon is not authorised to violate the body. Sanctity of the human life is the most fundamental of the human social values. The acceptance of human rights and development of its meaning in recent times has fully recognised the dignity of the individual human being. All the above three principles enable an adult human being of conscious mind to take decision regarding extent and manner of taking medical treatment. An adult human being of conscious mind is fully entitled to refuse medical treatment or to decide not to take medical treatment and may decide to embrace the death in natural way. Euthanasia, as noted above, as the meaning of the word suggest is an act which leads to a good death. Some positive act is necessary to characterise the action as euthanasia. Euthanasia is also commonly called "assisted suicide" due to the above reasons."

12. As in the case of Writ Petition No. 9773 of 2020 (GM-RES-PIL) as per

Article 226 of The Constitution of India, dated 29th September, 2020, filed by A. Varghese & Dr. Priyanka Arora versus Union of India via MOHFW and via Ministry of AYUSH, Commissionerate of Health and Family Welfare Services, Govt. of Karnataka, ICMR, Council of Scientific & Industrial Research Ministry of Science & Technology, Govt. of India,

12.1. Wherein the Honourable Karnataka High Court Chief Justice Mr. Abhay S. Oka and the Honourable Justice Mr. Ashok S. Kinagi ruled against the mandate of Allopathic treatment for Covid-19 via the revised Standard Operating Procedure for CCC dated 20-07-2020 issued by Commissionerate of Health and Family Welfare Services, Govt. of Karnataka to allow howsoever chooses, to use Ayurveda as a treatment modality for COVID-19.

13. As in the case of YOGENDRA KUMAR versus INDIAN AIR FORCE & 1 other(s), the High Court of Gujarat at Ahmedabad via R/Special Civil Application No. 8309 of 2021 presided by Honourable Mr. Justice A.J.Desai and Honourable Dr. Justice A. P. Thaker passed the order on 22nd June, 2021 that - **no coercive action shall be taken against the petitioner, who is at present not willing to take vaccine.**

13.1. The petitioner Yogendra Kumar, an IAF corporal, had moved the HC seeking a direction to quash the show cause notice dated May 10, 2021, in which the IAF stated that his stand against vaccination "verges to gross indiscipline", and his continuation in the service is likely to adversely impact the health of other "air warriors and AF civilians". "The IAF is of the opinion that your continuation in the disciplined force like Indian Air Force is undesirable and you need to be separated from the service."

13.2. Yogendra Kumar stated in his petition that has the right to receive treatment of his choice and vaccination cannot be forced upon him, because as per the Central government, the vaccine is voluntary and not mandatory for individuals in the country. He stated that was unwilling to get vaccinated as it is not fully approved by the administration and has been given emergency use authorization, hence it should not be considered the only option for prevention against COVID-19. He also cited

newspaper reports related to deaths and adverse effects of COVID-19 vaccines and cited a Supreme Court judgment of 2018 to buttress his claim and said he has the right to receive treatment of his choice and vaccination cannot be forced upon him. Also that he is taking Ayurvedic medicines and products suggested by the AYUSH ministry, and is also strictly following the guidelines of wearing mask, avoiding crowded places, using sanitizer and washing hands at regular intervals. That he does yoga and takes sufficient amount of vitamin C through fruits and vegetables, the petitioner said, adding that while these measures do not give 100 per cent protection from the infection, they have worked in his case so far.

KERALA AND DELHI HIGH COURT JUDGEMENTS

In this context, we wish to place on record two judgements in similar situations, in the Hon'ble High Court of Kerala and the Hon'ble High Court of Delhi.

14. In the case of WP(C) 36065 of 2017 between the **Parents Teachers Association**, Government Higher Secondary School, Kokkur, Kerala and the State of Kerala, the Hon'ble High Court of Kerala had passed the order:

"If at all any parent has an objection, it has to be necessarily brought before the authorities, and there need not be any vaccination administered to such children whose parents object to the Vaccination". (Annexure 16)

15. Also, in the case of W.P.(C) 343/2019 & CM Nos.1604-1605/2019 between Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji) Versus Union of India, & W.P.(C) 350/2019 & CM Nos.1642-1644/2019 between Baby Veda Kalaan & Others Versus Director of Education & Others (Annexure 17)

the Hon'ble High Court of Delhi had observed that:

"The assumption that children could be vaccinated forcibly or without consent is unsustainable. This Court is of the view that all efforts are required to be made to obtain the decision of the parents before proceeding with the MR campaign. In this regard, it would be apposite to ensure that the consent forms/slips are sent to each and every student. Since the time period for implementing the

campaign is short, the response period should be reduced and parents / guardians of students must be requested to respond immediately and, in any case, in not more than three working days. If the consent forms/slips are not returned by the concerned parent, the class teacher must ensure that the said parents are contacted telephonically and the decision of such parent is taken on phone. The concerned teacher ought to keep full records of such decisions received telephonically. In respect of those parents/guardians that neither return the consent slips nor are available telephonically despite efforts by the concerned teacher, their consent can be presumed provided respondent nos. 1 and 2 ensure that full information regarding the commission is provided to all parents.”

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

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

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

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

“Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents...The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalised by the Department of Preventive Medicine, All India Institute of Medical Sciences”

The above 2 judgements of Hon. Supreme court of India and Hon High Courts of Kerala and Delhi, clearly states vaccination as voluntary and with informed consent. These landmark judgments and Government of India both are saying that vaccination is voluntary.

PUBLIC INTEREST LITIGATIONS FILED IN SUPREME COURT

16. Respected Senior Council Adv Prashant Bhushan has filed an PIL on **12th May**

2021, among other demands the main prayer being -

IN THE SUPREME COURT OF INDIA (CIVIL ORIGINAL WRIT JURISDICTION)
wRrT PETITION (CrVrL) NO. _OF 202r MATTER OF:

DR. JACOB PULIYEL,PETITIONER

VERSUS

UNION OF INDIA & ORS.,RESPONDENTS

Prayer no - 5

Declare that vaccine mandates, in any manner whatsoever, even by way of making it a precondition for accessing any benefits or services, is a violation of rights of citizens and unconstitutional;

17. Respected Senior Council Adv Colin Gonsalves has filed an PIL on **16th May 2021**,

among other demands the main prayer being -

IN THE SUPREME COURT OF INDIA Civil Original Jurisdiction Writ Petition (Civil)
No. _____ of 2021 (PIL under Article 32 of the Constitution of India) In the matter
of:

Dr. Ajay Kumar Gupta & Ors. ... Petitioners

Versus

Union of & Ors. ... Respondent

Prayer No - 4

Voluntary administration of the Vaccine - For an order directing all authorities and private parties to follow the Union of India's decision to make the administration of vaccine purely voluntary.

CIVIL CASE APPLICATION FILES IN GUJARAT HIGH COURT FILED ON 21st

MAY 2021

18. IN THE HIGH COURT OF GUJARAT AT AHMEDABAD DISTRICT: JAMNAGAR

Special Civil Application No. _____ of

2021 In the matter of:

Yogender Kumar

...Petitioner

Versus

Indian Air Force & Anr.

... Respondents

Prayer -

(I) Pass an order directing respondent no. 1 to not force the petitioner to get the vaccine and to further stop issuing show cause notice in this regard;

(II) Pass an order directing the respondent no.1 to follow Union of India's (Respondent No.2) order that the vaccine is purely voluntary and therefore no order be issued making vaccine mandatory in respondent no. 1 establishment.

VACCINE MAY CAUSE DEATH AND SERIOUS ADVERSE EVENTS

19. We see from the below articles that **Astrazeneca vaccine which is sold in India as Covishield (90 % of vaccines being administered) is banned/Restricted in 11 countries worldwide and main reason is vaccinated people dying with blood clots.**

In USA Astrazeneca vaccine is not yet approved by FDA. It has been seen that people lesser than 55 years of age are more susceptible to blood clots by this vaccine. Britain has stopped vaccinating below 40 age group by Astrazeneca.

20. Countries have suspended/restricted the AstraZeneca COVID-19 vaccine -

Denmark, Norway, UK, France, Italy, Spain, Sweden, Canada, Ireland, The Netherlands , Portugal.

21. Norway was one of the first country in the world to ban AstraZeneca Covid-19 vaccine. A newspaper reported that Three Norwegian health workers under the age of 50 were hospitalized and one was reported dead after the vaccination. The newspaper also quoted Norwegian experts, who said deadly blood clots were caused by the AstraZeneca covid vaccine. Norwegian professor and chief physician Pål Andre Holme said

“Our theory that this is a powerful immune response most likely triggered by the vaccine, has been confirmed”.

This was reported in a Norwegian news article

<https://sciencenorway.no/covid19/norwegian-experts-say-deadly-blood-clots-were-caused-by-the-astrazeneca-covid-vaccine/1830510>

22. Denmark - Denmark has ceased giving the Oxford-AstraZeneca Covid vaccine amid concerns about rare cases of blood clots, the first European country to do so fully.

<https://www.bbc.com/news/world-europe-56744474>

23. United Kingdom- People under the age of 40 are to be offered an alternative to the Oxford-AstraZeneca vaccine in the UK as a precaution, after a review of all the latest evidence by vaccine advisers and safety experts.

<https://www.bbc.com/news/health-55302595>

24. France recommends AstraZeneca for over-55s only, departing from EU guidance

<https://www.reuters.com/article/us-health-coronavirus-france-astrazeneca-idUSKBN2BB172>

25. Italy restricts use of AstraZeneca Covid jab to over-60s

<https://www.thelocal.it/20210408/italy-restricts-use-of-astrazeneca-covid-jab-on-under-60s>

26. Spain became the latest countries Monday to restrict the use of AstraZeneca's Covid-19 vaccine below 60 years of age over reports of dangerous blood clots in some recipients,

<https://english.elpais.com/society/2021-05-13/despite-pressure-from-regions-spains-health-ministry-delays-decision-on-second-astrazeneca-shots.html>

27. SWEDEN - Swedes under 65 to be given alternative to AstraZeneca vaccine for second dose,

<https://www.reuters.com/article/us-health-coronavirus-sweden-vaccine-idUSKBN2C71KB>

28. CANADA - Canada's National Advisory Committee on Immunization (NACI) has recommended that the AstraZeneca Covid-19 vaccine not be used for individuals below the age of 55.

<https://indianexpress.com/article/explained/explained-why-canada-has-stopped-use-of-astrazeneca-vaccine-for-those-below-55-years-7251250/>

29. IRELAND - Ireland will stop using the Oxford/AstraZeneca COVID-19 vaccine on most people under the age of 60 because of the potential danger of rare blood clots

<https://www.politico.eu/article/ireland-halting-use-of-az-vaccine-on-under-60s-citing-clot-risk/>

30. THE NETHERLANDS - Netherlands halts use of AstraZeneca vaccine for people under

60. <https://www.reuters.com/article/us-health-coronavirus-netherlands-astraz-idUSKBN2BP13Q>

31. PORTUGAL - Portugal will from now on recommend the AstraZeneca COVID-19 vaccine only for people aged over 60, the health authority DGS said on Thursday, amid concerns over possible links between the shot and very rare cases of blood clots.

<https://www.reuters.com/article/us-health-coronavirus-portugal-astrazene-idUSKBN2BV2RF>

32. There have been thousands of cases of deaths and serious adverse events following vaccination by both **COVAXIN and COVISHEILD** reported in the newspapers in India till first week of May 2021. However, the official data shows that there are only 180 deaths following immunization till March 29th 2021. Therefore, there appears to be a significant discrepancy between deaths reported in the newspapers and the official government figure.

33. The below link has a compiled data 2300 deaths as on 22nd June 2021, newspaper reports reporting deaths alone after administration of vaccine. This list is updated regularly.

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwal1NJRt0D_YP/view?usp=sharing

34. Alarmed by the rise in deaths and serious adverse events following immunization, **Tamilnadu Medical Practitioner’s Association** wrote a letter dated 27.04.2021 in this regard highlighting the concerns. The true copy of the letter written by Tamilnadu Medical Practitioner’s Association dated

27.04.2021 is at **Annexure 5**

The letter is reproduced asunder:

“Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI committee) comforts public and the profession by saying they’re unrelated to the vaccine, we have to take it with a grain of salt

124 cases died and 305 cases hospitalised in India following Covid vaccination were analysed:

	Died (124)	Hospitalised (305)
Within 3 days	93	276

4 th to 7 th day	18	15
8 th to 28 th day	11	13
After 28 days	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% death occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent complications.

I feel this may be due to thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for the advice before vaccination, I started anticoagulant and antiplatelet agent (rivaroxaban 10mg and aspirin 75mg) two days before the vaccination and continued it for 8 days after, with no major adverse effects reported in 125 patients.

This may not be strictly randomised, controlled study, but we are desperate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR and AEFI committee for their comments and future action). Let Tamil Nadu doctors take the lead in this terrible situation."

35. Reporting on the deaths and serious adverse events following immunization, **The Wire Science** in an article (link: <https://science.thewire.in/health/617-serious-adverse-events-after-vaccination-reported-in-india-until-march-29>) titled "**617**

Serious Adverse Events After Vaccination Reported in India until March

29" dated 09.04.21, reported the following:

"As of March 29, 2021, at least 617 serious adverse events following immunisation (AEFI) had been reported from around the country, according to a presentation made before the National AEFI Committee two days later. Of these 617, at least 180 people (29.2%) died, and of these, complete documents were available only for 35 people (19.4%).

....

The Government of India has been drawing flak for some time after it stopped publishing AEFI reports after February 26, around 40 days after the start of India's COVID-19 vaccination drive, and after a seemingly to concerns about AstraZeneca's shot, called 'Covishield' in India.

According to the slides presented on March 31, prepared by the Immunisation Technical Support Unit at the health ministry and which *The Wire Science* has seen, the ministry has ascertained the type of AEFI for 492 reports. Of them, 63 people didn't require hospitalisation, 305 people required hospitalisation and 124 people died. A little more than half of those who died did so due to acute coronary syndrome, which refers to any conditions that suddenly and significantly reduce blood flow to the heart, including heart attacks.

However, according to the presentation, complete documents were available for only 35 people. These documents refer to case reporting forms and case investigation forms that the corresponding healthcare workers must file at the district level for each case. Article:

THE VAERS Report

4863 (as on 24th May 2021) persons died and 195000 persons had adverse events after vaccination in USA (Dec 2020 to May 2021)

36. The US government has set up The Vaccine Adverse Event Reporting System (VAERS) for reporting of all deaths happening post vaccination. This system reported 4863 deaths and 195000 serious adverse events were reported out of 257 million doses of vaccination in the USA. The link to VAERS is as under:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

37. Despite such reporting mechanism, the reporting of serious adverse events remains grossly under reported in the USA. In a separate 2011 study titled "Electronic Support for Public Health-Vaccine Adverse Event Reporting System" commissioned by Department of Health and Human Services (U.S.A) and performed by Harvard Consultants, concluded that "*fewer than 1 % of vaccine adverse events are reported*". The link of this report can be found at:

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

38. It is seen from the above that with 1% adverse effect recording in USA with 257 million doses, 4863 deaths have been reported, and in India Govt has reported only 180 deaths with 190 million doses. This shows that in India AEFIs are grossly not reported/ not recorded by GOI.

WHO SHOULD NOT GET THE VACCINE -

39. COVAXIN

The fact sheet available on the website of the Covaxin states that certain categories of persons should not be administered the vaccine. The fact sheet can be found at <https://www.bharatbiotech.com/images/covaxin/covaxin-factsheet.pdf>

The relevant part of the fact sheet is asunder:

“What should you mention to your vaccine provider before you get Covaxin? Tell the Vaccinator/officer supervising your vaccination about all of your medical conditions, including if you: ▪

Are on regular medication for any illness, for how long and for which condition.

It is not advisable to take the vaccine in any of these conditions - have any allergies
have fever ▪

have a bleeding disorder or a blood thinner ▪

are immunocompromised or

are on a medicine that affects your immune system ▪

Are pregnant ; ▪

Are breast feeding ▪

Have received another Covid-19 vaccine

WHO SHOULD NOT GET COVAXIN -

You should not get Covaxin if you :

1. Had a severe allergic reaction to any ingredients of the vaccine

2. Had a severe allergic reaction after a previous dose of the vaccine

3. Currently have an acute infection or fever

4. Further in a document released by Bharat Biotech titled “SUMMARY OF PRODUCT CHARACTERISTICS” dated 15 Jan 2021, the effect of the vaccine has been explained for certain categories of work and exercise. The relevant part of the report is as under:

4.1 Interaction with other medicinal products. Chloroquine and Corticosteroids as they may impair the antibody response.

4.2 Effects on ability to drive and use machines

No studies on the effect of COVAXINTM on the ability to drive and use machines have been performed. The link of the report titled “SUMMARY OF PRODUCT CHARACTERISTICS” dated 15 Jan 2021 can be found at:

https://cdsco.gov.in/opencms/export/sites/CDSCO_WEB/en/COVAXIN-SMPC_-BBIL.pdf

It is submitted that Chloroquine is a medication primarily used to prevent and treat malaria in areas where malaria remains sensitive to its effects. Corticosteroids are a class of drug that lowers inflammation in the body. They also reduce immune system activity. Because corticosteroids ease swelling, itching, redness, and allergic reactions, doctors often prescribe them to help treat diseases like: asthma.

As can be seen from the above there are many diseases for which vaccine should not be taken/given. Immunocompromised can be due to many causes, such as ▪ chronic medical conditions, such as heart disease, lung disease, diabetes, HIV, and cancer ▪ autoimmune diseases, such as lupus, multiple sclerosis, and rheumatoid arthritis ▪ medications or treatments, such as radiation therapy ▪ transplants, such as bone marrow or solid organ This can be found at:

<https://www.healthline.com/health/immunocompromised-how-to-know-if-you-have-a-weakened-immune-system>

40. Covishield

Similarly the fact sheet of Covishield Vaccine states the categories who should not take the vaccine. The fact sheet can be accessed at:CCCC

https://www.seruminstitute.com/pdf/covishield_fact_sheet.pdf

The relevant part of the Fact sheet is as under:

“What you should mention to your health care provider before you get the Covishield vaccine: Tell the healthcare provider about all of your medical conditions, including; •
If you have ever had a severe allergic reaction (anaphylaxis) after any drug, food, any vaccine or any ingredients of Covishield vaccine
If you have fever •
If you have a bleeding disorder or on a blood thinner •
If you are immunocompromised or are on a medicine which affects the immune system
•
If you are pregnant or plan to become pregnant •
If you are breast feeding •
If you have received another covid-19 vaccine

You should not get the covishield if you •
Had a severe allergic reaction after a previous dose of this vaccine Had a severe allergic reaction to any ingredients of this vaccine”

The insert sheet of Covishield Vaccine gives warnings against the use of Covid-19 vaccine for certain categories of persons. The product sheet can be found at:
https://www.seruminstitute.com/pdf/covishield_ChAdOx1_nCoV19_corona_virus_vaccine_insert.pdf

The relevant part of the product sheet is asunder:

“4.4 Special warnings & Special precautions for use - Hypersensitivity As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine. Concurrent illness As with other vaccines, administration of Covishield should be postponed in individuals suffering from an acute severe fibrile illness. However the presence of a minor infection such as cold and/or low grade fever should not delay vaccination.

Thrombocytopenia and coagulation disorders As with other intramuscular injections Covishield should be given with caution to individuals with Thrombocytopenia, any coagulation disorders or to persons on anti-coagulation therapy, because bleeding/bruising may occur following an intramuscular administration in these individuals.

Immunocompromised Individuals It is not known whether individuals with impaired immune responsiveness, including individuals receiving immune suppressant therapy, will elicit the same response as immune competent individuals to the vaccine regimen. Immunocompromised Individuals may have relatively weaker immune response to the vaccine regimen.

4.5 Interactions with other medicinal products and other forms of interaction. No interaction studies have been performed. Concomitant administration of Covishield with other vaccines has not been studied. 4.6 Fertility, pregnancy and lactation Fertility Preliminary animal studies do not indicate direct or indirect harmful effects with respect to fertility.

Pregnancy There is a limited experience with the use of ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant) in pregnant women. ... Breastfeeding It is unknown whether covishield is excreted in human milk.”

Thrombocytopenia is a dangerous drop in the number of platelets in the blood. This decrease can increase the risk of bleeding. Thrombocytopenia occurs in people without cancer as well. Coagulation disorders are disruptions in the body's ability to control blood clotting. Coagulation disorders can result in either a hemorrhage (too little clotting that causes an increased risk of bleeding) or thrombosis (too much clotting that causes blood clots to obstruct blood flow). As with other intramuscular injections, COVISHIELD should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to persons on anticoagulation therapy, because bleeding or bruising may occur following an intramuscular administration in these individuals.

Re interaction with other medicinal products, it is important to note that patients who are on regular medications for Diabetes, heart issues, other lifestyle diseases where daily medication is required, no studies have been done.

Re Breast feeding- It is unknown whether Covishield is excreted in human milk. - Since this vaccine is not a live attenuated or inactivated virus technology but a Recombinant DNA technology in which Adeno Viruses carry a spike protein DNA molecule of Sarscov 2 which enters into human cells nucleus and instructs the DNA of the human cell to produce mRNA which instructs the ribosomes to produce spike proteins, and then our immune system responds to the proteins. This is very alarming as we don't know what reaction it will create in newborn babies when the human milk is consumed. The link to a news article explaining recombinant DNA vaccine of Covishield can be found at:

<https://www.nytimes.com/interactive/2020/health/oxford-astrazeneca-covid-19-vaccine.html>

Further re Duration and level of protection, it has not yet been established. Vaccinating with Covishield may not protect all vaccine recipients. As can be seen from the above there are many diseases for which vaccine should not be taken/given. People can be immunocompromised due to many reasons- diabetes, heart issues, thyroid gland problem, arthritis, crohns disease, psoriasis, eczema IIII etc and a high percentage of people with various comobordities are using blood thinners.

Hence the Government & vaccine manufacturers should give more clarity on these issues, & if these implications are correct, then the Government must stop recommending people with comorbidities to get vaccinated.

It is further submitted that being immunocompromised can be due to many causes: • chronic medical conditions, such as heart disease, lung disease, diabetes, HIV, and cancer • autoimmune diseases, such as lupus, multiple sclerosis, and rheumatoid arthritis • medications or treatments, such as radiation therapy • transplants, such as bone marrow or solid organ • pregnancy • a combination of any of the above This explanation can be found at: <https://www.healthline.com/health/immunocompromised-how-to-know-if-you-have-a-weakened-immune-system>

Covid-19 Vaccines violate religious beliefs of Hindus and Christians

41. Fetal Bovine Serum (FBS) used in Covid-19 Vaccines and is against the religious sentiments of Hindus across the world due to the following reason:

It is harvested from bovine foetuses taken from pregnant cows during slaughter. FBS is commonly harvested by means of a cardiac puncture without any form of anaesthesia. Foetuses are exposed to pain and/or discomfort, so the current practice of foetal blood harvesting is inhumane. Apart from moral concerns, several scientific and technical problems exist with regard to the use of FBS in cell culture. Reference links:

Reference Link 1:

<https://www.thermofisher.com/in/en/home/references/gibco-cell-culture-basics/cell-culture-environment/culture-media/fbs-basics/guide-to-fetal-bovine-serum-vaccine-production.html>

Reference Link 2:

<https://theprint.in/science/this-is-why-blood-from-newborn-cattle-is-being-used-to-develop-indian-covid-vaccine/503388>

42. Aborted Human Foetal Cell Lines used in Covid-19 Vaccines are against the religious sentiments of Christians and Catholics across the world:

Reference Link1:

<https://articles.mercola.com/sites/articles/archive/2020/12/15/aborted-fetal-cells-in-coronavirus-vaccines.aspx>

Protest in USA against mandatory Vaccination for Students

43. The Association of American Physicians and Surgeons (AAPS) called on U.S. colleges and universities to allow students to attend in-person classes without requiring them to be vaccinated for COVID. In an open letter, AAPS listed 15 reasons universities should reconsider vaccine mandates. They claimed it coerces students into bearing unneeded and unknown risk and is at heart contrary to the bedrock medical principle of informed consent. They concluded by pleading the colleges & universities to reverse their decision to mandate experimental COVID-19 vaccines before more students are harmed, and for the vaccines to be made rightfully optional. Their main demand was that both unvaccinated and vaccinated students should be permitted on campus. This can be found here: <https://aapsonline.org/open-letter-from-physicians-to-universities-reverse-covid-vaccine-mandates/>

Scientific Fraud with RT-PCR Test

44. The RT-PCR Test takes genetic material from the throat sample that is collected on the swab, runs it through an enzyme called Reverse Transcriptase to convert the RNA from the virus into DNA, & then multiplies the DNA exponentially to find if fragments of the Sars-Cov-2 virus are present in the person or not. **Since complete live viruses are necessary for transmission and not their fragments, the PCR test is not designed to tell us whether someone has an active Sars-Cov-2 infection or not.**

Furthermore, virus fragments remain in a previously infected person's body upto 3 months or more, even after they have been cured from a Sars-Cov-2 infection, so in all such cases also, it is a false diagnosis that will unnecessarily quarantine a person or bar them from work or confine them to the Covid ward of a hospital where there are actual Covid patients and this would be a very dangerous practice.

Karry Mullis, an American Biochemist who got the Nobel Prize for his invention of the RT-PCR technique, said the following about the PCR test: "With PCR, if you do it well, you can find almost anything in anybody. It doesn't tell you that you're sick, & it doesn't tell you that the thing you ended up with really was going to hurt you. I'm sceptical that any PCR test is ever true."

45. The RT-PCR method of testing has been recommended by **ICMR** for checking Covid-19 status since Mar 2020. This testing method is ordered by Ministry of Health and Family Welfare on 21st March 2020. The basis for using RT-PCR testing around the world and in India is the publication titled "**Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR**" in Jan 2020 where the authors present a protocol for detection and diagnostics of 2019-nCoV (now known as SARS-CoV-2, which is the name given to the virus that is said to be causing Covid-19) 1. This protocol is also available on WHO website.

A major issue with this publication is that the authors artificially simulated the novel Coronavirus that closely matched the viral genome sequence (genetic formula) given by the Chinese authorities. The authors developed clinical samples by using related viruses (such as the viruses responsible for SARS, MERS and similar respiratory diseases) from biobanks. The RNA extracted from such artificially created samples was used to design the RT-PCR test. The authors state:

"In the present case of 2019-nCoV, virus isolates or samples from infected patients have so far not become available to the international public health community. We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, designed in absence of available virus isolates or original patient specimens. Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology."

A diagnostic test kit that was designed without the availability of the live pathogen to be detected cannot be an accurate test.

The RT-PCR test is done by taking a swab sample from the individual's nose or throat. In the laboratory, this sample is used to extract the viral RNA (ribonucleic acid). The RNA then undergoes the RT-PCR technique which creates strands of viral DNA (deoxyribonucleic acid). The DNA strand is run through several cycles of PCR for it to replicate itself. The cycle threshold value or Ct value is the number of cycles that it takes for the DNA to reach a detectable level.

An article was published in *Oxford Academic – Clinical Infectious Diseases*¹ on the correlation between 3790 RT-PCR positive samples and positive cell cultures including 1941 SARS-CoV-2 isolates. In this study the researchers compared the RT-PCR test against the gold standard test i.e. viral culture. **The researchers found that at a cycle threshold (Ct) of 25, the RT-PCR test was 70 % reliable, a figure that dropped to 20 % at 30 cycles, and just 3% at 35 cycles. That meant 97 % were false positives at 35 cycles.** Link: <https://doi.org/10.1093/cid/ciaa1491>

Dr. KK Aggarwal, late President of Heart Care Foundation of India, late President of Confederation of Medical Association of Asia and Oceania, and past president of the Indian Medical Association, said that **if the Ct value is above 24, it is likely that the persons viral load is really less and that he won't pass on the infection to anyone else**, and if the value is less than 24 then it is highly likely that they are infectious. Article link: <https://www.youtube.com/watch?v=Qwj0lq1DoyA>

The testing approach of ICMR is to use RT-PCR cycle threshold (Ct) value of 35, but this has been proven by the studies comparing RT-PCR test to gold standard to have 97% false positives. The testing approach of ICMR gives an inflated figure of the number of Covid-19 cases including asymptomatic cases. Website of ICMR¹ shows that they have not published any research papers on the efficiency of RT-PCR tests nor does their website offers any scientific reasons for their decision to select cycle threshold value (Ct) of 35. <https://www.icmr.gov.in/cpapers.html>

An editorial in The *British Medical Journal* in December, 2020 titled *Asymptomatic transmission of covid-19*¹ made these comments:

"It's also unclear to what extent people with no symptoms transmit SARS-CoV-2. The only test for live virus is viral culture. PCR and lateral flow tests do not distinguish live virus. No test of infection or infectiousness is currently available for routine use. As things stand, a person who tests positive with any kind of test may or may not have an active infection with live virus, and may or may not be infectious." Article Link: <https://doi.org/10.1136/bmj.m4851>

According to data from one of the test kits approved by the ICMR called: "TaqMan 2019-nCoV Control Kit v1" by the company ThermoFisher Scientific, it clearly states: **"For Research Use Only. Not for use in diagnostic procedures."**

Another Company Altona Diagnostics, whose RT PCR Test Kit has been approved by ICMR in its published list dated 23/04/2020, says that **the kit is not for diagnostic procedures**. The same can be found on the websites of many of the test kits approved by the ICMR.

According to Public Health England: “RT-PCR detects presence of viral genetic material in a sample, but it is not able to distinguish whether infectious virus is present.”

Another expert on the PCR & American Biochemist, David Rasnick PhD, said the following: **“PCR is a great scientific research tool; it’s a horrible tool for clinical medicine. It will generate a huge number of false positives.**

The ICMR advisory for COVID-19 testing during the second wave of the pandemic states the following:

- i. RTPCR test must not be repeated in any individual who has tested positive once either by RAT or RTPCR.
- ii. No testing is required for COVID-19 recovered individuals at the time of hospital discharge in accordance with the discharge policy of MOHFW (<https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf>).
- iii. The need for RTPCR test in healthy individuals undertaking inter-state domestic travel may be completely removed to reduce the load on laboratories.

To summarize, RT-PCR tests are predominantly used worldwide and in India to test for Covid-19. However, the test inventor, test manufacturers and regulators such as FDA have said that the test is not intended to be used as the only tool for diagnosis. Scientific studies have shown that the high Cycle threshold value (Ct) of 35 that is guided by ICMR, results in 97% false positives. Studies have also shown that positively tested asymptomatic people have higher Ct values compared to Ct values of positively tested symptomatic people. Furthermore, the modelling studies used to show that pre-asymptomatic people are highly infectious during incubation period are flawed. **Thus, when an asymptomatic or pre-symptomatic person tests positive and the person shows no symptom of illness then, it is fallacious to assume that such a person is transmitting the virus.**

Furthermore, the RT-PCR Test for many cases across the world showed positive at one time and negative after a few hours, which is impossible. The test proves time and again that it gives false results, unless its CT value is 24 cycles or lower.

Therefore, falsely declaring uninfected people as COVID +ve via a test that gives 97% false positives and thereafter putting them in treatment wards for other Covid +ve patients is completely callous, subjecting them to not only Covid +ve people, but also people with other incidental comorbidities such as Pneumonia, TB, AIDS, etc. This is the most dangerous practice as it increases the probability of a person’s death manifold. Furthermore, it causes uninfected people monetary loss and immense mental trauma, whilst also damaging their family life and their work life. Worse even is that it creates extreme panic in society of a high number of infected people, which is completely false.

When it comes to weekly PCR Testing at institutions and organizations, people can get infected the day itself and be carriers of the virus all through the week into these institutions infecting people in them. So this test does not prevent infection at all. Daily testing people would be a highly cumbersome and expensive process too.

The safer real time medical practice for all these institutions would be to immediately isolate or bar anyone with Covid symptoms from the premises, based on temperature readings, as that is being currently done across all states in India and to also make a doctor available during working hours of the institutions who can check any person reported with Covid symptoms, so they can advise them home isolation or the appropriate treatment as required.

Misconception of Asymptomatic transmission

46. The vaccines have been touted as a means to prevent asymptomatic infection, and by extension "asymptomatic transmission." However, "asymptomatic transmission" is an artefact of invalid and unreliable PCR test procedures and interpretations, leading to high false-positive rates. Evidence indicates that PCR-positive, asymptomatic people are healthy false-positives, not carriers. As far as the scientific literature goes, the evidence is clear: truly asymptomatic transmission is very rare. This position is supported by a large study from the city in China where the SARS-CoV-2 outbreak originated. Published in Nature Communications on November 20, the study is titled "Post lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China".[35] Researchers in Wuhan did a city-wide screening between May 14 and June 1 using reverse transcription polymerase chain reaction (RT-PCR) assays to detect viral RNA fragments in residents.

Among eligible residents, which was those aged six years or older, 92.9 percent participated, which amounted to 9,899,828 people. With this intensive screening program, there were positive test results for 300 individuals who were asymptomatic. Among these, 63 percent also tested positive for antibodies to SARS-CoV-2, offering additional evidence that they had indeed been infected.

Nevertheless, contact tracing of 1,174 close contacts of asymptomatic individuals with evidence of infection revealed none who also tested positive. The researchers also tried to culture virus from asymptomatic individuals who tested positive, but the results indicated that there was "no 'viable virus' in positive cases detected in this study". Consequently, despite testing positive for viral RNA, none of these individuals appeared capable of transmitting the virus to others. As the authors stated, **"there was no evidence of transmission from asymptomatic positive persons to traced close contacts."**

In contrast, the papers cited by the Centre for Disease Control to justify claims of asymptomatic transmission are based on hypothetical models, not empirical studies; they present assumptions and estimates rather than evidence. Preventing asymptomatic infection is not a viable rationale for promoting vaccination of the general population.

Face Masks do not prevent Covid, rather make one prone to Covid

47. **The imposition of face mask wearing was directly against controlled clinical trial evidence and against the written policy in the Journal of the American Medical Association.** *“Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.”* Article Link:
(https://jamanetwork.com/journals/jama/fullarticle/2762694?fbclid=IwAR2RE-c4V-fhUodui0JQRbiHRcgEJuDKG_21N4oL5zAfcIQfWCyHAsEJmo)
48. As per the recent information received by Mr. Amit Chauhan on **19.05. 2021**, from Ministry of Health and Family Welfare, it is clarified that the protocols and rules which needs to be followed regarding wearing of Mask, are available in the following links:

- 48.1. <https://www.mohfw.gov.in/pdf/Useofmaskbypublic.pdf>
48.2. <https://www.mohfw.gov.in/pdf/Poster4GHFGA.Pdf>

The relevant guidelines on 1st link which were downloaded earlier are as under;

4. Use of masks by general public

4.1. Persons having no symptoms are not to use mask

Medical masks should not be used by healthy persons who are not having any symptoms because it create a false sense of security that can lead to neglecting other essential measures such as washing of hands.

Further, there is no scientific evidence to show health benefit of using masks for non-sick persons in the community. In fact erroneous use of masks or continuous use of a disposable mask for longer than 6 hours or repeated use of same mask may actually increase risk of getting an infection. It also incurs unnecessary cost.”

A copy of the information received under RTI is annexed at **Annexure-R-18**

49. As per written communication dated 27th May, 2021 with Mr.Sourav Bysack, it is clearly informed by the Ministry of Health and Family Welfare (DMCell) that **‘as per guidelines/SOP the use of Mask is not mandatory’**. A copy of said letter is annexed as **Annexure R-19**

Despite the above said guidelines the healthy common people are being compelled to wear mask by the various authorities.

50. The caller tune, advertisement, slogans and public addresses of all the authorities continually keep on asking for the mask and the people not wearing the mask are made to pay fines. In Mumbai more than Rs. 55 crores are collected from the citizen. Link: <https://www.indiatoday.in/cities/story/over-rs-55-crore-collected-in-fines-from-mumbaikars-without-masks-in-public-1806409-2021-05-24>

That, a review of research papers published in prestigious journals reveals that face masks or covers are ineffective to control Covid-19. There is growing

scientific evidence that face masks have harmful health effects for adults. Face masks have deleterious effects especially on growing children.

51. **Dr. M Griesz-Brisson MD PhD¹** is a leading European consultant neurologist and neurophysiologist. She warned that rebreathing our exhaled air, because of wearing masks, will create oxygen deficiency (hypoxia) and an excess of carbon dioxide (hypercapnia) in the body. DrGriesz-Brisson pointed out that the acute warning symptoms of oxygen deprivation are headaches, drowsiness, dizziness, reduced ability to concentrate and reductions in cognitive function. Moreover, the continual and stressful impacts of masking will also have a known and deleterious impact on the immune systems in children.

1 Oct 2020 <https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging>

52. An experienced board-certified pediatric nurse for over 25 years, **Patricia Neuenschwander, MSN, RN, CPNP-PC 1** examined the data when her grandchild's pre-school decided that even toddlers need to wear masks, and her literature review produced a lot of information against mask wearing, and she showed that the seven papers by the CDC in support of mask wearing are irrelevant to the subject. She makes the following conclusions;

"Covering the mouth and nose for hours is not only uncomfortable for children (and adults), it also limits the airflow and the flow of oxygen coming in. It causes children to breath their own carbon dioxide, which we know is harmful. In addition, it provides a dark, warm, moist environment that potentially increases the risk of infection.

Fear is driving this recommendation for healthy people to wear masks, not science. As a nurse for over 25 years and holding a Master's Degree in Science, I cannot in good conscience allow my grandchild to be subjected to an intervention that may cause physical, emotional, and psychological harm without being provided significant evidence that the benefits of such intervention outweigh the risks.

Should we be encouraging healthy people to wear masks? The answer is unequivocally no."

<https://www.jennifermargulis.net/healthy-people-wearing-masks-during-covid19>

53. **Dr. Andreas Voss**, member of the World Health Organization expert team and head of microbiology at a Dutch hospital in Nijmegen, on July 24, 2020, told I Am Expat that masks were made mandatory *"not because of scientific evidence, but because of political pressure and public opinion."*

Link: <https://www.iamexpat.nl/expat-info/dutch-expat-news/rivm-says-there-no-evidence-prove-effectiveness-face-masks>

54. **Dr P Sarat Chandra**, senior neurosurgeon at **All India Institute of Medical Sciences(AIIMS)** said that unwashed masks is a reason for rise in black fungus cases. This is reported in **Hindustan Times 1** in May 2021.

May 2021 <https://www.hindustantimes.com/india-news/diabetes-cold-oxygen-unwashed-masks-aiims-doctor-lists-reasons-for-rise-in-black-fungus-cases-101621743246767.html>

55. In Belgium, in September 2020, a group of 70 doctors sent an open letter to Ben Weyts, the Flemish Education Minister in which they claimed that children are badly affected by having to wear face masks.

"Mandatory face masks in schools are a major threat to their development," they wrote. "It ignores the essential need of the growing child. The well-being of children and young people is highly dependent on emotional attachment to others. (Observing facial expressions help a child's social development and so seeing those around them wearing masks must therefore delay a child's development.)"

56. According to The **Brussels Times**¹, the doctors continued that *"there is no large-scale evidence that wearing face masks in a non-professional environment has any positive effect on the spread of viruses, let alone on general health. Nor is there any legal basis for implementing this requirement. Meanwhile, it is clear that healthy children living through covid-19 heal without complications as standard and that they subsequently contribute to the protection of their fellow human beings by increasing group immunity."*

Sep 2020 <https://www.brusselstimes.com/news/belgium-all-news/health/130480/face-mask-obligation-in-school-major-threat-to-childrens-development-doctors-say>

57. A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria¹.

Jun 2021 <https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks>

58. At the **University of Witten/Herdecke, Germany**¹, an online registry has been set up where parents, doctors, pedagogues and others can enter their observations. On 20.10.2020, 363 doctors were asked to make entries and to make parents and teachers aware of the registry. By 26.10.2020, the registry had been used by 20,353 people. Parents entered data on a total of 25,930 children. The average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%), impaired learning (38%) and drowsiness or fatigue (37%).

1 Oct 2020 <https://www.researchsquare.com/article/rs-124394/v1>

59. WHO Guidelines dated 15 Dec 2020 states in fine print in page 8 in the pdf requiring download from its page. *"At present there is only limited and inconsistent scientific*

evidence to support the effectiveness of masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2"

Dec 2020 [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

It is to be noted that the WHO is heavily funded by Bill and Melinda Gates Foundation and GAVI Alliance¹. According to WHO's own website, Bill and Melinda Gates Foundation contributed US\$ 455 million and GAVI Alliance contributed US\$ 389 million for the 2018/2019 biennium¹. Bill and Melinda Gates Foundation and GAVI Alliance have made huge investments in research and development of vaccines^{2 3}. As WHO is heavily funded by entities that have a financial stake in vaccines, there is a conflict of interest, and WHO cannot now be relied to give accurate and unbiased guidance on health matters.

1 <https://www.who.int/about/funding/contributors>

2 [https://www.gatesfoundation.org/Ideas/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-\\$10-Billion-in-Call-for-Decade-of-Vaccines](https://www.gatesfoundation.org/Ideas/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-$10-Billion-in-Call-for-Decade-of-Vaccines)

3 <https://www.gavi.org/our-alliance/about>

60. A summary of instructions of preventive measures for Covid-19 given by the Government of India, Ministry of Health and Family Welfare from time to time is described in Table 1 of part A of the document being referred to here.

As per this table, on 28th March 2020, the Ministry of Health and Family Welfare informed through its website that healthy people should wear a mask only if taking care of person with suspected Covid-19 infection, however on 05th May 2020, 12th June 2020 and 15th July 2020, the Ministry has said that mask is to be worn by everyone including children. Scientific evidence for these changes in policy is not available on the websites of the Ministry of Health and Family Welfare.

The search showed that ICMR have not published any research papers on the effectiveness of face masks.

61. The ***Weimer Family Court in Germany 1*** ruled on 8th April 2021 prohibiting two Weimar schools with immediate effect from requiring pupils to wear mouth-nose coverings of any kind (especially "qualified" masks such as FFP2 masks). Judge Dettmar's decision was made - for the first time worldwide - after evaluating expert opinions. The hygienist Prof. Dr. Ines Kappstein had evaluated the current studies on the masks and found them to be of no use in warding off viruses, while at the same time the masks were harmful to their wearers due to contamination, among other things. In his decision, the judge followed the findings of the experts and affirmed a risk to the welfare of the children if the measures were continued.

On the subject of the PCR test, the Court wrote: "The expert witness Prof. Dr. med. Kappstein has already pointed out in her testimony that the PCR test can only detect

genetic material, but not whether the RNA originates from viruses that are capable of infection and thus capable of replication (i.e. capable of reproduction). This is because the test cannot distinguish between “dead” matter, e.g. a completely harmless genome fragment as a remnant of the body’s own immune system’s fight against a cold or flu (such genome fragments can still be found many months after the immune system has “dealt with” the problem) and “living” matter, i.e. a “fresh” virus capable of reproducing.

The decision of the Weimer Family Court was upheld by Senate for Family Matters at the Higher Regional Court of Karlsruhe on 05th May 2021 2.

An English online translation of the judgement of the Weimer Family Court is available 3.

1 <https://2020news.de/en/sensational-verdict-from-weimar-no-masks-no-distance-no-more-tests-for-pupils>

2 http://enformtk.u-aizu.ac.jp/howard/karlsruhe_verdict

3 <http://www.fuzzydemocracy.eu/francais/rubrique1.html>

62. The analysis regarding harmful side effects of Mask given by Dr. Biswaroop Roy Chowdhury as shown in the video by Adv. Nilesh Ojha, National President of Indian Bar Association also needs consideration.

Link: <https://www.youtube.com/watch?v=2WS2TLzPHds>

Hence, it is just and necessary that the concerned departments review this material, and to consider making face masks optional for adults; ban it for underage people; and to allow measures for public awareness on their harmful effects.

IS IT A REAL PANDEMIC?

63. Only a small fraction of human population have actually succumbed to severe or fatal consequences from COVID. The majority of human beings that have contracted COVID have been able to fight it off, and subsequently build natural immunity to it, which include producing antibodies as well as priming the acquired immunity to better handle future infections from not only the same but also other similar strains.

As of today 8/5/21, India had 2.76 Cr cases and 3.19 Lakhs deaths, a recovery rate of 98.85%. <https://www.google.com/search?q=covid+deaths+in+india>

As of 8/5/21, World had 16.9 Cr cases and 35.2 Lakhs deaths, a recovery rate of 97.91%. <https://www.google.com/search?q=covid+deaths+in+world&client>

TB OR Tuberculosis kills more that 4.5 lakh people in India.

Source - [TB Statistics India.pdf](#)

Total deaths for Respiratory infection as per Census.India.Gov.in Table 5 - 2010-2013 - 0.03%, i.e Approx 4.2 lakh deaths per year. (Typical infections of respiratory tract include tonsillitis, pharyngitis, laryngitis, sinusitis, otitis media, certain influenza types, and the common cold.)

Around 8.7 lakh people die of infectious diseases every year in India and TB is one of the major disease. The Ro value (which gives the infection rate of any disease) of TB is 14 and for Sars Cov 2 is 2.2, which means that an infected TB person can infect 14 people. So with this conditions prevalent in our country for years TB or any infectious diseases was never called as an Pandemic.

64.AIIMS - All India institute for medical Sciences in their Covid-19 information booklet has given this pasted below-

<https://covid.aiims.edu/covid-9-informationbooklet/>



What happens to a person who develops the disease?

- Majority of the people (80%) will require no treatment as such and will recover on their own.
- A small proportion (<20%) may need hospitalization.
- A very small proportion (mainly with underlying chronic illness) may need admission in intensive care unit (ICU).

04

AIIMS, NEW DELHI

Why then is there a need to impose such a drastic measure of which we know not the long term repercussions, instead of rather focusing on more efficiently treating the body when it is infected, or improving the Immunity and overall health of the so called 'immune compromised' individuals?

VACCINE MANUFACTURERS ARE EXEMPTED FROM LEGAL LIABILITY

65. COVID-19 vaccine manufacturers have been exempted from legal liability for vaccine-induced harm. It is therefore in the interests of all those authorising, enforcing and administering COVID-19 vaccinations to understand the evidence regarding the risks and benefits of these vaccines, since liability for harm will fall on them.

In short, the available evidence and science indicate that COVID-19 vaccines are unnecessary, ineffective and unsafe.

66. **Necessity:** Immunocompetent individuals are protected against SARS-CoV-2 by cellular immunity. Vaccinating low-risk groups is therefore unnecessary. For immunocompromised individuals who do fall ill with COVID-19 there is a range of medical treatments that have been proven safe and effective. Vaccinating the vulnerable is therefore equally unnecessary. **Both immunocompetent and vulnerable groups are better protected against variants of SARS-CoV-2 by naturally acquired immunity and by medication than by vaccination.**

67. **Efficacy:** Covid-19 vaccines lack a viable mechanism of action against SARS-CoV-2 infection of the airways. Induction of antibodies cannot prevent infection by an agent such as SARS-CoV-2 that invades through the respiratory tract. Moreover, **none of the vaccine trials have provided any evidence that vaccination prevents transmission of the infection by vaccinated individuals; urging vaccination to “protect others” therefore has no basis in fact.**

68. **Safety:** The vaccines are dangerous to both healthy individuals and those with pre-existing chronic disease, for reasons such as the following: **risk of lethal and non-lethal disruptions of blood clotting including bleeding disorders,**

thrombosis in the brain, brain stroke and heart attack; nervous system disorders, facial paralysis, tremors, walking problems, autoimmune and allergic reactions; antibody-dependent enhancement of disease; and vaccine impurities due to rushed manufacturing and unregulated production standards of Covid-19 Vaccines.

- 68.1. **Due to the above dangerous side effects of vaccines which are still under trial and are not approved scientifically and their ban in 11 countries,** it is in the interest of better health of the public that those who are found to have antibodies should not be vaccinated. This is also necessary to save their lives and also the tax-payers money.
- 68.2. There are many cases where the person getting two shots of the vaccines died, the best recent example being of **Dr. K.K. Agarwal. who was the former National President of the Indian Medical Association (IMA), who was admitted to AIIMS for treatment.**
- 68.3. **The Print** spoke to the families of eight doctors in Delhi who fell to the virus. Seven of them had been fully vaccinated while one, Dr Anil Wahal had received one jab. He tested positive two days before the scheduled second dose appointment, and died soon after. Read News Article - **At least 60 Delhi doctors have died in 2nd Covid wave & families are left to pick up pieces** – Link:
<https://theprint.in/health/at-least-60-delhi-doctors-have-died-in-2nd-covid-wave-families-are-left-to-pick-up-pieces/661353>
- 68.4. Needless to say that the Infection Fatality Rate (IFR) of Corona is lesser than 0.25% and if we consider the deaths and side effects of the Covid-19 vaccine, which is still under Phase-III trials, then it is clear that the vaccines are not so effective as projected. In fact given that there is a risk of serious threat

to life and dangerous side effects, it would be a grave mistake to advocate the vaccines, as it will be a Crime against Humanity.

68.5. Dr. Peter McCullough, one of the world's most published cardiologists, called out the dangers of the COVID-19 vaccine. In particular, he warned about the Spike Protein that is produced after a person gets the shot. He spoke in a lengthy interview about the vaccine - ***"This is by far and away the most lethal, toxic, biologic agent ever injected into a human body in American History, and it is going strong, with no mention of safety by our public officials, with wild enthusiasm by our hospitals and hospital administrators, with doctors supporting it."***

69. The risk-benefit calculus is therefore clear: the experimental vaccines are needless, ineffective and dangerous. Actors authorizing, coercing or administering experimental COVID-19 vaccination are exposing populations and patients to serious, unnecessary, and unjustified medical risks.

Medical Experimentation via Vaccines Illegal under International & National

Law

70. Crucial provisions of the International Covenant on Civil and Political Rights (ICCPR) applicable to the violations of various citizens of the countries which are party to the Covenant and members of the United Nations Organization. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 23 March 1976, in accordance with Article 49. The relevant article of aforesaid covenant applicable for the present situation of corona pandemic is as under;

“Article 7 No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. **In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”**

70.1. **Coercing citizens to get the vaccines directly or directly violates the Nuremberg Trials Codes established in 1947**, in the wake of horrific scientific abuse by the German Government during World War II, that coercion is Verboten and informed consent essential for participants of medical experiments. All of the Covid-19 vaccines have been commissioned under ‘Experimental Use’ and are subject to the following of the 10 Nuremberg codes:

70.1.1. 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, overreaching, 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.

70.1.2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

70.1.3. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

70.1.4. No experiment should be conducted where there is an a prior reason to believe that death or disabling injury will occur; except, perhaps,

in those experiments where the experimental physicians also serve as subjects.

70.1.5. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

70.1.6. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

70.1.7. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

All hereby, should take notice that the Nuremberg 2.0 trials have begun in Germany, to find guilty all those across the world who have participated in the present 'Crimes against Humanity' under the Covid-19 Program, and to pronounce upon them punishment befitting their crimes.

70.2. It is also fundamental and established principle in the Indian law. Self-defence of body (IPC sections 96 to 102, 104, 106) provides right to the protection of bodily integrity against invasion by other. The fundamental principles of autonomy were first expressed in Nuremberg Code of 1947.

70.3. World Medical Association in Declaration of Helsinki (1964) emphasized upon the importance of informed consent for medical research by adequately informing the subject of the aims, methods, anticipated benefits, potential hazard, and discomfort which the study may entail [6]. All medical procedures, including examinations, diagnostic procedures and medical research on patients in the absence of consent constitute assault (IPC 351) for which he is liable in damages. This is true except in cases of emergency where the patient is unconscious and where it is necessary to operate before consent can be obtained.

Therefore, any coercion of people to take SARS-CoV2 mRNA gene therapies/vaccines, whether directly through government legislation, or indirectly through government, police, and army directions, such as COVID19 Passports or by forced injection or coerced injection, without full consent, free consent and informed consent, is unlawful, immoral and unethical. Any sanctions for not taking the injection/vaccination, along with any measures of coercion and implementation of forced or coerced injection/vaccinations, must cease immediately.

PERSONS CURED OF COVID-19 NATURALLY HAVE THE ANTIBODIES AND DO NOT NEED VACCINES

71. As per recent report submitted by the Expert Committee to Hon'ble Prime Minister of India, it is clear that the person who has recovered from Covid-19 has no need to get vaccinated. References are as under:

71.1. No need to vaccinate those who had Covid-19 infection, suggests health experts. "A group of public health experts, including doctors from AIIMS and members from the national task force on COVID-19, have recommended that there is no need to vaccinate people who had documented COVID-19 infection

and underlined that mass, indiscriminate, and incomplete vaccination can also trigger the emergence of mutant strains." Mirror Now | 11 Jun 2021,"

Article Link:

<https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/no-need-to-vaccinate-those-who-had-covid-19-infection-suggests-health-Experts/videoshow/83434001.cms?from=mdr>

71.2. Interview of Dr. Sanjay K. Ray. Link:-

https://epaper.navbharattimes.com/imageview_37204_2450441612-06-2021611sf.html

71.3. Interview of Dr. Rapiti in "The People's Voice with Shabnam Palesa Mohamed 6th June 2021. Link: https://youtu.be/brlZ_77uqn8

Dr. Rapiti in above interview said (45 mins 12 seconds onwards): I need to bring to the attention of the audience, this vaccine passport is a whole lot of rubbish. Because there has been a recent study in quarter involving 200 thousand people where they found that there was a 95 percent of safety or protection from natural immunity. So anybody, and this is what I have been saying all the time, anybody, who is got covered (cured) should not be given the vaccine. It is a crime and people who do that should be punished. We have got the evidence for it and I know WHO would say not enough evidence, Shabnam, that is the famous line when you say something as a scientist with not enough evidence back it up with argument. I am not here to listen to people just speak theoretical rubbish. Speak logically, you're a scientist.

Annexure -1

Target Group: General Public

S. No.	Question	Potential response
1.	Is a COVID vaccine scheduled anytime soon	Yes, vaccine trials are under different stages of finalization. Government of India is geared to launch a vaccine for COVID 19 soon. For more information and updates visit www.mohfw.gov.in
2.	Will COVID 19 vaccine be given to everyone simultaneously	Based on the potential availability of vaccines the Government of India has selected the priority groups who will be vaccinated on priority as they are at higher risk. The first group includes healthcare and frontline workers. The second group to receive COVID 19 vaccine will be persons over 50 years of age and persons under 50 years with comorbid conditions
3.	Is it mandatory to take the vaccine?	Vaccination for COVID-19 is voluntary. However, it is advisable to receive the complete schedule of COVID-19 vaccine for protecting one-self against this disease and also to limit the spread of this disease to the close contacts including family members, friends, relatives and co-workers.
4.	Will the vaccine be safe as it is being tested and introduced in a short span of time?	Vaccines will be introduced in the country only after the regulatory bodies clear it based on its safety and efficacy.

Annexure - 2

Priss

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
सीवीएसी अनुभाग

REGISTRATION NO. 10000000000000000000



निर्माण भवन, नई दिल्ली
दिनांक 09 मार्च, 2021

To,

Sh. Anurag Sinha,
Qtr no. 10 po swang bokaro
Jharkhand, gomia, 829128
Jharkhand

विषय: आरटीआई अधिनियम, २००५ के अंतर्गत मांगी गई जानकारी के संबंध में।

महोदय,

कृपया आप अपनी आर.टी.आई. एमओएचएफडब्ल्यू/आर/ई/21/00630, आर.टी.आई. अधिनियम, 2005 के संदर्भ ले जोकि अधोहस्ताक्षरी को दिनांक 27.02.2021 को प्राप्त हुआ था जिसमें आर.टी.आई.(RTI) अधिनियम, २००५ के तहत जानकारी मांगी गई है।

संख्या क्रम	आवेदक के प्रश्न	उत्तर
i.	कोरोना वैक्सीन लेना स्वेच्छिक है या अनिवार्य, जबरदस्ती	कोरोना वैक्सीन लेना स्वेच्छिक है।
ii.	क्या वैक्सीन नहीं लेने पर सारी सरकारी सुविधाएं बंद कर दी जायगी, सरकारी योजना रेशन	आवेदन में लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।
iii.	क्या वैक्सीन नहीं लेने पर नौकरी नहीं मिलेगा, ट्रेन, बस, मेट्रो में चढ़ने नहीं मिलेगी	
iv.	यदि कोई ias ips स्वास्थ्य या पुलिस कर्मचारी नागरिक को धमकी दे की वैक्सीन ले नहीं तो ये कर देगे तो नागरिक क्या कर सकती क्या कोर्ट जा सकते है	
v.	क्या वैक्सीन नहीं लेने पर स्कूलों, कॉलेज, विश्वविद्यालय, गैस कनेक्शन, पानी, बिजली कनेक्शन, राशन आदि के लिए क्या वैक्सीन नहीं मिलेगे	
vi.	क्या वैक्सीन नहीं लेने पर नौकरी से निकला जा सकता है वेतन रोका जा सकत है, निजी और सरकारी विभाग दोनों में।	

o/c

Annexure – 3

5/3/2021

IMG-20210403-WA0168.jpg

23 MAR 2021
ISSUED
DEPARTMENT OF HEALTH & F.W.

File No. A.60011/06/2020-CVAC
Government of India
Ministry of Health & Family Welfare
(COVID-19 Vaccine Administration Cell)

BY ORDINARY POST

Nirman Bhawan, New Delhi-110011
Dated 23 March, 2021

To

Mr. Dinesh Bhausahab Solunke,
Dr. Dinesh Solunke, N. [REDACTED] Wk,
[REDACTED] New Delhi-110022,
Email: [REDACTED]@gmail.com

Subject: -Information sought under RTI Act 2005 - reg.

Sir,

Please refer to your RTI application Registration No. No. M [REDACTED], received on 11.03.2021, seeking information under RTI Act, 2005. The information in respect of Covid Vaccine Administration Cell, MoHFW is as under:

संख्या क्रम	आवेदक के प्रश्न	उत्तर
1	How many vaccine reciever till date have developed adverse reactions? Kindly provide details, out of which how many had serious complications? Needing ICU care kindly provide details. How many deaths are reported till date after covid19 vaccination? Kindly provide details. Is there any compensation provided for vaccine injury or adverse reactions, deaths, if yes please provide details of the same.	You may seek this information from the concerned States/UTs. 103 deaths have been reported after Covid-19 vaccination as on 18.03.21 However, it is not clear as yet whether the deaths occurred due to vaccination or for other reasons. As far as compensations is concerned, the covid-19 vaccine being voluntary, there is no provision for compensation, as of now.

2. If you are not satisfied with the above reply, an appeal can be made to Mrs. Santa Nair, Deputy Secretary(CVAC), R. No. 435-C Wing, (Tel. No. 011-23061554), Ministry of Health & Family Welfare, Nirman Bhawan – 110011 within 30 days of receipt of this reply, who is the appellate authority in this matter.

Yours faithfully,

(Saroop Singh)
Under Secretary to the Govt. of India & CPIO
Phone: 23062959

Copy to -

1. Section Officer, RTI Cell, MoHFW, Nirman Bhawan w.r.t. RTI Application Registration No. MOHFW/R/T/21/00527, received on 11.03.2021.
2. Guard file

Annexure - 4

Select Language:
EnglishPublic Authorities
RTI Online
Version 2.0
An Initiative of Department of Personnel & Training, Government of India

[Home](#) [Submit Request](#) [Submit First Appeal](#) [View Status](#) [View History](#) [User Manual](#) [FAQ](#)

Online RTI Status Form

Note: Fields marked with * are Mandatory.

Enter Registration Number	MOHFW/R/E/21/01536
Name	TARUN
Date of filing	16/04/2021
Public Authority	Department of Health & Family Welfare
Status	REQUEST DISPOSED OF
Date of action	20/04/2021
Reply :- Your query: 1.Is covid vaccine voluntary or mandatory? 2.Can any government or private organization hold our salary or terminate us from job in case of not taking covid vaccine? 3.Is there any compensation provision after any side effects of covid vaccine? 4.Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?	
Reply: 1. Vaccination for COVID-19 is voluntary. 2. and 4. In view above reply, these queries do not arise. 3. There is no provision of financial assistance/compensation. However, severe and serious Adverse Events Following Immunization (AEFI) cases are treated free of cost at Government Hospital/facilities.	
CPIO Details :-	Satyendra Singh Phone: 011-23062959 singh.satyendra80@gov.in
First Appellate Authority Details :-	Sarita Nair Phone: 011-23061554 sarita.nair@gov.in
Nodal Officer Details :-	
Telephone Number	011-23061831
Email Id	r[dot]jatttri54[at]nic[dot]in

[Print RTI Application](#)[Print Status](#)[Go Back](#)

Annexure - 5

Phone : 2641 3344, 2641 3300, 98405 49256
Email : m.govalan@gmail.com
profcmkr@yahoo.co.in



TAMILNADU MEDICAL PRACTITIONERS' ASSOCIATION (Regd)

தமிழ்நாடு மருத்துவர்கள் சங்கம் (பதிவு)

306, Poonamallee High Road, Chennai - 600 010

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Padma Vibhushan
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Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI) Committee comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt.

124 cases died and 305 cases Hospitalised in India following Covid vaccination were analysed :

	Died (124)	Hospitalised (305)
Within 3 days	93	276
4 th to 7 th day	18	15
8 th to 28 th day	11	13
After 28 days	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% deaths occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent the complications.

I feel this may be due thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for advice before vaccination, I started anticoagulant & antiplatelet agents (rivaroxaban 10mg and aspirin 75mg) two days before the vaccination and continued for 8 days after, with no major adverse effects reported in 125 patients.

This may not be a strictly randomized, controlled study, but we are desperate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR & AEFI Committee for their comments and further action). Let TN Doctors take the lead in this terrible situation.

Thanking you, sincerely,


G.M.K. REDDY