



INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

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MOST URGENT & MOST SERIOUS

Subject: 1. To follow the law of 'Informed Consent' and to fix the liability upon school Authority, Principal etc. who are violating the law and forcing the children to take experimental corona vaccines and thereby putting their life in danger.

Reference: (i) Hon'ble Supreme Court Judgment **Common Cause Vs. Union of India (2018) 5 SCC 1.**

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

(iii) **Re Dintar Incident Vs. State of Mizoram 2021 SCC OnLine Gau 1313.**

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

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

Sir/Madam,

1. That, the Central Government on December 25, 2021 has given permission to vaccinate the children in the age group between 15 to 18 years.
2. That few authorities are treating it as mandate.
3. It is an incorrect and completely wrong assumption. In fact, the experimental corona vaccine is completely voluntary and in no manner can be made compulsory either directly or indirectly.
4. That, in affidavit dated **08.10.2021** by Shri. Satyendra Singh, Under Secretary Health Ministry of India before Hon'ble Bombay High Court in **Writ Petition No. 1820 of 2021**, it is made clear that the COVID-19 vaccination is completely voluntary for all citizens of India and Ministry of Health and Family Welfare, Government of India has not formulated or suggested any policies for discrimination between citizens of India on the basis of their vaccination status. The relevant paras of the affidavit read as under;

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

10. That, it is duly advised, advertised and communicated by MoHFW through various print and

social media platforms that all citizens should get vaccinated, but this in no way implies that any person can be forced to be vaccinated against her / his wishes.

11. That, as per the existing guidelines, there is no provisions for forcing any citizen to book appointment for Covid Vaccination on Co-WIN or visiting Covid Vaccination Centre for vaccination if a person above the age of 18 years visits a Covid Vaccination Centre by her / his choice for vaccination and asks for the same, it implies that she / he is voluntarily coming to the center to get the benefit of Covid Vaccination.”

5. That, recently on **28th November, 2021** in a Counter Affidavit filed before Hon’ble Supreme Court by **Dr. P.B.N. Prasad**, working as Joint Drugs Controller (India), Central Drugs Standard Control Organization, Directorate General of Health Services, **Ministry of Health and Family Welfare, Government of India**, it is once again reiterated that vaccination is not linked to any benefits or services. The relevant paragraph reads as under;

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

made by the Petitioner to the contrary, in so far as the Answering Respondents are concerned, is denied.”

6. That, as per law, the vaccines cannot be mandated by any authorities. [**Registrar General, High Court of Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130, Re Dinthar Incident Vs. State of Mizoram 2021 SCC OnLine Gau 1313, Common Cause Vs. Union of India (2018) 5 SCC 1.**]
7. That, few authorities and school administration are threatening the children and their parents to get vaccinated without which they will not be allowed to attend the school or appear for exams.
8. That, above said act is not only illegal, but an offence under section **166, 188, 341, 342, 120(B), 34, 109** etc. of IPC.
9. That the vaccines are having fatal side effects in certain cases which cannot be predicted by anyone in advance and also other serious life long side effects.
10. **Nine Reports on 12- 15 year olds who have died after a Covid-19 injection. Reported to VAERS (US) by 27th August 2021:**
 - 10.1. Death of a 15 year old girl: Cardiac Arrest – 3 to 4 days after second dose of Moderna injection. “I do not know the exact date of the first or second Moderna Vaccine. I am the PICU attending who cared for the patient after her cardiac arrest which we believe was about 3-4 days after her second Moderna Vaccine”
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=118791>
[8](#)
 - 10.2. Death of a 15 year old boy: Cardiac Failure – 2 days after Pfizer

injection “Heart Failure” Died 2 days after vaccination.

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=124257>

[3](#)

10.3. Death of a 15 year old boy: Unexplained Death after Pfizer injection “Unexplained death within 48 hours”

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=138290>

[6](#)

10.4. Death of a 13 year old boy: Found deceased– 1 day after Pfizer injection “Flu like symptoms for 2 days then was found deceased”

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=140684>

10.5. Death of a 13 year old boy: Cardiac Arrest – 17 days after Pfizer injection "Patient is a 13-year-old previously healthy male who was admitted after out-of-hospital cardiac arrest found to be in the context of large cerebellar haemorrhage secondary to brain lesion"

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1431289>

10.6. Death of a 13 year old boy: Unknown cause of death 3 days after Moderna injection "Died three days after vaccine; 13 year old boy dies three days after the Moderna vaccine"

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1463061>

10.7. Death of a 15 year old boy: 4 days after second dose of Pfizer injection "Child collapsed on soccer field while playing soccer at a local camp. CPR was initiated immediately. Patient had his second covid vaccine on Sunday 7/18/2021. Died 7/22/2021"

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1498080>

10.8. Death of a 13 year old girl: 26 days after Pfizer injection "patient arrived in ventricular tachycardia via EMS, but responsive. deteriorated to pulseless ventricular tachycardia, PEA and ultimately death".

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1505250>

10.9. Death of a 15 year old girl: Cardiac Arrest- 27 days after Pfizer injection "A 15-year-old female patient received (COMIRNATY), on 11 Jul 2021 07:30 (at the age of 15-year-old) as dose 1, single for COVID-19 immunization. The patient died on 07Aug2021. An autopsy was not performed. Cause of Death: Anoxia cerebral and Cardiac arrest "

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1592684>

11. Vaccine Kills more children than Covid-19-A Columbia University study finally gets the best estimate thus far on the Vaccine-induced Fatality rate and survey says, the COVID 'vaccine' is at least 4 times, and as much as 10 time more fatal than the COVID-19 virus itself.

<https://www.generations.org/programs/2411>

12. That, 18 European countries have banned the Covishield vaccines due to death of youngsters.

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

13. Earlier attempts of false claims of vaccine safety by Authorities are already exposed: -

13.1. That, in India few dishonest doctors like Dr. Randeep Guleria of AIIMS, New Delhi, Dr. Soumya Swaminathan, Chief Scientist of World Health Organization and others ran the false narratives that the corona vaccines are completely safe and everyone should get vaccinated.

13.2. Their narratives are proven to be false after several deaths due to vaccines and also from the Report provided by the AEFI Committee that the deaths are due to vaccines.

Link:https://drive.google.com/file/d/1_EZH9HhGknEHfbnPR8jeam5OxGEjIbiE/view

13.3. The AEFI reports prove that, both the vaccines i.e. Covishield and Covaxin are having fatal side effects in certain cases which cannot be predicted by anyone in advance.

13.4. That as per media reports there are around 10,800 such deaths.

Link:https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfw aI1NJRt0D_YP/view

14. Suppression of numbers of vaccine deaths by the State Authorities:-

14.1. In the UK 25 million doses of Covishield were administered and 1138 deaths post vaccination were reported. In India, 740 million doses were administered and only 850 deaths were reported. How is this possible? The answer is given by Justice Shri. D.Y. Chandrachud, in a statement where he asked citizens and public intellectuals to bring out the right data, as the state has a tendency to suppress data.

14.2. That, in an interview dated **29 August, 2021** Hon'ble Justice D.Y.

Chandrachud had said that the state is in habit of suppressing the information and data regarding Covid-19 pandemic and it is the duty of the intellectual citizen to expose their lies.

An excerpt from the said speech is as under;

“Supreme Court Judge Hon’ble Justice Dr. D. Y. Chandrachud on 29th August 2021 said that the State officer can spread lies, but citizens must be vigilant. Public intellectuals have a duty to expose lies of the state. Emphasizing the need for truth in a democracy, he said the state can indulge in falsehood and it was the duty of citizens to strengthen public institutions and question the state to determine the truth. In the context of the Covid-19 pandemic, we see that there is an increasing trend of countries across the world trying to manipulate data. Hence, one cannot only rely on the state to determine the truth”

Link: <https://www.newindianexpress.com/thesundaystandard/2021/aug/29/state-can-spread-lies-but-citizens-must-be-vigilantsupreme-court-justice-dy-chandrachud-2351171.html>

14.3. The dishonesty of the State authorities is ex-facie clear and can be easily seen from following data. The National AEFI committee has acknowledged that only 4 deaths have occurred from the vaccine. However, the reply received from a small district in Kerala (Mallapuram) district medical office has acknowledged that 11 people died only in Mallapuram due to side effects of vaccine till 25.09.2021.

Link: https://drive.google.com/file/d/1taUq_VJmOAE4EeIuOH

14.4. If based on the deaths occurred due to vaccination, proportionate algorithm is applied or fair and transparent enquiry is done then the figure of entire country will range in lacs of deaths due to vaccines.

14.5. The National AEFI data states that, only **954 Deaths** have occurred post vaccination. However, as per the records compiled by ‘**Awaken India Movement**’ based on cases reported in media, more than 10,800 deaths have occurred post vaccination. The other deaths which are not reported in media are expected to be much higher and the number might be in lacs.

Since several cases of heart attacks/cardiac arrest occurred due to vaccines few months after vaccination or quite a long time after vaccination, are neither reported nor counted by the AEFI Committee. This exposes the lack of fairness on the part of the state authorities.

Link for reported cases of 10,800 deaths is as under;

Link: https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrf_waI1NJRt0D_YP/view?usp=sharing

15. That thousands of honest doctors including the following who are against vaccination of children.

(i) Dr. Sanjay Rai, AIIMS, New Delhi

(ii) Dr. Arvind Kumar Kushwaha

(iii) Dr. Amitav Banerjee

(iv) Dr. Maya Valecha

16. The concern expressed by the honest domain experts are summarized as under;

i) Recently there is 400% of increase in death of school children due to vaccination.

Link: <https://theexpose.uk/2021/10/05/ons-data-shows-400-percent-increase-male-children-deaths-since-they-had-covid-vaccine/>

ii) Young people are 40 Times More Likely to die from vaccines than from COVID says major Japanese study.

Source: Greatgameindia

Link:<https://greatgameindia.com/young-people-40-times-risk-vaccines/>

Published on: December 14, 2021

iii) Children are at Zero risk. Therefore, vaccinating them with a vaccine which is developed in 4 months time and whose long and short term side effects of which are not verified and which is not duly approved, is pushing them to an unknown risk of death & other side effect of vaccines.

iv) Around 80% and more children have already developed antibodies. Such immunity is 13 to 27 times better than the vaccine immunity.

Link: <https://www.news9live.com/india/children-need-space-not-vaccine-over-80-already-have-natural-immunity-143095?infinitemscroll=1>

v) Giving vaccine to Children with antibodies or natural immunity in T-cell may cause serious damage to their bodies as seen recently.

Study shows that, giving vaccines to the person with previous Covid-19 infection is causing more harm than the disease itself.

An international survey 21 published in mid-March 2021 surveyed 2,002 people who had received a first dose of COVID-19 vaccine, finding that those who had previously had COVID-19 experienced “significantly increased incidence and severity” of side effects, compared to those who did not have natural immunity.

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

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

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

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

vi) There is no Scientific proof that Children can pass infection.

Only the dishonest doctors who are sponsored and funded by Vaccine syndicates are running false narratives to promote the 100% vaccination of Children.

vii) Vaccinating the children with antibodies or natural immunity will also be an offence under Section 409 of IPC as it will be a loss of around Rs. 30,000 Crores of public money and wrongful gain of vaccine companies.

viii) Children are not affected severely by Covid 19, as confirmed by many prominent scientists. According to latest sero surveys, all children in India have been exposed to it, and almost all of them have acquired natural immunity which is robust and long lasting.

Children have better immunity against Covid 19. Many scientists have attributed this to the fact that they have larger thymus glands and to the absence of ACE2 receptors which impede the entry of the virus into cells of the nasal passages, and therefore children are not severely affected.

Our epidemiologists have time and again emphasized the necessity of reopening schools without vaccination.

This information should be shared widely with parents, in order to allay their fears and offer them reassurance:

- Why Don't Kids Tend to Get as Sick From Covi 19?

<https://www.smithsonianmag.com/science-nature/why-dont-kids-tend-get-sick-covid-19-180978639/>

- Article by eminent epidemiologist Amitav Banerjee

<https://www.mjdrdypv.org/article.asp?issn=2589-8302;year=2021;volume=14;issue=5;spage=477;epage=478;aulast=Banerjee;type=3>

- What chances do children have against COVID-19? Is the answer hidden within the thymus?

<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7550201>

- The National Technical Advisory Group on Immunisation advised the Centre that Covid-19 vaccination for children is not a priority.

<https://www.indiatoday.in/coronavirus-outbreak/vaccine-updates/story/covid-19-vaccine-for-children-not-a-priority-ntagi-centre-1890416-2021-12-21>

ix) There is no availability of long term safety data for Covid-19 vaccines, as the vaccines were developed fast, using a new experimental technology and they are being used under Emergency Use Authorization, which means that this is an ongoing global clinical trial pending full FDA approval. Whereas, there are safer methods to mitigate Covid-19, such as the AYUSH approved Ayurvedic protocol, Anandaiah's protocol and Homeopathic protocol, Naturopathy etc. for Covid-19.

<https://drive.google.com/file/d/1Hl76y7BwU8i57z5Z3xk8XbPvMzG366II/view?usp=sharing>

x) Adverse effects including deaths from these gene based experimental Covid-19 vaccines are being reported from across the world. Chances that DNA Technology based vaccine have carcinogenic life-threatening side effects are highlighted in The Washington Times article. The first children's vaccine in

India ZyCov-D, is DNA based.

- <https://m.washingtontimes.com/news/2021/oct/28/applying-brakes-on-warp-speed-covid-19-vaccination>
- <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&STATE=NOTFR&WhichAge=range&LOWAGE=12&HIGHAGE=18>
- VAERS-
USA Covid Vaccine Data Show Surge in Reports of Serious Injuries, as 5-Year-Olds Start Getting Shots
<https://childrenshealthdefense.org/defender/vaers-cdc-covid-vaccine-data-injuries-5-year-olds/>

To see how devastatingly damaging and life-threatening the side effects of Covid-19 vaccines are, please follow these steps > Go to www.vigiaccess.org > Scroll to the bottom of the page and click – ‘I understand’ > Click ‘Search Database’ and type in ‘Covid-19 Vaccine’ and click Search > Click ADRs then click on each ADR for its details.

xi) Dr. Robert Malone- Virologist & Immunologist, Architect of mRNA Vaccine Technology - Warns parents of the dangers of the experimental jab.

<https://www.bitcute.com/video/DDloeBLBIBM1>

xii) Omicron is a blessing and serving as natural vaccine.

Link: <https://www.outlookindia.com/website/story/india-news-with-mild-symptoms-omicron-is-probably-natural-vaccine-top-scientists-doctors/406227>

(xiii) The inoculations were tested only for a few months and only short-term adverse effects could be obtained, it is questionable how well even these short-term effects obtained from the clinical trials reflect the short-term effects from the initial mass inoculation results reported in VAERS.

Link:<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

(xiv) When overall mortality rates are nearly 0% percent for children, and we don't have long term studies, universal drive for vaccinating all comorbid children should NOT be started.

(xv) On one hand, our children have acquired immunity post Covid and on the other hand, these experimental vaccines wherever in the world they are rolled out, are not found to be safe enough, so it is totally irresponsible and unethical to go ahead with any vaccine roll out for children.

According to new study, teenage boys are six times more likely to suffer heart problems from Covid-19 vaccine than to be hospitalised from Covid.

“The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. Such data may not be available for several months.”

xvi) That the conspiracy theories and narrative run by Dr. Randeep Guleria and others has proven to be false several times. Recently in

Harvard Business School, UK there was a Covid-19 outbreak even when 96% students were vaccinated. The positivity rate of outbreak was 12 times higher than that of rest of Harvard.

Link: <https://theexpose.uk/2021/10/01/harvard-business-school-shuts-down-after-massive-covid-19-outbreak-despite-almost-all-students-being-fully-vaccinated/>

xvii) The record also shows and it is observed by Division Bench of Hon'ble High Court that the vaccinated person can get infected with corona and he can also be a 'super spreader'. [**Madan Mili Vs. UOI 2021 SCC OnLine Gau 1503**].

Many vaccinated people died due to corona and also due to side effects of vaccines.

xviii) The vested interest of corrupt members of National Task Force, ICMR, AIIMS, PHFI, DGHS, NTAGI, NAEFI Committee, ITSU, DCGI, CDSCO etc. are ex-facie clear and also exposed in the notice for proceedings under Contempt & Section 80 of C.P.C. dated 23.09.2021 issued to Hon'ble Health Minister Shri. Mansukh Mandaviya.

A copy of said notice is annexed herewith and it is also available at following link.

Link:[https://drive.google.com/file/d/160ksZL71vi9rgxstf21 - dyf9jDVAfvf/view](https://drive.google.com/file/d/160ksZL71vi9rgxstf21-dyf9jDVAfvf/view)

xix) Under these circumstances, the act of Shri. V.G. Somani, the Drug Controller General of India in granting Emergency Use Authorization to vaccine for children is itself sufficient to draw an inference of his corrupt motives and ulterior purposes.

17. Law of Informed Consent of children:

17.1. That the vaccines are only experimental vaccines as they are given Emergency Use Authorization and are still at clinical trial stage.

Actual vaccines require around 8 to 10 years or more for complete study of the side effects amongst children.

17.2. The children cannot be given vaccines or any treatment without written consent of their parents.

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

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

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

(4) MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents

have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary.

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

17.4. That the provisions of **Universal Declaration on Bioethics and Human Rights, 2005** also mandate for informed consent.

Relevant Articles reads thus;

“Article 3 – Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.

2. The interests and welfare of the individual should

have priority over the sole interest of science or society.

Article 6 – Consent

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

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

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case

should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 – Persons without the capacity to consent

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

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

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

research should be respected.

Article 8 – Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 16 – Protecting future generations

The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Application of the principles

Article 18 – Decision-making and addressing bioethical issues

1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

3. *Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted.”*

18. **No one can ask the parents their reason for not taking experimental corona vaccines:**

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

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

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

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

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

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

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

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

“The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to

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

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

80. In addition to these developments in society and in medical practice, there have also been developments in the law. Under the stimulus of the Human Rights Act 1998, the courts have become increasingly conscious of the extent to which the common law reflects fundamental values. As Lord Scarman pointed out in Sidaway's case, these include the value of self-

determination (see, for example, *S (An Infant) v S* [1972] AC 24, 43 per Lord Reid; *McCull v Strathclyde Regional Council* 1983 SC 225, 241; *Airedale NHS Trust v Bland* [1993] AC 789, 864 per Lord Goff of Chieveley). As well as underlying aspects of the common law, that value also underlies the right to respect for private life protected by article 8 of the European Convention on Human Rights. The resulting duty to involve the patient in decisions relating to her treatment has been recognised in judgments of the European Court of Human Rights, such as *Glass v United Kingdom* (2004) EHRR 341 and *Tysiac v Poland* (2007) 45 EHRR 947, as well as in a number of decisions of courts in the United Kingdom. The same value is also reflected more specifically in other international instruments: see, in particular, article 5 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, concluded by the member states of the Council of Europe, other states and the European Community at Oviedo on 4 April 1997.

82. In the law of negligence, this approach entails a duty on the part of doctors to take reasonable care to ensure that a patient is aware of material risks of injury that are inherent in treatment. This can be understood, within the traditional framework of negligence, as a duty of care to avoid exposing a person to a risk of injury which she would otherwise

have avoided, but it is also the counterpart of the patient's entitlement to decide whether or not to incur that risk. The existence of that entitlement, and the fact that its exercise does not depend exclusively on medical considerations, are important. They point to a fundamental distinction between, on the one hand, the doctor's role when considering possible investigatory or treatment options and, on the other, her role in discussing with the patient any recommended treatment and possible alternatives, and the risks of injury which may be involved.

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

87. The correct position, in relation to the risks of injury involved in treatment, can now be seen to be

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

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

also to the characteristics of the patient.

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

116. As NICE (2011) puts it, "Pregnant women should be offered evidence-based information and support to enable them to make informed decisions about their care and treatment" (para 1.1.1.1). Gone are the days when it was thought that, on becoming pregnant, a woman lost, not only her capacity, but also her right to act as a genuinely autonomous human being."

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

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

".....

Thus, by use of force or through deception if an

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

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

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

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

19.2. All authorities are bound to ensure that they should not be part of conspiracy to the offences committed by the authorities.

19.3. The act of omission on the part of any authority also make them liable for prosecution as that of the main offender. Hon’ble Supreme Court in **State of Odisha Vs. Pratima Mohanty Etc. 2021 SCC OnLine SC 1222.**

19.4. Every person joining the conspiracy is liable.

In **Raman Lal Vs. State of Rajasthan 2000 SCC OnLine Raj 226,** has ruled that;

*“**Conspiracy – I.P.C. Sec. 120 (B)** – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal omission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Co-conspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against accused cannot be quashed.”*

20. Under these circumstances it is clear that the Authorities, Principal,

School Management, Ministers etc., who are promoting vaccines should resist and desist from doing any act which is violative of the mandates of the law and constitution.

21. Needless to mention here that, any authority or school staff are not supposed to follow any unlawful or unconstitutional orders by the senior Government officials or even by the courts if constitutional provisions are vitiated. If anyone follows unconstitutional and illegal orders, then he should be held guilty of offence even if the order was that of the Court. [**Nandini Satpathy Vs. P.L.Dani (1978) 2 SCC 424**].
22. I hope and sincerely urge everyone that, please don't take any decision or indulge in any negligence, carelessness or show any over enthusiasm that might put the life of children in danger.

Children are our future. They should be protected at any cost.
23. Once the children are given experimental corona vaccines, then there is no process for reversing the effect, if these vaccines prove to be harmful, as had happened recently regarding thousands of vaccine deaths, paralysis, blood clotting, heart inflammation, blindness, deafness, myocarditis.
24. That the vaccine manufacturer and the kingpin of Vaccine Syndicate Mr. Bill Gates is a pervert man and has some psychological issues about children as already proven to have involved in murders of several children in India.
- 24.1. 72nd Parliamentary Committee Report regarding vaccine murder of 8 children in India by Bill Gates in conspiracy with officials of ICMR & DGHS. The said report is held to be legally admissible by the Constitution Bench of the Supreme Court of India

in **Kalpna Mehta Vs. Union of India 2018(7) SCC 1.**

24.2. A Complaint is filed by the Secretary General of Human Right Security Council asking immediate F.I.R. is taken note by the Prime Minister of India and directions have been issued on **29.12.2021** to Health Ministry.

Copy of Complaint by the Secretary General of Human Right Security Council is available at link below:

Link: <https://drive.google.com/file/d/1oereNdDnpuJYuTzy8XZJ17YNBcIva4GH/view>

Copy of the letter sent by the office of Prime Minister is available at Link:

Link: <https://drive.google.com/file/d/1IBnfg25AYtYCnLrJBM0xMTTViEHd-cyp/view>

24.3. That the same accused Bill Gates through his program of increasing polio doses amongst children in India have killed many children and made many children permanently disabled. Later said program was stopped by the Government.

Link: <https://www.thehindu.com/news/cities/Delhi/vaccine-induced-paralysis-calls-for-action-says-study/article24740588.ece>

24.4. Parliamentary Committee's 72nd report dated 30th August, 2013 exposing corruption by ICMR and other officials involved in conspiracy to help vaccine syndicate sponsored by Bill and Melinda Gates Foundation and also responsible for offences of murder of female children. Supreme Court judgment upheld the evidentiary value of Report

Parliamentary Committee.

a) That, the ‘Toxic Philanthropist’ and ‘Vaccine Syndicate’ Kingpin Mr. Bill Gates, through his foundation ‘Bill & Melinda Gates Foundation’ had sponsored a vaccine trial in India through ‘Program for Appropriate Technology in Health (PATH)’. In the said program, they had malafidely, unauthorizedly, illegally and unlawfully conducted trials of HPV vaccines i.e. Human Papilloma Virus (HPV) on female school children in India.

b) The said program was funded by Bill & Melinda Gates Foundation.

c) Said illegal act has resulted into death of 8 female children in states of Gujarat and Andhra Pradesh in the year 2010.

d) Government of India constituted a parliamentary committee of 31 members to enquire the matter.

e) The committee submitted its 72nd report on 30th August, 2013 in Rajya Sabha.

f) In the said Enquiry Report, it is specifically concluded that the program was to serve the ulterior, commercial interests of vaccine manufacturer to include the said vaccine in universal immunization programme which would have generated windfall profit for the manufacturer(s) by way of automatic sale year after year, without any promotional or marketing expenses.

g) The committee also concluded that the officers of Indian Council of Medical Research (ICMR), in an unauthorized

manner, had signed Memorandum of Understanding (MoU) in 2007 even before the vaccines were approved for use in the country, which actually happened in the year 2008.

The decision of ICMR of committing itself to promote the drug for inclusion in the Universal Immunization Programme (UIP) without an independent study regarding its utility was strongly objected. It was suggested that the investigation should be done by the premier investigation agency i.e. C.B.I. and appropriate legal action be taken against them.

h) A copy of 72nd Report of Parliamentary Committee dated 30.08.2013 and it is available at following link.

Link:<http://164.100.47.5/newcommittee/reports/EnglishCommittees/Committee%20on%20Health%20and%20Family%20Welfare/72.pdf>

24.5. Recommendation of the Parliamentary Committee asking for investigation and legal action against Bill Gates and officials of ICMR.

a) That the recommendations are as under;

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

the Country. This is a serious breach of trust by any entity as the project involved life and safety of girl children and adolescents who were mostly unaware of the implications of vaccination. The violation is also a serious breach of medical ethics. This act of PATH is a clear cut violation of the human rights of these girl children and adolescents. It also deems it an established case of child abuse. The Committee, therefore, recommends action by the Government against PATH. The Committee also desires that the National Human Rights Commission and National Commission for Protection of Children Rights may take up this matter from the point of view of the violation of human rights and child abuse. The National Commission for Women should also suomotu take cognizance of this case as all the poor and hapless subjects are females.

7.14. The Ministry of Health and Family Welfare should without wasting time report the violations indulged in by PATH to international bodies like WHO and UNICEF so as to ensure that appropriate remedial action is initiated by these agencies worldwide.

7.15. The Committee also desires that the Ministry of Health and Family Welfare may take up the matter through the Ministry of External Affairs with the US Government so as to ensure that appropriate action is taken against PATH under the laws of its country of origin in case of any violations of laws there.

6.26. The Committee observes that the wrongful use of the NRHM logo for a project implemented by a private, foreign agency as well as the identification of this project with the

UIP has adversely affected and damaged the credibility of the programme as well as that of the NRHM. The Committee, therefore, recommends that such practices of diverting public funds for advancing interests of a private agency should never be allowed in future. The Committee strongly recommends that strict action should be taken against those officials responsible for such lapses.

6.27. Besides, the Committee notes that no information had been provided to Indian authorities about funding of the project except that it was reportedly funded by Bill and Melinda Gates Foundation and that the vaccines had been donated by the manufacturers. The information regarding financial investments of ICMR and State Governments in the project was not provided, though the States clearly provided cold chain and manpower for immunization. The Committee, accordingly, observes that it might have been more prudent if the National Technical Advisory group on Immunization (NTAGI) had been brought into the picture right in the beginning to review and give its views on the study prior to its approval and implementation.

7.11. The Committee is concerned that if PATH can set up an office in India so easily without getting the required mandatory approvals/permissions, then individuals and entities inimical to the interest of the country can do the same. The Committee expresses its concern that paper and shell companies can be easily registered in many jurisdictions and then set up a place of business in India as “Liaison offices” with no questions being asked. It is surprising that security and intelligence agencies did not

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

6.29. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations.

2.5. The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation. Had PATH been successful in getting the HPV 4 vaccine included in the

universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination. To achieve this end effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as “Observational Studies” or “Demonstration Project” and various such expressions. Thus, the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined and self-servicing nomenclature which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining three countries viz. Uganda, Vietnam and Peru. The Government should take up the matter with the Governments of these countries through diplomatic channels to know the truth of the matter and take appropriate necessary action, accordingly. The Committee would also like to be apprised of the responses of these countries in the matter.

3.18. *The Committee feels that there was serious dereliction of duty by many of the Institutions and individuals involved. The Committee observes that ICMR representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH in promoting the interests of manufacturers of the HPV Vaccine. 7 3.19 It was unwise on the part of ICMR to go in*

the PPP mode with PATH, as such an involvement gives rise to grave Conflict of Interest. The Committee takes a serious view of the role of ICMR in the entire episode and is constrained to observe that ICMR should have been more responsible in the matter. The Committee strongly recommends that the Ministry may review the activities of ICMR functionaries involved in PATH project.

6.10. The Committee notes that once this matter was taken up by it, the Government appointed an Inquiry Committee on 15 April, 2010 to inquire into 'alleged irregularities in the conduct of the studies using HPV vaccines by PATH in India'. The Committee has noted the serious conflict of interest of members of this Inquiry Committee with the subject matter. The Committee, therefore, strongly deprecates the Government for appointing a committee to inquire into such a serious matter in such a casual manner even without ascertaining as to whether any of the members of the said Inquiry Committee were having any conflict of interest with the subject matter of inquiry.

6.17. The Committee, accordingly, concludes that most, if not all consent forms, were carelessly filled-up and were incomplete and inaccurate. The full explanation, role, usefulness and pros and cons of vaccination had not been properly communicated to the parents/guardians. The Committee observes that there is a gross violation of the consent and legal requirement of consent which had been substantiated by the experts. The Committee takes a serious view of the violations and strongly recommends that on the basis of the above facts, PATH should be made accountable

and the Ministry should take appropriate action in the matter including taking legal action against it for breach of various laws of the land and possible violations of laws of the Country of its origin.

6.29. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations.”

b) That, the evidentiary value and legality of the above report and its use as per section 74 of the Evidence Act is again confirmed by the Constitution Bench of the Supreme Court in the case of **Kalpana Mehta Vs. Union Of India (2018) 7 SCC 1.**

The above order is passed after hearing the Bill Gates entity ‘PATH’.

c) Even otherwise, as per Section 35 of the Evidence Act, and as per the law laid down by the **Full Bench in P.C. Reddiar’s case AIR 1972 SC 608,** it is clear that the findings of compensation to public can be based on above said report.

d) On the basis of the findings of above mentioned Committee and considering all other material available on record, it is sufficient to draw a conclusion that the accused Bill Gates is a habitual offender and he, along with his organized crime syndicate, needs to be punished forthwith by constituting a special court or Tribunal headed by former CJI R.M. Lodha or any other deserving Judge with special provisions of disposing of each claim within 2 months fixed as maximum time limit and allowing only one appeal before a special Bench of the Supreme Court and that too be decided within 3 weeks of filing.

25. Concluding Paragraph:

(i) Vaccinating children is an unscientific and illogical decision;

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

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

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

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

(vi) The Doctors or public authorities promoting vaccination are bound to explain and publish the death causing and other side effects of vaccines;

(vii) Without such publication and without giving full information if any children are vaccinated, then it is an offence of cheating punishable under **Section 420, 120 (B) & 34 of IPC;**

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

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

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'DNOjha.', with a horizontal line underneath.

Adv. Dipali N. Ojha