HUMAN RIGHTS SECURITY COUNCIL (NGO)
मानवाधिकार सुरक्षा परिषद (एनजीओ)
Office Address: 4, Gauri Compound, Near Gorai Khadi, LT Road, Borivali (W), Mumbai- 400 091.
Email Id: rashidkhanpathan81@gmail.com

CASE NUMBER BEFORE HON'BLE PRESIDENT OF INDIA: PRSEC/E/2021/16758

1. Hon'ble Shri Ram Nath Kovind, President of India
2. Hon'ble Shri Narendra Modi, Prime Minister of India
3. Hon'ble Shri Amit Shah, Minister of Home Affairs of India

Sub: 1. Immediate direction for implementation of Parliamentary Committee's 72nd Report and recommendations of investigation and prosecution of office bearers of **'toxic philanthropist'** and **Vaccine Syndicate's Bill & Melinda Gates** Foundation and the concerned officials of **Indian Council of Medical Research (ICMR)** responsible for death of 8 female children because of unauthorized, unlawful & unapproved vaccines;

2. Immediate direction to the Central Bureau of Investigation (CBI) for registration of First Information Report (FIR) for investigation and strict action under sections **115, 109, 302, 307, 304, 419, 420, 471, 474, 188, 505, r/w 120 (B) & 34 of IPC** & sections of Disaster Management Act 2005 and other provisions of the special acts against all the anti-national, anti-humanity elements, bio terrorists, 'Pharma Syndicates', 'Tech Syndicates' and 'Tech

Bullies', who are involved in offences against entire humanity which are genocide (Mass Murders) of the citizens, caused by their acts of commission and omission related to Covid-19 pandemic as detailed in the draft charges given in the present complaint.

3. Immediate direction to concerned Authorities;

i) To issue Lookout Notices/Lookout Circulars (LOC) and arrest warrants against the accused whose involvement is ex-facie proved;

ii) To initiate action for attachment of movable and immovable properties of all of the accused and their companies;

iii) To commence custodial interrogation of the accused;

iv) To conduct a Lie –Detector Test, Brain Mapping Test, Narco Analysis test of all the prime accused such as Dr. Soumya Swaminathan, Dr. Randeep Guleria, Mr. Arvind Kejriwal Dr. Tedros Adhanom Ghebreyesus, Dr. Anthony Fauci, Bill Gates, Mark Zuckerberg, Jack Dorsey and others, on the grounds explained in this Representation-cum-Complaint.

4. Immediate direction to all the authorities to;

(i) Seriously consider the American Frontline Doctors (AFLDS) White Paper on Covid-19 and experimental vaccine candidates.

(ii) To not to force anyone for vaccination and strictly abide by the judgment of Hon'ble Supreme Court and various High Courts regarding the fundamental right of each citizen to his/her choice of treatment.

(iii) To inform the public about real dangers of the vaccine.

(iv) To inform the public about other proven, safe and more effective medicines.

(v) To not to spread fear about any further wave without verifying science evidence.

5. Appropriate Direction as per the Report submitted by the Expert Committee to the office of Hon'ble Prime Minister with recommendations to not to administer vaccines on persons who have recovered from Covid-19 infection and have antibodies developed within their bodies.

6. Immediate direction for providing protection to all the Whistle-blowers and their witnesses who have already exposed and continue to expose the Syndicate comprising of BIG PHARMA, BIG TECH and BIG SCIENCE.

7. Direction for constituting separate enquiry committee regarding the timing of sudden waning of panic around the second corona wave in India which was fuelled by incessant reporting in media over shortage of oxygen and this panic and how & why the said hype got vanished after the investigation in 'Tool Kit' was commenced by the Delhi Police.

Ref: 1. Parliamentary Committee's **72nd** Report.

2. Judgment of the Constitution Bench of Supreme Court reported in **Kalpana Mehta Vs. Union of India (2018) 75 SCC 1.**

3. Judgment passed by Supreme Court in **Common Cause Vs. Union of India (2018) 5 SCC 1.**

4. Affidavit filed by State of Goa before Bombay High Court exposing malafides of World Health Organization (referred to as **WHO** hereafter)

5. Notification dated **4th June 2021** issued by State Government of Assam.

Respected Sirs,

1. The present Representation-cum-Complaint is being sent without prejudice to our or anyone's rights to prosecute the accused individually and independently.

2. The present complaint is being subdivided into following parts;

3. The present Representation-cum-Complaint is advanced in line with my solemn constitutional duty towards nation and also towards entire humanity as enshrined under Article 51 A (h) of Constitution of India.

While taking up this noble cause, we are guided by the following principles;

i) *Any problem well stated is a problem half solved.* ***- Charles Kettering***

ii) *Don't find only faults, any fool can do that. Give solutions. It requires wisdom to find solutions than just blaming.* ***-Swami Vivekananda***

iii) *Don't see 'who is Right' see 'what is Right'.* ***-Adv. Nilesh Ojha***

iv) *Evil unchecked means evil tolerated and evil tolerated is evil propagated.*

v) *A stich in time will saves time.*

vi) *'Injustice' anywhere is threat to 'Justice' everywhere.* ***-Martin Luther King***

vii) *When injustice becomes the law, resistance becomes the duty.****- Thomas Jefferson***

viii) *Mercy to the criminal is injustice to the victim.*

xi) *Crime is contagious. If the Government becomes a lawbreaker, it breeds contempt for law; It invites every man to become a law unto himself ; It invites anarchy.* ***-Luis Brandeis***

x) *If you are neutral in situations of injustice, you have chosen the side of the oppressor.* ***-Archbishop Desmond Tutu***

xi) *This world suffered a lot, not because of violence of bad people, but because of silence of good people. -****Napoleon Bonaparte***

xii) *Where you see wrong or inequality or injustice, speak out, because this is your country. This is your democracy. Make it. Protect it. Pass it on.* ***-Thurgood Marshall***

4. The point wise details of all the crucial aspects is given in following paras.

5. POINT NO 1 #:- FINDINGS OF PARLIAMENTARY COMMITTEE ABOUT PREVIOUS OFFENCES OF MURDER THROUGH VACCINES AND IT COVERS UP BY 'TOXIC PHILANTHROPIST' AND 'VACCINE SYNDICATE KINGPIN BILL GATES IN CONSPIRACY WITH OFFICIALS OF INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR).

5.1. That, the 'toxic philanthropist' and 'vaccine Syndicate' Mr. Bill Gates, through his foundation 'Bill & Melinda Gates Foundation' had sponsored a vaccine trial in India by name 'Program for Appropriate Technology in Health (PATH)'. In the said program, they have malafidely, unauthorisedly, illegally and unlawfully conducted trials of HPV vaccines i.e. Human Papilloma Virus (HPV) on female school children in India.

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

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

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

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

5.6. 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.

5.7. 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.

5.8. A copy of **72nd Report of Parliamentary Committee** dated **30.08.2013**.

5.9. That, the important recommendation of the Parliamentary Committee asking for investigation and legal action against Bill Gates and officials of ICMR 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.*
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> ***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.*
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> ***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.*
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> ***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.***
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> ***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.*
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> ***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.*
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> ***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 progammes 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."*

5.10. That, the legal value 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'.

5.11. 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 can be based on above said report.

5.12. 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.

6. POINT NO. 2 #:- RECOMMENDATIONS BY PARLIAMENTARY COMMITTEE FOR INVESTIGATION AGAINST BILL GATES AND OTHER ACCUSED THROUGH PREMIER INVESTIGATION AGENCY I.E. CENTRAL BUREAU OF INVESTIGATION (CBI).

6.1. EIGHTH MEETING (2009-10)

The Committee met at 11.00 A.M. on Tuesday, the 6th April, 2010 in Room No. 139, First Floor, Parliament House Annexe, New Delhi.

6.2. During the course of the meeting, Shrimati Brinda Karat, Member of the Committee raised the issue about the trial of HPV vaccine on the children in Khammam district of Andhra Pradesh and reported deaths of the children therefrom and sought exact status in this regard from the Secretary. The Secretary, Department of Health Research informed the Committee that the Drug Controller General of India had given approval for marketing of HPV vaccine in India as per schedule 'Y' of the Drugs and Cosmetics Act and then a post-marketing surveillance. The Committee was informed that the proposal for trial had come two years back, before the ICMR through PATH, an American NGO. Attention of the Secretary was drawn to DCGI guidelines whereunder third phase trial cannot be conducted on children until a similar trial was conducted on adults. It was admitted by the Secretary that the DCGI guidelines were not adhered to in the present case. The Committee was assured that State Governments of Andhra Pradesh and Gujarat would be asked to get the ongoing clinical trial stopped immediately. Taking serious view of procedural and ethical lapses on the part of the Ministry, the Committee sought the matter of allowing trial of the vaccine as also the approval for its marketing in the country to be enquired into by a premier investigating agency and to take further appropriate action in the matter. It also asked that findings of the investigating agency and the follow-up action taken in this regard may be furnished to the Committee at the earliest.

6.3. 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.

6.4. 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.

6.5. 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.

6.6. 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.**

6.7. 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.

6.8. 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.

6.9. 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.

6.10. 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 progammes 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.

6.11. 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.

6.12. 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.

6.13. 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.**

6.14. 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.

7. POINT NO:- 3 #:- CONFIRMATION OF LEGALITY OF REPORT BY PARLIAMENTARY COMMITTEE BY THE CONSTITUTION BENCH OF THE SUPREME COURT OF INDIA.

7.1. Constitution Bench of the Supreme Court in the case between **Kalpana Mehta Vs. Union of India (2018) 75 SCC 1,** has clarified that the Parliamentary report is admissible in evidence under **Section 74 of Evidence Act.**

7.2. That, as per Section 35 of the Evidence Act and as per law laid down by the Full Bench of Supreme Court in **P.C. Reddiar’s case AIR 1972 SC 608,** the above-mentioned report is sufficient for prima-facie conclusions against the Vaccine Syndicates.

8. POINT NO:- 4 #:- [A] EARLIER ATTEMPT BY ACCUSED WHO OFFICIAL TO DECLARE FALSE PANDEMIC:

[B] THE H1N1 SWINE FLU PANDEMIC WAS "FAKE," AND ITS THREAT TO HUMAN HEALTH WAS HYPED, AND THAT WHO'S POLICIES WERE INFLUENCED BY VACCINE MANUFACTURERS WHO BENEFITED FROM THE PANDEMIC VIRUS.

8.1. Swine flu, Bird flu 'never happened': Probe into H1N1 'false pandemic'

Link:-https://youtu.be/3haectEvDq0

8.2. Dr. BM Hegde has said that H1N1 pandemic was a health scare, a myth created by big Pharma to sell the drug Tamiflu and the H1N1 lab test. He says that the Dr. Auster Hoss who created this pandemic scare for a mere USD 10000 and was known as Dr Flu who was criminally prosecuted and was in jail. He also said that the WHO Chief had connived with the big pharma.

There is indeed a European commission investigation into this, but most of the related news seem to have been removed, except a few official TV news channels.

Refer the article titled "European Parliament to Investigate WHO and **"Pandemic" Scandal by F. William Engdahl"**

https://healthcare-in-europe.com/en/news/european-parliament-to-investigate-who-pandemic-scandal.html

8.3. The Council of Europe member states will launch an inquiry in January 2010 on the influence of the pharmaceutical companies on the global swine flu campaign, focusing especially on extent of the pharma's industry's influence on WHO. The Health Committee of the EU Parliament has unanimously passed a resolution calling for the inquiry.

8.4. The step is a long overdue move to public transparency of a "Golden Triangle" of drug corruption between the WHO, the Pharma industry and academic scientists that has permanently damaged the lives of millions and even caused deaths.

8.5. The parliament motion was introduced by Dr. Wolfgang Wodarg, former SPD Member of the German Bundestag and now chairman of the Health Committee of PACE (Parliamentary Assembly of the Council of Europe). Dr. Wodarg is a medical doctor and epidemiologist, a specialist in lung disease and environmental medicine, who considers the current "pandemic" Swine Flu campaign of the WHO to be "one of the greatest medicine scandals of the Century."1][1]

8.6. The text of the resolution just passed by a sufficient number in the Council of Europe Parliament says among other things, "In order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies, responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines. The "bird-flu" campaign (2005/06) combined with the "swine-flu" campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies."

8.7. The Parliamentary inquiry will look into the issue of "false pandemic" that was declared by WHO in June 2009 on the advice of its group of academic experts, SAGE, many of these members have been documented to have intense financial ties to the same pharmaceutical giants such as GlaxoSmithKline, Roche, Novartis, who benefit from the production of drugs and untested H1N1 vaccines. They will investigate the influence of the pharma industry in creation of a worldwide campaign against the so-called H5N1 "Avian Flu" and H1N1 Swine Flu. The inquiry will be given "urgent" priority in the general assembly of the parliament.

8.8. In his official statement to the Committee, Dr. Wodarg criticized the influence of the pharma industry on scientists and officials of WHO, stating that it has led to the situation where "unnecessarily millions of healthy people are exposed to the risk of poorly tested vaccines," and that, for a flu strain that is "vastly less harmful" than all previous flu epidemics.

8.9. Wodarg says the role of the WHO and its pandemic emergency declaration in June needs to be the special focus of the European Parliamentary inquiry. For the first time, the WHO criteria for a pandemic was changed in April 2009 as the first Mexico cases were reported, to consider not the number of cases of the disease and not the actual risk of a disease, as the basis to declare "Pandemic." By classifying the swine flu as pandemic, nations were compelled to implement pandemic plans and also the purchase swine flu vaccines. Because WHO is not subject to any parliamentary control, Wodarg argues it is necessary for governments to insist on accountability. The inquiry will also to look at the role of the two critical agencies in Germany issuing guidelines on the pandemic, the Paul-Ehrlich and the Robert-Koch Institute.

8.10. William Engdahl is author of Full Spectrum Dominance: Totalitarian Democracy in the New World Order.

He may be contacted through his website www.engdahl.oilgeopolitics.net

8.11. William Engdahl is a frequent contributor to Global Research (Global Research Articles by F. William Engdahl)

Link: https://www.globalresearch.ca/author/f-william-engdahl

8-B-1. The H1N1 swine flu pandemic was "fake," and its threat to human health was hyped, and that WHO's policies were influenced by vaccine manufacturers who benefited from the pandemic virus.

Ray Moynihan who is *an award-winning health journalist, author, documentary-maker and academic researcher in his opinion titled as* **" Was the swine flu a fake pandemic? " has explained the frauds of WHO in a dignified language.** The Council of Europe report found "overwhelming evidence that the seriousness of the pandemic was vastly overrated". WHO rapidly moved towards declaring "pandemic level 6" in June, 2009, when swine flu presented "relatively mild symptoms". The declaration of the pandemic was only made possible by "changing the definition" and by "lowering the threshold for its

declaration." "pharmaceutical companies had a strong vested interest in the declaration of a pandemic" The membership list of the WHO's 16-member "Emergency Committee", instrumental in declaring the pandemic, remains secret - a lack of transparency strongly attacked by the report.

British Medical Journal, (*BMJ*) published its own journalistic investigation, revealing that specialists with financial links to the drug industry were intimately involved in WHO pre-pandemic planning. For example, the WHO guidance for anti-viral medicines, including Roche's Tamiflu, "was authored by an influenza expert who at the same time was receiving payments from Roche."

https://www.abc.net.au/news/2010-06-11/34926

The article reads thus;

> *" It's a year since the World Health Organization (WHO) officially declared a global pandemic of swine flu, triggering health emergencies across the planet.*
>
> *But instead of accolades, the WHO and authorities everywhere are facing an avalanche of disturbing questions about the handling of the swine flu, and the influence of vested interests.*
>
> *To put the key question most crudely: was the world wrongly persuaded to believe it was in the grip of a ghastly and severe pandemic by decision-making bodies unduly influenced by pharmaceutical companies hoping to sell billions of dollars worth of vaccines and anti-viral drugs?*
>
> *A report just out from the Council of Europe has come to some devastating conclusions. The declaration of a pandemic lead to a "waste of huge sums of public money", a "distortion of priorities" in public health services, the "provocation of unjustified fear" and the "creation of health risks through vaccines and medications" that may not have been sufficiently tested.*
>
> *Clearly any untimely death is a tragedy, but from early on it looked like H1N1 was a relatively moderate strain of influenza, though it could be unusually harmful for certain groups. And the global death toll is in the thousands not the predicted millions. But governments in many places have been left with contracts for millions of doses of vaccines now going to waste.*
>
> *A series of investigations have been launched into how authorities handled swine flu, with the damming Council of Europe report one of the first completed. It originated from a motion tabled in the 47 nation Parliamentary Assembly titled, "Faked pandemics- a threat for health."*
>
> *It identifies three key problems: first, WHO's excessive response and pandemic declaration; second, excessive secrecy surrounding decision-making; and third, the possibility of undue influence by drug companies through financial ties to key decision-makers.*
>
> *The report explains that the WHO description of the definition of a "pandemic" was actually changed in May 2009, after the first cases of swine flu were reported. The change seems to have removed the requirement that a virus's impact be severe, before a pandemic was declared.*
>
> *The report cites concerns within the scientific community that the WHO rapidly moved towards declaring "pandemic level 6" in June, 2009, when swine flu presented "relatively mild symptoms". It went on to state that the declaration of the pandemic was only made possible by "changing the definition" and by "lowering the threshold for its declaration."*
>
> *But it was this all-important declaration which triggered pre-pandemic planning that would prove highly lucrative to industry: "pharmaceutical companies had a strong vested interest in the declaration of a pandemic" the report states.*
>
> *At the same time, the membership list of the WHO's 16-member "Emergency Committee", instrumental in declaring the pandemic, remains secret - a lack of transparency strongly attacked by the report.*
>
> *Last week the British Medical Journal, (BMJ) published its own journalistic investigation, revealing that specialists with financial links to the drug industry were intimately involved in WHO pre-pandemic planning. For example, the WHO guidance for anti-viral medicines, including Roche's Tamiflu, "was authored by an influenza expert who at the same time was receiving payments from Roche." BMJ also exposed the identities of three members of the secret "Emergency Committee", including one with financial ties to the pharmaceutical industry.*
>
> *As part of the call for a major clean-up, both the BMJ and the Council of Europe want health decision-making bodies to be entirely free of members with financial ties to drug makers.*

Chairman of Australia's Influenza Specialist Group (ISG) Alan Hampson, says such a reform is "unnecessary", and "unachievable", because so many experts have ties to drug-makers. As an example, the ISG is 100 percent funded by drug and device companies, yet chair Alan Hampson says he sits on a number of committees offering advice to the Australian government, including on swine flu.

The WHO strongly rejects that decisions were unduly influenced, though it has commenced a high-level external investigation. Even Australia has a review, though not an external public inquiry.

The Council of Europe report found "overwhelming evidence that the seriousness of the pandemic was vastly overrated" at the outset. Indeed, very early on there was a private view among elites that even if swine flu wasn't so serious, it was a good test run. ***The exercise has certainly proved lucrative to industry, but at what cost to the credibility of agencies supposed to be protecting public health, not promoting private wealth.****"*

8-B-2. WHO's chief accuser of late is Wolfgang Wodarg (pictured above left), a German physician and former member of the German Parliament for the Social Democratic Party, who has called the pandemic a "fake"—because the virus isn't very different from existing strains—and who has suggested that big pharma coaxed WHO into declaring a pandemic so that it could produce and sell vaccine. "WHO in cooperation with some big pharmaceutical companies and their re-defined pandemics and lowered the alarm-threshold," Wodarg says in a **statement** on his Web site.

Wodarg-whose **resume** says he studied medicine in Berlin and Hamburg and was trained in epidemiology at Johns Hopkins University—is also a member of the Parliamentary Assembly of the Council of Europe, and on 18 December he and other members of that group's Social, Health and Family Affairs Committee signed a **motion** that bluntly stated:

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

The pandemic definition was changed to hasten the declaration of a pandemic on its Web site, the Parliamentary Assembly also announces that the topic of "Fake pandemics, a threat to health" will become a prominent discussion topic during its **winter session**, held from 25–29 January in Strasbourg, France. During a closed-door session on 26 January, members will hear WHO representatives, the pharmaceutical industry, and experts, according to the Web site, but the scope of the inquiry is as yet unclear.

In an **interview** with the French communist magazine *l'Humanité* (**English translation**), Wodarg says he also wants to study the role of scientific organizations like the French Pasteur Institute or the Robert Koch Institute in Germany, which he says should have advised their governments more critically about the decision to purchase vaccines. "In some countries, the institutes did just that," he says. "In Finland or Poland, for example, critical voices were raised to say: "We don't need that."

Link: https://www.sciencemag.org/news/2010/01/facing-inquiry-who-strikes-back-fake-pandemic-swine-flu-criticism

8.1.A POINT NO: - 4-A #: THE AMERICAN FRONTLINE DOCTORS WHITE PAPPER ON COVID-19 EXPERIMENTAL VACCINE CANDIDATES.

8.1.A.1. That in the abovesaid report/paper/compilation the said group of Doctors have in a very scientific, logical and legal way has explained the frauds of vaccine and pharma syndicate and also alerted about death risking consequences of use of **'Experimental Vaccines'.**

8.1.A.2. It is one of the best compilations of scientific data and best of its presentation for the betterment of entire mankind.

A copy of the said document is at Link:- https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/SMDwhitepaper.pdf

8.1.A.3. So unless the said issues are countered by the scientific data (which is impossible), the vaccination needs to be immediately stopped. Otherwise every loss of life will be intentional and deliberate.

8.1.A.4. This is not the question of only Indians but the question of entire humanity and we must stand for it.

8.1.A.5. Few excerpts from the report are reproduced below;

"***Is the vaccine safe?*** *Vaccine safety requires proper animal trials and peer-reviewed data, neither of which has occurred during operation warp speed. This is especially concerning considering the fatal failure of prior coronavirus vaccine attempts such as SARS-CoV-1, the virus that is 78% identical to SARS-CoV-2 (COVID-19). Prior coronavirus (and other respiratory) vaccines have failed due to the scientific phenomena known as pathogenic priming that makes the vaccine recipient* ***more*** *likely to suffer a sudden fatal outcome due to massive cytokine storm when exposed to the wild virus. In addition to pathogenic priming there are three other potential safety issues that are being*

minimized. While we are hopeful that the vaccine is both effective and safe, hope is not science. Because these experimental vaccines have ***not*** *been tested in accordance with the usual standards, we have serious concerns about safety.*

Is AFLDS suggesting that the COVID vaccine is unsafe? No. *We are saying that by definition it is unsafe to widely distribute an experimental vaccine, because taking a vaccine is completely different than taking an ordinary medication. In contrast to taking a medication for an actual disease, the person who takes a vaccine is typically completely healthy and would continue to be healthy without the vaccine. As the first rule of the Hippocratic Oath is: do no harm, vaccine safety must be guaranteed. That has not yet happened. More studies of the vaccine's safety and efficacy should be conducted and published, and more transparency about possible risks provided to the public before Americans enter the largest experimental medication program in our history.*

Is AFLDS arguing that the COVID vaccine is ineffective? *After it has been proved safe, the vaccine might be demonstrated to be effective in COVID-19 in certain categories, although we do not know that yet with a high degree of confidence. That is because the only group that really may benefit is the advanced elderly, and there is very limited data on efficacy and almost none on safety in this group. For healthy persons ≤ 69, it is impossible to state that a vaccine is effective simply because the lethality of the virus itself is virtually nonexistent.* ***See pg. 13.***

Following its re-branding as COVID-19, the disinformation regarding the pandemic continued in many other areas. Most notable was selling the lie to the American and European people that hydroxychloroquine is an unsafe medication. This incredibly safe medication, which halts SARS-Co-V-2, was rebranded as unsafe in 2020. This disinformation campaign largely succeeded – until America's Frontline Doctors came forward. We revealed four levels of censorship regarding HCQ safety: the scientists, the media, Big Tech, and the government itself.

The Scientists: ***The two most famous medical journals in the world were caught red-handed publishing fraud****. The sheer number and magnitude of the things that went wrong or missing in their 1 studies were too enormous to attribute to mere incompetence. The data upon which these studies were based were so ridiculously erroneous that it only took two weeks for an eagle-eyed physician to publicly demand an explanation.In pursuing a fraudulent 2 headline maligning HCQ, the third most famous medical journal in the world, Journal of the American Medical Association (JAMA), literally printed evidence of a crime. 3 4*

Big Tech Censorship: Physician writings that explained the safety of HCQ were disappeared from the internet without a trace. 10

The reasons for the lies exceed the scope of this paper, but it is impossible to discuss any COVID-19 medications without understanding that there would be no inter/national discussion on other treatments or vaccines, if all people hadn't been massively lied to that a cheap, safe drug was unsafe.

II. COVID-19 Medical Myths: Low Infection Fatality Ratio (IFR) *The most enduring myth regarding COVID-19 is that this is a highly lethal infection. It is not. The data is unequivocal: • COVID-19 kills very rarely and is mostly limited to the medically fragile • COVID-19 is less deadly than influenza in children • COVID-19 is similar lethality in the middle adult years and treatable*

When talking about the risk/benefit ratio of any treatment we must consider the Infection Fatality Ratio or IFR. The IFR for COVID-19 varies dramatically by age, from a low of 0.003% for Americans under age 19 to as high as 5.4% for those 70 years of age and above.That is an 19 1800x risk difference based upon age! It is quite clear that young people are at a statistically insignificant risk of death from COVID-19. Nearly 80% of all coronavirus-related deaths in the US through November 28, 2020 have occurred in adults 65 years of age and older and only 6% of the deaths had COVID-19 as the only cause mentioned. On average, there were 2.6 additional conditions or causes per death. 20

Safety Concerns Regarding the Experimental COVID-19 Vaccines 1. Brand New Technology. *No vaccine based on messenger RNA has ever been approved for any disease, or even entered final-stage trials until now, so there's no peer-reviewed published human data to compare how mRNA stacks up against older technologies. How well mRNA 24 vaccines will actually prevent COVID-19 remains unknown. This new technology is less stable than older technologies, for example, requiring deep freezing temperatures up to negative 70 degrees Celsius for Pfizer's vaccine. This differs from other vaccines that are typically kept in ordinary refrigerators. Recently a vaccine candidate had to be halted because test subjects has 'false positive' HIV test results – in other words, unexpected things must be expected with brand new experimental technology.*

2. Failure of Previous Coronavirus Vaccines.

Despite trying for decades, scientists have never been able to create a successful coronavirus vaccine. Whenever they think they have, the experimental coronavirus vaccine has failed and animals who got the experimental vaccine died. 26

3. No Independently Published Animal Studies.

Most other previous vaccines have performed and published results on animal studies prior to giving to humans. This is critical because deadly effects are often not seen until this

step. Vaccines that have been given to humans prior to animal trials have frequently resulted in deaths that caused the governments to yank the vaccines. Most scientists believe that human death is inevitable if there are no prior peer-reviewed animal studies. 27

4. Known Complications.

One of the known complications of vaccines is something called immune enhancement. One type of immune enhancement is known as Antibody Dependent Enhancement (ADE). This is a process where a virus leverages antibodies to aid infection. In short, the anti-COVID antibodies, stimulated by a vaccine, amplify the infection rather than prevent its damage. This paradoxical reaction has been seen repeatedly in other vaccines and animal development trials especially with coronavirus vaccine trials. 28 Other known complications of vaccines include neurological diseases such as transverse myelitis, Bells' Palsy multiple sclerosis, autism, and Guillain-Barre. For example, in 1976 the government attempted a mass vaccination of the population with a newly created Swine Flu vaccine. The vaccination program was aborted after about 450 people came down with Guillain Barre. The extremely limited COVID-19 vaccine data already has at least two transverse myelitis cases and four Bell's Palsy cases that may be linked to vaccination.

This same thing happened in the 1960's with Respiratory Syncytial Virus (RSV) – they also skipped the animal studies and gave the vaccine to 35 children and initially it looked like it worked well. But when those children were exposed to the wild virus, they got much sicker and then two of the kids died, which became a scandal. RSV typically is mild in children – whereas vaccinating children for it led to death. 39

The original SARS-CoV, a coronavirus 78% similar to the current SARS-CoV-2 causing COVID-19, caused an epidemic in 2003. Scientists attempted to create a vaccine. Initially it appeared promising, but ultimately it was abandoned because although the mice tolerated the vaccine and produced antibodies, when the mice were exposed to the actual virus in the wild, they died due to what we would think of as sudden severe cytokine storm. 41

If these experimental coronavirus vaccines cause an ADE reaction and millions and millions of Americans have taken this vaccine, instead of a 99.98% cure rate for COVID-19 we could face a 20-30% death rate when all these millions of Americans are exposed to COVID-19 in the wild. 47

Lastly, there are already known severe and unique problems with prior attempted coronavirus vaccines. The reason there are no upper respiratory coronavirus vaccines is because the risk/ benefit ratio has never been overcome. The vaccine can cause pathogenic priming, increasing lethal whereas the virus itself is often transient and nonlethal. Dr. Hotez, strong vaccine advocate and scientist, testified at the House Science Committee Hearing that these type of vaccines caused worse outcomes including death in children. One animal study of original SARS vaccine showed hypersensitivity to the SARS components "Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated. Previous coronavirus vaccine projects 52 triggered immune responses so strong that the test animals died, and the vaccine trials were halted. 53

VIII. COVID-19 Experimental Vaccines & Other Unknown or New Problems *Frontline physicians have a very healthy respect for what is unknown. With these new experimental vaccines more is unknown than known, so this section is by definition, incomplete. But we already have suggestions of where serious problems will arise, based upon early data and mechanism of action. There is evidence to support that the vaccine could cause permanent auto-immune rejection of the placenta.*

Many scientists already agree the risk is much too high to release these experimental vaccines to the public at large. On December 1, 2020, the ex-Pfizer head of respiratory research Dr. Michael Yeadon and the lung specialist and former head of the public health department Dr. Wolfgang Wodarg filed an application with the European Medicine Agency responsible for European approval, for the immediate suspension of all SARS CoV-2 vaccine studies, in particular the BioNtech/Pfizer study on BNT162b.One of the biggest 61 62 reasons they cited was the possibility of lifelong infertility as described above and copied here.

Pharmaceutical companies are now worth $1.3 trillion." They are 2.5x Big Tobacco which is 64 $500 billion/yearand nearly 100x the NFL. Over the past twenty years, pharmaceutical 65 companies have spent $4 billion to lobby Congress which is more than aerospace, defense and oil/gas industries combined. 66 While not alleging any negative purposeful intent, it is obvious that a company that does not have to be sure its products are safe will never be as careful as a company that cannot afford such mistakes. When there is a rush, as this unprecedented situation has revealed, all sorts of corners have been cut, including long-term studies and animal studies. And the very foundational question of even needing a vaccine has been pushed to the side, in large part due to the very exciting profit anticipated by the pharmaceutical companies. ***If things were not so rushed and financially incentivized, doctors and scientists would have noticed that a coronavirus vaccine is likely neither desirable nor safe and effective, given its low lethality, history of ADE and prior lethal result of coronavirus vaccines.***

XII. AFLDS Recommendations Regarding COVID-19 Experimental Vaccines

Prohibited *for the young,* ***Discouraged*** *for the healthy middle-aged and* ***Optional*** *for the co-morbid and elderly. There is no evidence that vaccines should be racially prioritized.*

a. 0-20: ***prohibited*** *(exceedingly low risk from COVID, unknown risk of auto-immune disease, unknown risk of pathogenic priming, risk of lifelong infertility)*

b. 20-50 healthy: ***strongly discouraged*** *(exceedingly low risk from COVID, unknown risk of auto-immune disease, unknown risk of pathogenic priming, risk of lifelong infertility)*

c. 50-69 & healthy: ***strongly discouraged*** *(low risk from COVID, unknown risk of auto-immune disease, unknown risk of pathogenic priming, unknown effect on placenta and spermatogenesis)s*

d. 50-69 & co-morbid: ***discouraged*** *(experimental vaccine is higher risk than early or prophylactic treatment with established medications)*

e. >70 & healthy: ***personal risk assessment*** *(experimental vaccine is higher risk than early or prophylactic treatment with established medications)*

f. >70 & co-morbid: ***personal risk assessment & advocacy access*** *(experimental vaccine early or prophylactic treatment with established medications)*

In medicine, the guiding principle is "First, do no harm." Widely distributing a COVID-19 experimental vaccine before adequately addressing and clinically evaluating the above concerns is reckless. This is especially true in adults under 50 years old who have an infection survival rate of about 99.98%, and even lower in those without high-risk comorbidities. While "first, do no harm" may not be a guiding principle for politicians or health authorities, it still resides in the forefront of the minds of frontline physicians.

The warp speed progress in vaccine development should be praised. This should not be confused, however, with readiness to distribute a vaccine to hundreds of millions persons globally. EUAs, for vaccines does not obviate the need to make good decisions for patients. Because the IFR (infection fatality ratio) is exceedingly low for younger persons and because the vaccine is experimental with so many known and unknown risks including neurologic disorders, auto-immune disorders, high concern for antibody-dependent enhancement and infertility concerns., America's Frontline Doctors' holds that it is unethical to advocate for the vaccine to persons under 50. The risk and safety evidence based upon trials cannot be justified in younger persons. It is therefore prohibited. If pharmaceutical companies, private businesses or the government mandate or coerce persons to comply with unethical policies for which there is substantial evidence of likely harm, and indeed a person is harmed, that person's grievances must be adjudicated in light of the future defendant's knowingly willful misconduct and AFLDS will do everything within its power to assist such plaintiffs. While we sincerely hope this will never be the case, and we are taking all measures to reduce that possibility, should that unfortunate situation come to pass, we expect to assist hundreds of thousands of patients in class action lawsuits.

Vaccination must always be an informed decision between a doctor and his/her patient that takes into consideration a plurality of risk factors including patient age, comorbidities and exposure risks. Every patient is unique both in mind and body. It is in the sacrosanct relationship between a patient and doctor that these differences are explored, not by a politician or remote health authority that will never face a patient or grieving family member to report bad news from a medical intervention."

9. POINT NO: - 5 #: - CHRONOLOGY OF OFFENCES COMMITTED BY ACCUSED AS PER THEIR CONSPIRACY TO COMMIT MASS MURDERS I.E. GENOCIDE FOR CREATING MARKET FOR UNAPPROVED VACCINES BY ACCUSED BILL AND MELINDA GATES FOUNDATION AND OTHER VACCINE SYNDICATES.

9.1. The Pharma Syndicates and vaccine manufactures hatched a conspiracy to gain an assured, ever growing customer base by creating a situation of corona pandemic which would scare the people to the hilt and this fear and panic amongst the masses would set the tone for introduction of a vaccine which would be touted as the 'only' panacea to combat COVID-19. Thus, pharma companies would cash in on the widespread fear to achieve their ulterior purpose of gaining a fixed market for their vaccines.

9.2. AS A PART OF SAID CONSPIRACY FOLLOWING STEPS WERE TAKEN;

i) The toolkits, narratives and conspiracy theories were created.

ii) Work assigned to co-accused for managing Main Stream Media (MSM), Social Media, Scientists, Physicians, Experts, Heads of the States, Bureaucrats, Government's Health Departments

iii) By involving media, scientists and others in the conspiracy, the Syndicate managed to lend credibility amongst the masses by constantly hammering messages and news around the mounting number of corona positive patients and the deaths. The obvious result was that people believed what they watched on MSM and talks of scientists/physicians and fell prey to the fear mongering agenda of the Syndicate. The prolonged lockdowns resulted in strained finances due to loss of their livelihoods of many people. Several people were left to die only to create extreme panic and fear. This was done in order to create a convincing and conducive situation to apply for **Emergency Use Authorization** (EUA) for vaccines, trials of which are still in progress and results are not yet available. Thus, there is inadequate data regarding safety, efficacy and side effects of vaccines.

iv) However honest Allopathy, Ayurvedic doctors, Naturopathists have successfully treated the patients from Covid-19 and they have data of millions of patients. Honest scientists have given their genuine and correct opinions on the subject. [Please see **Annexure- R-1**.]

v) During this period the most effective, safe, affordable and easily available allopathic drug which has proved to be an effective early treatment drug is **'Ivermectin'**. The relevant scientific data and practical results including the testimony on oath in US Senate of Dr. Pierre Kory of FLCCC and experiences shared by several other doctors is at **Annexure-R-2**.

vi) The said data was helpful for all the mankind and for the welfare of the common man. But the same was disadvantageous to the vested interests of vaccine companies. Therefore the accused managed to underplay, hide and defame the said results with the help of new narratives-conspiracy theories.

The best examples can be seen from the guidelines of YouTube called **'Covid-19 medical misinformation policy'** which has following specific points;

> ***"COVID-19 medical misinformation policy***
>
> ***What this policy means for you***
>
> ***If you're posting content*** *Don't post content on YouTube if it includes any of the following:*
>
> ***Treatment misinformation****:*
>
> - *Content that recommends use of Ivermectin or Hydroxychloroquine for the treatment of COVID-19*
> - *Claims that Ivermectin or Hydroxychloroquine are effective treatments for COVID-19*
>
> ***Prevention misinformation****: Content that promotes prevention methods that contradict local health authorities or WHO.*
>
> - *Content that recommends use of Ivermectin or Hydroxychloroquine for the prevention of COVID-19*
> - *Claims that COVID-19 vaccines do not reduce risk of contracting COVID-19*
>
> ***Examples***
>
> *Here are some examples of content that's not allowed on YouTube:*
>
> - *Claims that hydroxychloroquine saves people from COVID-19"*

vii) The malafides of accused officials of **World Health Organization** (WHO) and others are writ large as can be seen from the very fact that while there were very limited, proven medicines and uncertainty over sufficiency of vaccines, then their vehement opposition to 'Ivermectin' which is proven to be an effective drug in prevention and treatment of COVID-19, is itself a sufficient reason to hold that said act was for furthering the interests of Vaccine Syndicate and letting people die so that Governments might permit the vaccines under **Emergency Use Authorization (EUA)**, even when there were no sufficient studies regarding the safety and efficacy of vaccines.

viii) The above guidelines of YouTube are against the authentic, scientific data provided by the scientists and experts and the same is accepted by Government of India and has proven to be effective. This implies that the YouTube guidelines are a part of conspiracy of accused.

ix) The conspiracy came into the light recently when the leaked emails of accused Dr. Anthony Fauci revealed his connection with Mark Zuckerberg – who owns Facebook, Whatsapp and Instagram. A detailed investigation and their Narco Analysis Test would bring the whole truth to the surface.

x) Evidences proved that, the media hype around the second wave was a part of their sinister plan as can be seen clearly from the very facts that the **three year old pictures of dead bodies in river Ganga in the State of Uttar Pradesh were circulated in MSM and social media.**

xi) The conspirators, who controlled the media, targeted and defamed select State Governments in India and spread misinformation to create fear, anxiety, hatred in the minds of common public against the Ruling party in Central Government of India and few Chief Ministers of the States

xii) In furtherance of said conspiracy the Accused Dr. Fauci of USA has provided unsolicited and his ill-advice to India. The same was given publicity by MSM. His interviews were arranged by the:

i) The Hindu and ii) NDTV

Both the media houses are known for their agenda against the present government at the Centre.

These media houses depicted a sad, miserable picture of India was across the world despite the fact that India was doing much better than any other country, particularly better than America where Dr. Faucci was in charge.

xiii) It seems that, the entire exercise was done only because Central Government of India has allowed the use of 'Ivermectin' and therefore the interest of vaccine Syndicate were hurt and they wanted to defame, overshadow the effectiveness of said effective medicine so as to create market for their harmful vaccines to fulfil their future plans.

xiv) As a part of said conspiracy, accused Dr. Soumya Swaminathan, without any proofs, gave a statement that in India Covid deaths are under-reported. The conspiracy can be easily proved from the very fact that all these narratives including urgency of oxygen and its propaganda disappeared from media news channels and newspapers when on 25.05.2021 Police started investigation in the **'Toolkit'** as exposed by Mr. Sambit Patra, Spokesperson of BJP. Police went to the office of the twitter at Delhi and served notice asking information.

Following news article's excerpts are sufficient to explain the issue of **ToolKit**

> ***The Economic Times***
>
> ***Dt. 25.05.2021***
>
> *On Monday, the Delhi Police's Special Cell sent a notice to Twitter India in connection with the probe into a complaint about the alleged "COVID toolkit", asking it to share information based on which it had classified a related tweet by BJP spokesperson SambitPatra as "manipulated media", officials had said.*
>
> *The BJP has accused the Congress of creating a "toolkit" on how to tarnish the image of the country and Prime Minister Narendra Modi over the handling of the COVID-19 pandemic. However, the Congress has denied the allegation and claimed that the BJP is propagating a fake "toolkit" to defame it.*
>
> *Last week, Twitter labelled as "manipulated media" a tweet by Patra on the alleged "toolkit". Twitter says it "may label Tweets that include media (videos, audio, and images) that have been deceptively altered or fabricated".*
>
> *Biswal said the Delhi Police is inquiring into a complaint in the toolkit matter.*
>
> *"It appears that Twitter has some information which is not known to us and on the basis of which they have classified it (Patra's tweet) as such. This information is relevant to the inquiry. The Special Cell, which is conducting the inquiry, wants to find out the truth. Twitter, which has claimed to know the underlying truth, should clarify," he said.*
>
> *The government had earlier asked Twitter to remove the "manipulated media" tag as the matter is pending before law enforcement agency, and made it clear that the social media platform cannot pass judgment when the issue is under investigation.*
>
> *BJP leaders, including Patra, have posted numerous tweets to attack the Congress over the purported "toolkit".*

Read more at:

> **Link:** https://economictimes.indiatimes.com/news/politics-and-nation/two-congre ss-leaders-get-delhi-police-notices-to-join-probe-in-covid-toolkit-case/articleshow /82937577.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

xv) Recent interim report by the Supreme Court audit team is said to have pointed out that, Delhi Government exaggerated the City's oxygen needs by four times during the peak of the second wave.

Link:-https://www.thehindu.com/news/national/delhi-govt-exaggerated-oxygen-needs-by-4-times-during-second-wave-peak-report/article34962693.ece

If it is true, then there is also a need for Narco Analysis & Lie Detector Test of Shri Arvind Kejriwal & concerned accused officials of Delhi Government to find out the connection between Vaccine Syndicates.

xvi) The accused came in direct opposition to State Government of Goa, India after **9th May, 2021** when State Government of Goa declared that in order to prevent Covid-19 they will use Ivermectin for prophylactic purpose. In Goa also BJP party is in power.

xvii) On **9thMay, 2021**, the State Government of Goa announced the use of 'Ivermectin' for treatment of Covid-19.

On the very next day i.e. on **10thMay, 2021** accused Dr. Soumya Swaminathan tweeted as under;

> ***"****Safety and efficacy are important when using any drug for a new indication.* ***@WHO recommends against the use of Ivermectin for #COVID19*** *except within clinical trials https://t.co/dSb DiW5tCW*
>
> *- Soumya Swaminathan (@doctorsoumya) May 10, 2021****"***

xviii) Indian Bar Association has issued a Legal notice dated **25.05.2021. The** accused Dr. Soumya Swaminathan, having perceived adverse atmosphere, **deleted the said tweet as she had no scientific and legally admissible data to prove her stand.**

xix) Each time and particularly from following specific instances, it is sufficiently proved that the accused more particularly Dr. Soumya Swaminathan does not possess any authentic and scientific evidences;

i) When the earlier Notice was served on her on 25.05.2021, she has neither replied to the notice nor has she approached any court of law against us. On the contrary, she chose to delete the controversial tweet advising against the use of Ivermectin for COVID-19;

ii) When the Health Secretary of the State Government of Goa relying on affidavit of Under Secretary of Union of India made their submission on oath before Hon'ble High Court, with specific allegations against WHO that there are reports which have ***observed that the analysis by WHO on this medicine (IVERMECTIN) is flawed and that the mortality rate is actually much lower if the said medicine is used for early treatment as well as prophylaxis,*** neither of the accused chose to produce any proof to counter the said report. As a result, Hon'ble High Court has refused to accept the advisory of WHO.

iii) When All India Institute of Medical Science (AIIMS) had published a statement on 24.05.2021 that there is no evidence to predict the third wave and its effect on children, she did not give any **"Evidence"** in support of her statement dated 25.05.2021 which was contrary to the said statement of AIIMS.

After she was served with legal notice on 25.05.2021, by Indian Bar Association, she feared of being exposed and being summoned in Court of Law and therefore she took a U turn and stated that there is no sufficient evidence to suggest that children would be affected in the third wave.

Same stand is taken by the co-accused Tedros in his tweet dated 10thJudne 2021.

xx) The agenda of misinformation by accused is also exposed in the statement published in Press Bureau of India on June 8, 2021

"It is a piece of misinformation that subsequent waves of the COVID-19 pandemic are going to cause severe illness in children. There is no data - either from India or globally - to show that children will be seriously infected in subsequent waves."

xxi) Dr. Sanjeev Ray the Chief of Research Team of Covaxin in his interview dated **12th June 2021**, given to **Navbharat Times** express his views on the basis of scientific evidence and accused such person (Dr. Soumya Swaminathan & Ors.) that they are having vested interests behind such agenda. **[Annexure-R-3]**

Link:-https://epaper.navbharattimes.com/imageview_37204_24504_4_16_12-06-2021_6_i_1_sf.html

xxii) So it is crystal clear that accused do not have scientific evidence except jugglery of words and they are intellectually dishonest people who are playing with the lives and livelihood of the common people across the world.

xxiii) The conspiracy regarding other safe drug Hydroxychloquine is exposed by American Frontline Doctors **(AFLD)** in their White Paper: Covid-19, Experimental Vaccine candidates?

Link:-https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/SMDwhitepaper.pdf

xxiv) Experts Report on non-requirement of vaccines to the person who developed antibodies due to their body contact with Covid-19 ex-facie proved the false narratives of Vaccine Syndicate, in collaboration with WHO Director-General Dr. Tedros, Chief Medical Advisor to the President of USA Dr. Anthony Faucci etc.

xxv) That, the authentic and huge data of cure from Covid-19 with the help of scientifically proved therapies of Naturopathy and Ayurvadic as claimed by Dr. Biswaroop Roy Chowdhury and Baba Ramdev was suppressed, neglected, defamed with the help of false narratives without any scientific reason to counter it. The officials of WHO and some government officials, media houses joined the conspiracy and they are liable for severe punishment as that of main accused.

xxvi) All the persons advocating the mass vaccinations by suppressing the above-mentioned scientific data and running narratives to help the vaccine Syndicate needs to be interrogated and the guilty needs to be punished.

xxvii) After publishing of above report, the accused came with new narrative that one dose of vaccine Covishield is sufficient for such person.

Link:- https://www.indiatoday.in/coronavirus-outbreak/story/single-dose-of-vaccine-sufficient-covid-recovered-patients-study-1814668-2021-06-14

xxviii) The other managements of conspirators in media, doctors and bureaucracy to amend the policies/rules to not to report the death caused due to side effects of vaccines and also to not to report the in effectiveness of the vaccines as there were severe deaths even after taking two doses of vaccines is ex-facie clear from the following data;

xxix) CONCEALMENT AND SUPPRESSION OF DEATH BY VACCINES:- There have been thousands of cases of deaths and serious adverse 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.

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

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

xx) 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 R-4**

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***
4th to 7th day	***18***	***15***
8th to 28th 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 asprin 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."*

xxi) 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 **09.04.2021**, 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 TheWire Science has seen, the ministry has ascertained the type of AEFI for492 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

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

xxiii) 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

xxiv) Despite such reporting mechanism, the reporting of serious adverse events remainsgrossly 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

xxv) 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.

xxvi) Please read the article titled as **'Death By Vaccine – The Greatest Scandal of 21st Century'.**
Link:-https://greatgameindia.com/death-by-vaccine-scandal/amp/?__twitter_impression=true&s=09

xxvii) The Pharma Syndicate and more particularly the vaccine manufacturer's GAVI etc. were never interested to serve humanity. They are not doing the business with honest and ethical spirit. Their only agenda was to hijack the common sense of the people and make money which will be at the cost of lifes of people. They are guilty of genocide i.e. mass murders with cool mind and taking help of science media and corrupt bureaucrats, political leaders etc.

xxviii) None of the vaccine manufacturers are found to be honest to humanity and to their respective nations. Their additional dishonesty can be seen from the very fact that they neither informed the world as to what is their formula to treat the people nor agreed for patent waiver.

On the contrary they tried to make their business prosper at the cost of deaths of common people and taking bread and butter of majority of peoples across the world.

xxix) DUTY AND OBLIGATIONS OF STATE MACHINERY TO PROSECUTE ACCUSED:

That it is obligation of the State to prosecute the offenders of humanity.

[Neeharika Infrastructure Pvt. Ltd. Vs. State 2021 SCC OnLine SC 315]

So, without wasting a moment, it is just and necessary that all the criminals, who are offenders against entire humanity should be booked.

xxx) NEEDS TO ISSUE ARREST WARRANTS THOUGH INTERPOL: -

That, most of the accused such as Bill Gates, Dr. Soumya Swaminathan, Dr. Tedros et al are residing outside India.

If time is given to them, then they will use their power and money to influence witnesses, run narratives, murder activists, and can manage to avoid the course of justice and investigation being done in a fair and transparent manner.

They are guilty of mass murders and they will subject to death penalty. In such cases, they don't deserve the bail facility as per Indian law.

Any mercy with these people will be injustice to the entire humanity.

If any public servant avoids the arrest, then such officer also needs to be made accused as per **Section 201,218 etc. of Indian Penal Code**.

xxxi) NEEDS FOR ATTACHMENT OF THE PROPERTIES OF ACCUSED:-

The conspiracies of accused are being exposed everywhere in the world.

Majority of the people are likely to initiate proceedings against them. American Republican senators have brought the bill to **'Fire Dr. Anthony Faucci'**

If we roughly calculate the interim compensation to be recovered for India, then it will at least be Rupees 70 to 80 Lac Crores around 1076.318 Trillion US Dollars.

The accused will not be able to compensate each victim across the world even after selling their entire properties.

Therefore, it is just and necessary that in order to secure the prospective rights of victims who are signatory to this complaint be secured by attaching all their movable and immovable properties including their bank accounts.

Indian law specifically mandate for such action.

This is also necessary for stopping further crimes by the accused by using their money power.

xxxii) We request a thorough investigation through a Special Investigation Team (SIT) having expert officers from RAW, CBI, IB, ED, with Doctors, Scientists those are unconnected with accused and their NGOs, trusts such as Bill &Milinda Gates Foundation etc.

xxxiii) Proper protection to witnesses needs to be ordered and a systematic planning to make few accused as an approver to expose accused forthwith is also necessary.

xxxiv) Close watch on media needs to be ordered.

10. POINT NO: - 6 #:- ROLE PLAYED BY EACH ACCUSED IN EXECUTION OF THE CONSPIRACY**.**

10.1. Given in para **9.1 & 9.2.** Additional information given at the **Annexure-T4**

10.2. Regarding initial conspiracy by Dr. Anthony Fauci and others, in addition to other proofs and data I, am also relying on the "Dr. Fauci / Covid-19 Dossier" by Dr. David E. Martin.

Please see Annexure few relevant paras reads as under;

"18 U.S.C. §2339 C et seq. – Funding and Conspiring to Commit Acts of Terror

Indirectly, unlawfully and willfully provides or collects funds with the intention that such funds be used, or with the knowledge that such funds are to be used, in full or in part, in order to carry out;

(A) An act which constitutes an offense within the scope of a treaty specified in subsection (e)(7), as implemented by the United States, or

(B) Any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in the hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act….

By no later than April 11, 2005, Dr. Anthony Fauci was publicly acknowledging the association of SARS with bioterror potential. *Leveraging the fear of the anthrax bioterrorism of 2001, he publicly celebrated the economic boon that domestic terror had directed towards his budget. He specifically stated that NIAID was actively funding research on a "SARS Chip" DNA microarray to rapidly detect SARS (something that was not made available during the current "pandemic") and two candidate vaccines focused on the SARS CoV spike protein.[6] **[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3320336/]** Led by three Chinese researchers under his employment – Zhi-yong Yang, Wing-pui Kong, and Yue Huang – Fauci had at least one DNA vaccine in animal trials by 2004.[7] **[7.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7095382/]** This team, part of the Vaccine Research Centre at NIAID, was primarily focused on HIV vaccine development but was tasked to identify SARS vaccine candidates as well. Working in collaboration with Sanofi, Scripps Institute, Harvard, MIT and NIH, Dr. Fauci's decision to unilaterally promote vaccines as a primary intervention for several designated "infectious diseases" precluded proven therapies from being applied to the sick and dying.[8] [https://www.ncbi.nlm.nih.gov/pmc/ articles/PMC1232869/]*

The CDC and NIAID led by Anthony Fauci entered into trade among States (including, but not limited to working with EcoHealth Alliance Inc.) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences) ***through the 2014*** *et seq National Institutes of Health Grant R01AI110964 to exploit their patent rights.* ***This research was known to involve surface proteins in coronavirus that had the capacity to directly infect human respiratory systems. In flagrant violation of the NIH moratorium on gain of function research, NIAID and Ralph Baric persisted in working with chimeric coronavirus components specifically to amplify the pathogenicity of the biologic material.***

By October 2013, the Wuhan Institute of Virology ***1 coronavirus S1 spike protein was described in NIAID's funded work in China.*** *This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response.[9](Ge, XY., Li, JL., Yang, XL. et al. Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. Nature 503, 535–538 (2013).)*

By March 2015, both the virulence of the S1 spike protein and the ACE II receptor was known to present a considerable risk to human health. *NIAID, EcoHealth Alliance and numerous researchers lamented the fact that the public was not sufficiently concerned about coronavirus to adequately fund their desired research.[10] (Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK349040/*

Dr. Peter Daszak of EcoHealth Alliance offered the following assessment:

"Daszak reiterated that, until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, ***we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-***

coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process, Daszak stated."[11] (Ibid.)

Economics will follow the hype.

The CDC and NIAID entered into trade among States (including, but not limited to working with University of North Carolina, Chapel Hill) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences represented by Zheng-Li Shi) through U19AI109761 (Ralph S. Baric), U19AI107810 (Ralph S. Baric), and National Natural Science Foundation of China Award 81290341 (Zheng-Li Shi) et al. 2015-2016. These projects took place during a time when the work being performed was prohibited by the United States National Institutes of Health.

The public was clearly advised of the dangers being presented by NIAID-funded research by 2015 and 2016 when the Wuhan Institute of Virology material was being manipulated at UNC in Ralph Baric's lab.

"The only impact of this work is the creation, in a lab, of a new, non-natural risk," agrees Richard Ebright, a molecular biologist and biodefence expert at Rutgers University in Piscataway, New Jersey. Both Ebright and Wain-Hobson are long-standing critics of gain-of-function research.
In their paper, the study authors also concede that funders may think twice about allowing such experiments in the future. "Scientific review panels may deem similar studies building chimeric viruses based on circulating strains too risky to pursue," they write, adding that discussion is needed as to "whether these types of chimeric virus studies warrant further investigation versus the inherent risks involved".
But Baric and others say the research did have benefits. The study findings "move this virus from a candidate emerging pathogen to a clear and present danger", says Peter Daszak, who co-authored the 2013 paper. Daszak is president of the EcoHealth Alliance, an international network of scientists, headquartered in New York City, that samples viruses from animals and people in emerging-diseases hotspots across the globe.
Studies testing hybrid viruses in human cell culture and animal models are limited in what they can say about the threat posed by a wild virus, Daszak agrees. But he argues that they can help indicate which pathogens should be prioritized for further research attention."[7](https://www.nature.com/news/engineered-bat-virus-stirs-debate-over-risky-research-%201.18787)
Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate:
"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. ***Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate nonpharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.***
Progress indicator(s) by September 2020

- *Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*

- *Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*

- *WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."[8](https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8))*

As if to confirm the utility of the September 2019 demand for "financing and development of" vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for additional funding were likely changing for the better. In a February 2020 interview in STAT, he was quoted as follows:
""The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things."[14](https://www.statnews.com/2020/02/10/fluctua ting-funding-and-flagging-interest-hurt-coronavirus-research/)
18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Section 802 of the USA PATRIOT Act (Pub. L. No. 107-52) expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

Dr. Anthony Fauci has intimidated and coerced a civilian population and sought to influence the policy of a government by intimidation and coercion.
With no corroboration, Dr. Anthony Fauci promoted [10](https://www .cato.org/blog/did-mitigation-save-two-million-lives) Professor Neil Ferguson's computer simulation derived claims that,
"The world is facing the most serious public health crisis in generations. Here we provide concrete estimates of the scale of the threat countries now face.
"We use the latest estimates of severity to show that policy strategies which aim to mitigate the epidemic might halve deaths and reduce peak healthcare demand by two-thirds, but that this will not be enough to prevent health systems being overwhelmed. More intensive, and socially disruptive interventions will therefore be required to suppress transmission to low levels. It is likely such measures – most notably, large scale social distancing – will need to be in place for many months, perhaps until a vaccine becomes available.
" [11](https://www.imperial.ac.uk/news/196234/covid-19-imperial-researchers-model-likely-impact/)
Reporting to the President that as many as 2.2 million deaths may result from a pathogen that had not yet been isolated and could not be measured with any accuracy, Dr. Fauci intimidated and coerced the population and the government into reckless, untested, and harmful acts creating irreparable harm to lives and livelihoods. [12](https://www.npr.org/2020/03/31/823916343/coronavirus-task-force-set-to-detail-the-data-that-led-to-extension-of-guideline) Neither the Imperial College nor the "independent" Institute for Health Metrics and Evaluation (principally funded by the Bill and Melinda Gates Foundation)[13](https://www.gatesfoundation.org/Media-Center/Press-Releases/2017/01/IHME-Announcement) had any evidence of success in estimating previous burdens from coronavirus but, without consultation or peer-review, ***Dr. Fauci adopted their terrifying estimates as the basis for interventions that are explicitly against medical advice.***

- *The imposition of social distancing was based on computer simulation and environmental models with NO disease transmission evidence whatsoever.*

- *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."[14] (https://jamanetwork.com/journals/jama/fullarticle/2762694?fbclid=IwAR2RE-c4V-fhUodui0JQRbiHRcgEJuDKG_21N4oL5zAfciQfWCyHAsetJ mo)*

- *In both the Imperial College and the IHME simulations, quarantines were modeled for the sick, not the healthy.*

Insisting on vaccines while blockading the emergency use of proven pharmaceutical interventions may have contributed to the death of many patients and otherwise healthy individuals. *[15] (https://www.reuters.com/ investigates/special-report/health-coronavirus-usa-cost/)*

Using the power of NIAID during the alleged pandemic, Dr. Anthony Fauci actively suppressed proven medical countermeasures used by, and validated in scientific proceedings, ***that offered alternatives to the products funded by his conspiring entities for which he had provided direct funding and for whom he would receive tangible and intangible benefit.***

11. POINT NO:- 7 #:- NEED FOR THOROUGH AND DETAILED INVESTIGATION OF SOME CO-CONSPIRATORS IN 'MAIN STREAM MEDIA' (MSM) INVOLVED IN THE CONSPIRACY.

11.1. Given in para **9.1 & 9.2** and at the **Annexure-R-5** additional information be provided at the time of investigation/enquiry.

12. POINT NO:- 8 #:-NEED FOR ISSUING NON-BAILLABLE ARREST WARRANTS AGAINST ALL THE ACCUSED.

12.1. Given in para **9.1 & 9.2** and additional information be provided at the time of investigation/enquiry.

13. POINT NO:- 9 #:- NEED FOR IMMEDIATE DIRECTION FOR ATTACHMENT OF ALL MOVABLE & IMMOVABLE PROPERTIES OF THE ACCUSED.

13.1. Given in para **9.1 & 9.2** and additional information be provided at the time of investigation/enquiry.

14. POINT NO:- 10 #:- PROVISIONS OF INDIAN PENAL CODE ATTRACTED IN THE PRESENT CASE.

Draft charge against accused for offences under Section 109, 115, 302, 304, 52, 188, 192, 199, 193, 199, 200, 201, 218, 471, 474, 409, 420 R/W 120(B) & 34 etc. of IPC.

14.1.1 Section 109 of IPC:-

109. Punishment of abetment if the act abetted is committed in consequence and where no express provision is made for its punishment.—*Whoever abets any offence shall, if the act abetted is committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with the punishment provided for the offence. Explanation.—An act or offence is said to be committed in consequence of abetment, when it is committed in consequence of the instigation, or in pursuance of the conspiracy, or with the aid which constitutes the abetment.*

14.1.2. Section 115 of IPC:-

115. Abetment of offence punishable with death or imprisonment for life—if offence not committed.—*Whoever abets the commission of an offence punishable with death or 1[imprisonment for life], shall, if that offence be not committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; If act causing harm be done in consequence.—and if any act for which the abettor is liable in consequence of the abetment, and which causes hurt to any person, is done, the abettor shall be liable to imprisonment of either description for a term which may extend to fourteen years, and shall also be liable to fine*

14.1.3. Section 302 of IPC:-

302. Punishment for murder.—*Whoever commits murder shall be punished with death, or 1[imprisonment for life], and shall also be liable to fine.*

14.1.4. Section 304 of IPC:-

304. Punishment for culpable homicide not amounting to murder.—*Whoever commits culpable homicide not amounting to murder shall be punished with 1[imprisonment for life], or imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine, if the act by which the death is caused is done with the intention of causing death, or of causing such bodily injury as is likely to cause death, or with imprisonment of either description for a term which may extend to ten years, or with fine, or with both, if the act is done with the knowledge that it is likely to cause death, but without any intention to cause death, or to cause such bodily injury as is likely to cause death.*

14.1.5. Section 52 of IPC:-

52. "Good faith".—*Nothing is said to be done or believed in "good faith" which is done or believed without due care and attention.*

14.1.6. Section 188 of IPC:-

188. Disobedience to order duly promulgated by public servant.—*Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both. Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.*

14.1.7. Section 192 of IPC:-

192. Fabricating false evidence.—*Whoever causes any circumstance to exist or 1[makes any false entry in any book or record, or electronic record or makes any document or electronic record containing a false statement], intending that such circumstance, false entry or false statement may appear in evidence in a judicial proceeding, or in a proceeding taken by law before a public servant as such, or before an arbitrator, and that such circumstance, false entry or false statement, so appearing in evidence, may cause any person who in such proceeding is to form an opinion upon the evidence, to entertain an erroneous opinion touching any point material to the result of such proceeding, is said "to fabricate false evidence".*

14.1.8. Section 193 of IPC:-

193. Punishment for false evidence.—*Whoever intentionally gives false evidence in any stage of a judicial proceeding, or fabricates false evidence for the purpose of being used in any stage of a judicial proceeding, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine, and whoever intentionally gives or fabricates false evidence in any other case, shall be punished with imprisonment of either description for a term which may extend to three years, and shall also be liable to fine. Explanation 1.—A trial before a Court-martial; 1[***] is a judicial proceeding. Explanation 2.—An investigation directed by law*

preliminary to a proceeding before a Court of Justice, is a stage of a judicial proceeding, though that investigation may not take place before a Court of Justice.

14.1.9. Section 199 of IPC:-

199. False statement made in declaration which is by law receivable as evidence.—*Whoever, in any declaration made or subscribed by him, which declaration any Court of Justice, or any public servant or other person, is bound or authorised by law to receive as evidence of any fact, makes any statement which is false, and which he either knows or believes to be false or does not believe to be true, touching any point material to the object for which the declaration is made or used, shall be punished in the same manner as if he gave false evidence.*

14.1.10. Section 200 of IPC:-

200. Using as true such declaration knowing it to be false.—*Whoever corruptly uses or attempts to use as true any such declaration, knowing the same to be false in any material point, shall be punished in the same manner as if he gave false evidence. Explanation.—A declaration which is inadmissible merely upon the ground of some informality, is a declaration within the meaning of sections 199 to 200.*

14.1.11. Section 201 of IPC:-

201. Causing disappearance of evidence of offence, or giving false information to screen offender*.—Whoever, knowing or having reason to believe that an offence has been committed, causes any evidence of the commission of that offence to disappear, with the intention of screening the offender from legal punishment, or with that intention gives any information respecting the offence which he knows or believes to be false; if a capital offence.—shall, if the offence which he knows or believes to have been committed is punishable with death, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; if punishable with imprisonment for life.—and if the offence is punishable with 1[imprisonment for life], or with imprisonment which may extend to ten years, shall be punished with imprisonment of either description for a term which may extend to three years, and shall also be liable to fine; if punishable with less than ten years' imprisonment.—and if the offence is punishable with imprisonment for any term not extending to ten years, shall be punished with imprisonment of the description provided for the offence, for a term which may extend to one-fourth part of the longest term of the imprisonment provided for the offence, or with fine, or with both.*

14.1.12. Section 218 of IPC:-

218. Public servant framing incorrect record or writing with intent to save person from punishment or property from forfeiture*.—Whoever, being a public servant, and being as such public servant, charged with the preparation of any record or other writing, frames that record or writing in a manner which he knows to be incorrect, with intent to cause, or knowing it to be likely that he will thereby cause, loss or injury to the public or to any person, or with intent thereby to save, or knowing it to be likely that he will thereby save, any person from legal punishment, or with intent to save, or knowing that he is likely thereby to save, any property from forfeiture or other charge to which it is liable by law, shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.*

14.1.13. Section 471 of IPC:-

471. Using as genuine a forged 1[document or electronic record].—*Whoever fraudulently or dishonestly uses as genuine any 1[document or electronic record] which he knows or has reason to believe to be a forged 1[document or electronic record], shall be punished in the same manner as if he had forged such 1[document or electronic record].*

14.1.14. Section 474 of IPC:-

474. Having possession of document described in section 466 or 467, knowing it to be forged and intending to use it as genuine.—*1[Whoever has in his possession any document or electronic record, knowing the same to be forged and intending that the same shall fraudulently or dishonestly be used as genuine, shall, if the document or electronic record is one of the description mentioned in section 466 of this Code], be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; and if the document is one of the description mentioned in section 467, shall be punished with 2[imprisonment for life], or with imprisonment of either description, for a term which may extend to seven years, and shall also be liable to fine.*

14.1.15. Section 409 of IPC:-

409. Criminal breach of trust by public servant, or by banker, merchant or agent.—*Whoever, being in any manner entrusted with property, or with any dominion over property in his capacity of a public servant or in the way of his business as a banker, merchant, factor, broker, attorney or agent, commits criminal breach of trust in respect of that property, shall be punished with 1[imprisonment for life], or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.*

14.1.16. Section 420 of IPC:-

420. Cheating and dishonestly inducing delivery of property.—*Whoever cheats and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or destroy the whole or any part of a valuable security, or anything which is signed or sealed, and*

which is capable of being converted into a valuable security, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.

14.1.17. Section 120(B) of IPC:-

120B. Punishment of criminal conspiracy-

(1) Whoever is a party to a criminal conspiracy to commit an offence punishable with death, 2[imprisonment for life] or rigorous imprisonment for a term of two years or upwards, shall, where no express provision is made in this Code for the punishment of such a conspiracy, be punished in the same manner as if he had abetted such offence.

(2) Whoever is a party to a criminal conspiracy other than a criminal conspiracy to commit an offence punishable as aforesaid shall be punished with imprisonment of either description for a term not exceeding six months, or with fine or with both.]

14.1.18. Section 34 of IPC:-

34. Acts done by several persons in furtherance of common intention.—*When a criminal act is done by several persons in furtherance of the common intention of all, each of such persons is liable for that act in the same manner as if it were done by him alone.]*

14.2. Section 10 of Evidence Act reads thus;

"10. Things said or done by conspirator in reference to common design.—*Where there is reasonable ground to believe that two or more persons have conspired together to commit an offence or an actionable wrong, anything said, done or written by any one of such persons in reference to their common intention, after the time when such intention was first entertained by any one of them, is a relevant fact as against each of the persons believed to so conspiring, as well for the purpose of proving the existence of the conspiracy as for the purpose of showing that any such person was a party to it"*

14.3. Section 51, 52, 53 & 54 of Disaster Management Act, 2005, reads thus;

"51. Punishment for obstruction:-

(1) *Whoever, without reasonable cause - 1) Whoever, without reasonable cause"*

(a) *obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or*

(b) *refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act, shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years. notes on clauses Clauses 51 to 58 (Secs. 51 to 58) seeks to lay down what will constitute an offence in terms of obstruction of the functions under the Act, false claim for relief, misappropriation of relief material or funds, issuance of false warning, failure of an officer to perform the duty imposed on him under the Act without due permission or lawful excuse, or his connivance at contravention of the provisions of the Act. The clauses also provide for penalties for these offences.*

52. Punishment for false claim:-

Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine. —Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine."

53. Punishment for misappropriation of money or material, etc:-

Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

- Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine."

54. Punishment for false warning:-

Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one

*year or with fine. - Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.**"***

14.3.1. The relevant case laws;

Law of compensation for victims who lost their near and dear ones and also suffered the economic losses including loss of their business.

14.3.2. The law regarding extent of proofs required to bring the charge of conspiracy is explained in the judgment of **Raman Lal Vs. State of Rajasthan 2000 Cri. L.J. 800,** wherein it is ruled as under;

"*Conspiracy – I.P.C. Sec. 120 (B) – Supreme 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 should be continued and cannot be dropped even if the accused is holding a very high position of a Judge of the constitutional court. In such cases no permission is required before prosecuting such accused.**"***

14.3.3. Hon'ble Bombay High Court in the case of **CBI Vs. Bhupendra Champaklal Dalal 2019 SCC OnLineBom 140,** it is ruled as under;

CHARGE FOR THE OFFENCE OF CRIMINAL BREACH OF TRUST:-

Hon'ble Apex Court in the case of ***Ram NarainPoply Vs. Central Bureau of Investigation, AIR 2003 SC 2748,*** *wherein the Hon'ble Apex Court has, at length, dealt with the charge of criminal conspiracy, in the backdrop of the similar allegations, in a case arising out of the decision of this Court in the matter of Harshad Mehta and others. While dealing with the essential ingredients of the offence of criminal conspiracy, punishable u/s. 120 B IPC, the* ***Hon'ble Court was, in paragraph No.349 of its Judgment, pleased to hold that, "349. Privacy and secrecy are more characteristics of a conspiracy, than of a loud discussion in an elevated place open to public view.*** *Direct evidence in proof of a conspiracy is seldom available, offence of conspiracy can be proved by either direct or circumstantial evidence. It is not always possible to give affirmative evidence about the date of the formation of the criminal conspiracy, about the persons who took part in the formation of the conspiracy, about the object, which the objectors set before themselves as the object of conspiracy, and about the manner in which the object of conspiracy is to be carried out, all this is necessarily a matter of inference."*

[Emphasis Supplied]

177. This Court can also place reliance on another landmark decision of the Hon'ble Apex Court in the case of State of Maharashtra Vs. SomNathThapa, (1996) 4 SCC 659, wherein the Hon'ble Apex Court was pleased to observe as follows :-

"24. The aforesaid decisions, weighty as they are, lead us to conclude that to establish a charge of conspiracy knowledge about indulgence in either an illegal act or a legal act by illegal means is necessary. In some cases, intent of unlawful use being made of the goods or services in question may be inferred from the knowledge itself. This apart, the prosecution has not to establish that a particular unlawful use was intended, so long as the goods or service in question could not be put to any lawful use. Finally, when the ultimate offence consists of a chain of actions, it would not be necessary for the prosecution to establish, to bring home the charge of conspiracy, that each of the conspirators had the knowledge of what the collaborator would do, so long as it is known that the collaborator would put the goods or service to an unlawful use." [See State of Kerala v. P. Sugathan, (2000) 8 SCC 203, SCC p. 212, para 14]"." [Emphasis Supplied]

178. While dealing with the offence of criminal conspiracy in respect of the financial frauds, the Hon'ble Apex Court in the case of Ram NarainPoply (supra), in paragraph No.344, was pleased to observe that,

"344. ..... The law making conspiracy a crime, is designed to curb immoderate power to do mischief, which is gained by a combination of the means. The encouragement and support which co-conspirators give to one another rendering enterprises possible which, if left to individual effort, would have been impossible, furnish the ground for visiting conspirators and abettors with condign punishment. The conspiracy is held to be continued and renewed as to all its members wherever and whenever any member of the conspiracy acts in furtherance of the common design."

[Emphasis Supplied]

179. In the context of Section 10 of the Indian Evidence Act, it was held by the Hon'ble Apex Court, in paragraph No.348, that, the expression "in furtherance to their common intention" in Section 10 is very comprehensive and appears to have been designedly used to give it a wider scope than the words "in furtherance of" used in the English Law : with the result anything said, done or written by co- conspirator after the conspiracy was formed, will be evidence against the other before he entered the field of conspiracy or after he left it. Anything said, done or written is a relevant fact only.

186. The Hon'ble Apex Court has further quoted with approval in paragraph No.101, the observations made in the case of State (NCT of Delhi) Vs. Navjot Sandhu @ Afsan Guru, (2005) 11 SCC 600, wherein it was held that, "The cumulative effect of the proved circumstances should be taken into account in determining the guilt of the accused rather than adopting an isolated approach to each of the circumstances."

15. POINT NO:- 11 #:- SCIENTIFIC FRAUDS REGARDING RTPCR TEST:-

15.1. The entire premise of mask mandates rests upon the notion of ***"spread by asymptomatic and pre-symptomatic SARS-CoV-2 carriers"***. This part of the treatise will dispel this notion.

15.2. An asymptomatic person is a person who has tested positive yet never develops symptoms of the illness. A pre-symptomatic person is a person who tests positive, but shows no symptoms of the illness at the time of testing, however develops symptoms later.

15.3. Scientific studies that claim that asymptomatic SARS-CoV-2 people spread the virus rely upon the RT-PCR* method of testing. For example, a study titled ***"Prevalence of Asymptomatic SARS-CoV-2 Infection"*** [1] published in September 2020 in the ***Annals of Internal Magazine*** came to the conclusion that asymptomatic person can transmit SARS-CoV-2 to others and recommended broad adoption of preventive strategies such as masks. This study used RT-PCR method of testing to determine if an asymptomatic person has SARS-CoV-2 virus.

RT-PCR – Reverse Transcriptase Polymerase Chain Reaction

[1] **Sep 2020** https://doi.org/10.7326/M20-3012

15.4. The RT-PCR method of testing has been recommended by ***ICMR*** for checking Covid-19 status since Mar 2020[1]. This testing method is ordered by Ministry of Health and Family Welfare on 21st March 2020. Also an RTI reply by ICMR has revealed that a significant percentage of Covid-19 tests have been done using RT-PCR method of testing.[2]

[1] **[Annexure R-6]**
[2] **[Annexure R-7]**
ICMR – Indian Council of Medical Research
[1]https://www.icmr.gov.in/pdf/covid/labs/Notification_ICMR_Guidel
ines_Private_Laboratories.pdf

15.5. Furthermore, in an order dated 23rd March 2021, the Union Ministry of Home Affairs has directed that the proportion of RT-PCR tests in the total mix should be 70% or more[1].

[1] **[Annexure R-8]**
[1] **23 Mar 2021**
https://www.mha.gov.in/sites/default/files/MHAOrder_23032021.pdf

15.6. 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"*** [1] 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 [2].

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. This is further evidenced in this part of the treatise.

[1]**Jan2020**https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.3.2000045

[2]**Jan2020**https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2

15.7. 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.

15.8. Idea of "asymptomatic transmission" was influenced by a case report in Germany, in which an infection was attributed to contact with an asymptomatic person. The report was published in March 2020 in the ***New England Journal of Medicine***, titled "***Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany"*** [1]. In this report, the authors admit: "the viability of 2019-nCoV detected on qRT-PCR in this patient remains to be proved by means of viral culture."

[Annexure R-9]
[1] **Mar 2020** https://dx.doi.org/10.1056%2FNEJMc2001468

15.9. A culture is a specially prepared nutrient medium to grow microorganism such as viruses. In a paper published by Indian scientists in Sep 2020 titled ***"COVID diagnostics: Do we have sufficient armamentarium for the present and the unforeseen?"***, in the ***Indian Journal of Medical Specialties,*** the scientists state that testing by means of viral culture is the gold standard for SARS-CoV-2[1].

[1] **Sep 2020**https://doi.org/10.4103/INJMS.INJMS_92_20

15.10. Vero cells are a lineage of cells used in cell culture. A study titled ***"Predicting Infectious Severe Acute Respiratory Syndrome Coronavirus 2 From Diagnostic Samples"*** [1] published in ***Oxford Academic – Clinical Infectious Diseases*** states that RT-PCR detects RNA (Ribonucleic Acid), not infectious virus; thus, its ability to determine duration of infectivity of patients is limited. This study took 90 SARS-CoV-2 RT-PCR confirmed positive samples and determined their ability to infect Vero cell lines. 26 samples (28.9%) demonstrated viral growth. There was no growth in samples with a Ct > 24 or STT > 8 days. The study concludes that SARS-CoV-2 Vero cell infectivity was only observed for RT-PCR Ct < 24 and STT < 8 days. Infectivity of patients with Ct > 24 and duration of symptoms > 8 days may be low.

Thus, as per this study patients could not be contagious with Ct >24 as the virus is not detected in culture above this value.

[1] **[Annexure R-10]**

***STT – Symptom onset To Test**

[1] **Nov 2020**https://doi.org/10.1093/cid/ciaa638

15.11. Furthermore, 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 percent reliable, a figure that dropped to 20 percent at 30 cycles, and just three percent at 35 cycles. That meant 97 percent were false positives at 35 cycles.

1[Annexure R-11]

[1] **Jun 2021**https://doi.org/10.1093/cid/ciaa1491

15.12. 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[1].

[1] **Sep 2020**https://www.youtube.com/watch?v=Qwj0Iq1DoyA

15.13. Journal of Infection published a research titled ***"The performance of the SARS-CoV-2 RT-PCR test as a tool for detecting SARS-CoV-2 infection in the population"***[1] in May 2021. The researchers analyzed real-world data from a large laboratory in the city of Munster, Germany. In all 4164 RT-PCR positive cases were analyzed. The researchers assessed the influence of symptoms on the distribution of cycle threshold Ct values. The researchers state in their conclusion:

> ***"****In light of our findings that more than half of individuals with positive PCR test results are unlikely to have been infectious, RT-PCR test positivity should not be taken as an accurate measure of infectious SARS-CoV-2 incidence.* ***Asymptomatic individuals with positive RT-PCR test results have higher Ct values and a lower probability of being infectious than symptomatic individuals with positive results****."*

[1]**[Annexure R-12]**

[1] **May 2021**https://dx.doi.org/10.1016%2Fj.jinf.2021.05.022

15.14. As per news articles in June 2021 such as in ***The Indian Express***[1], ICMR said that all patients tested positive by RT-PCR method with a cycle threshold (Ct) value less than 35 may be considered as positive while those with a Ct value above 35 may be considered as negative. This is corroborated by RTI reply from ICMR wherein they have said that Ct value below 35 is considered as positive[2].

[2] **[Annexure R-13]**

[1] **01 Jun 2021**
[1]https://indianexpress.com/article/explained/explained-the-ct-value-in-a-covid-test-7291682/

15.15. The testing approach of ICMR is to use RT-PCR cycle threshold value (Ct) value less than 35, but this has been proven by the studies comparing RT-PCR test to gold standard to have high percentage of false positives. The testing approach of ICMR gives an inflated figure of the number of Covid-19 cases including asymptomatic cases.

15.16. Website of ICMR[1] 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) value less than 35.

[1]https://www.icmr.gov.in/cpapers.html

15.17. That asymptomatic people do not infect is corroborated by a large study done in Wuhan where the SARS-CoV-2 outbreak originated. Published in ***Nature Communications*** in November 2020, the study is titled ***"Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China"*** [1].

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."

1 [Annexure R-14]

[1] **Nov 2020** https://doi.org/10.1038/s41467-020-19802-w

15.18. 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."*

[1] **Dec 2020**https://doi.org/10.1136/bmj.m4851

15.19. There are practical difficulties to determine if pre-symptomatic people are contagious. It is not possible to go back in time and test whether a person who is showing symptoms now was spreading the virus during incubation period. Instead modelling studies have been done, which conclude that a significant percentage of transmission is due to pre-symptomatic people.

15.20. An example of modelling studies is a CDC sponsored study titled "**SARS-CoV-2 Transmission from People Without COVID-19 Symptoms**" [1] published in ***Journal of American Medical Association (JAMA)*** in January 2021. This is an example of a study used by the authorities to support the claim that asymptomatic and pre-symptomatic people are responsible for more than half of all transmissions.

This study is a modelling study. But outputs in modelling studies are based on some mathematical formulae which need some input assumptions. Thus, the output of modelling studies are dependent on input assumptions. Two key assumptions in this modelling study are;

- **a.** before a person develops symptoms there is a highly infectious incubation period (incubation period is the time from infection to onset of symptoms)
- **b.** asymptomatic people are 75% as infectious as symptomatic people

The flaws in these assumptions are as follows;

- **a.** The basis for the first assumption is ***Nature Medicine*** modelling study titled ***"Temporal dynamics in viral shedding and transmissibility of COVID-19"*** [2] published in April 2020. But this study itself has flaws and limitations. The researchers have themselves pointed out that they did not have data on viral shedding before symptom onset. They only had "viral load" data from patients who were already in the hospital and after those patients' symptoms had already developed. The researchers admitted to recall bias that is they themselves did not know when the patients' symptoms started, they had to rely on the patient's memory for data on when the symptoms started. The researchers acknowledged that recall bias would likely tend toward overestimation of the incubation period, which would in turn bias their findings toward an estimated proportion of pre-symptomatic transmission that is "artificially inflated."
- **b.** The basis for the second assumption of asymptomatic people being 75% as infectious as symptomatic people are three studies showing that asymptomatic people are carriers of the virus. But all these studies have relied upon the RT-PCR method of testing, one study even stating that the cycle threshold Ct value was taken less than 40 [3]. And as is shown earlier in this part of the treatise RT-PCR tests with Ct values greater than 25 are unreliable and show high percentage of false positives.

  [1] **Jan 2021** https://doi.org/10.1001/jamanetworkopen.2020.35057
  [2] **Apr 2020**https://doi.org/10.1038/s41591-020-0869-5
  [3] **Aug 2020** https://doi.org/10.1001/jamainternmed.2020.3862

  Thus both these assumptions are shown to be inaccurate, hence this modelling study to determine if pre-symptomatic people are infectious is flawed.

15.21. The RT-PCR method of testing for SARS-CoV-2 has still not been approved or cleared by the United States ***FDA****. It has only been authorized for emergency use. Even in May 2021, a full one year after the outbreak of Covid-19, the FDA continues to authorize this test for emergency use only.[1] Also, ICMR has stated that the test is approved for emergency use in the order of Ministry of Health and Family Welfare[2] dated 21st Mar 2020, and this emergency use authorization status has not changed since.

[1] **[Annexure R-15]**
[2] **[Annexure R-16]**

***FDA – Food and Drugs Administration**
[1] **May 2021**https://www.fda.gov/media/136151/download

15.22. The website of FDA gives this definition of emergency use authorization (EUA)[1].

> "*During a public health emergency, the FDA can use its Emergency Use Authorization (EUA) authority to allow the use of unapproved medical products, or unapproved uses of approved medical products, to diagnose, treat, or prevent serious or life-threatening*

diseases when certain criteria are met, including that there are no adequate, approved, and available alternatives. "

This means that RT-PCR test is an unapproved medical product. It can be inferred that this test method has not completed successful rigorous testing.

[1] https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/faqs-emergency-use-authorizations-euas-medical-devices-during-covid-19-pandemic

15.23. The inventor of the RT-PCR test ***Kary Mullis*** said in a video filmed sometime in 1990s that the test can find almost anything in anybody[1]. He said that there is lot of scope for misinterpretation. He further adds in the video that the measurement done by the test is not exact.

[1] **1990s**https://www.youtube.com/watch?v=ZmZft4fXhQQ

[1] **1990s** https://www.bitchute.com/video/wOSeTz57xrCF/

15.24. Manufactures of RT-PCR test state that the test is for research use only and not intended for diagnostic use. For example, ***Creative Diagnostics***, an American biotechnology company producing diagnostic equipment states that RT-PCR test cannot be used as the only evidence for clinical diagnosis[1].

[1] [Annexure R-17]

[1] https://www.creative-diagnostics.com/pdf/CD019RT.pdf

15.25. 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 high percentage of false positives. Studies have also shown that positively tested asymptomatic people have a 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.

16. # POINT NO:- 12 #:- MISCONCEPTION OF ASYMPTOMATIC TRANSMISSION

16.1. 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 evidenceis 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 "Postlockdown 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.

16.2. 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 noevidence of transmission from asymptomatic positive persons to traced close contacts."**

16.3. 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.

17. POINT NO:- 13 #:- SCIENTIFIC FRAUDS REGARDING MASK:-

17.1. That, 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 on the following link.

(i) https://www.mohfw.gov.in/pdf/Useofmaskbypublic.pdf

(ii) https://www.mohfw.gov.in/pdf/Poster4GHFGA.Pdf

17.2. 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 herewith at **Annexure- R-18.**

17.3. That, as per written communication dated 27th May, 2021 with Mr.SouravBysack, 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 herewith at **[Annexure R-19]**

17.4. That, despite the above said guidelines the healthy common people are being compelled to wear mask by the verious authorities.

17.5. The caller tune, advertisement, slogans and public addresses of all the authorities countinusly 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

17.6. 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 specially on growing children.

17.7. Attached is a treatise, prepared by Mr. Brian Fernandes which systematically analyses this matter. Web links of the references are placed in the treatise for easy verification. **[Annexure R-20]**

The treatise draws on several research papers, which are annexed. As the research material is voluminous, key parts are highlighted for a quick reading.

17.8. The important excerpt from said treatise is as reproduced here for ready reference and convenience;

17.8.1. Dr M Griesz-Brisson MD PhD*[1]* 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/

17.8.2. 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."

[1]https://www.jennifermargulis.net/healthy-people-wearing-masks-during-covid19/

17.8.3. 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*."

[1]https://www.iamexpat.nl/expat-info/dutch-expat-news/rivm-says-there-no-evidence-prove-effectiveness-face-masks

17.8.4. 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.

[1] May2021https://www.hindustantimes.com/india-news/diabetes-cold-oxygen-unwashed-masks-aiims-doctor-lists-reasons-for-rise-in-black-fungus-cases-101621743246767.html

17.8.5. 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.) "*
>
> 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. "*
>
> [1] Sep 2020 https://www.brusselstimes.com/news/belgium-all-news/health/130480/face-mask-obligation-in-school-major-threat-to-childrens-development-doctors-say/

17.8.6 .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 bacteria[1].

> [1]Jun 2021 https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/

17.8.7. 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

17.8.8. 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

17.8.9. It is to be noted that the WHO is heavily funded by Bill and Melinda Gates Foundation and GAVI Alliance[1]. 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 biennium[1]. 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

[3] https://www.gavi.org/our-alliance/about

17.8.10.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 treatise enclosed herewith.

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.

17.8.11. 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

17.9. Theanalysis 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

17.10. Hence, it is just & necessary that the concerned department be directed to 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.

18. POINT NO:- 14 #:- SCIENTIFIC FRAUDS REGARDING VACCINES AND LEGAL POSITION FOR NON-MANDATORY VACCINATIONS.

18.1. LEGAL POSITION ON VACCINATION IN INDIA:

The legal position settled by Hon'ble Supreme Court and various High Courts in India against forced vaccination and right to choose the health treatment for oneself and one's children.

18.2. It is a settled legal position that a person has the fundamental right to choose medication as per his choice.

[Recent judgment dated 23rd June 2021 passed by the Division Bench Meghalaya High Court regarding Corona Vaccines; Supreme Court judgment in the case between "Common Cause Vs. Union of India (2018) 5 SCC 1]"

18.3. On **23rd June, 2021** in the case between **Registrar General, High Court of Meghalaya Vs. State of Meghalaya PIL No.6/2021,** it is ruled by High Court as under;

> ***"****It has been brought to the notice of this High Court that the State of Meghalaya, through various orders of the Deputy Commissioners, has made it mandatory for shopkeepers, vendors, local taxi drivers and others to get themselves vaccinated before they can resume their businesses. Whether vaccination can at all be made mandatory and whether such mandatory action can adversely affect the right of a citizen to earn his/her livelihood, is an issue which requires consideration.*
>
> ***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.***
>
> *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.*
>
> *In the "frequently asked questions" (FAQs) on COVID-19 vaccine prepared and uploaded by the Ministry of Health and Family Welfare, Government of India, in its official website, the question which appears under serial number 3 reads, "Is it mandatory to take the vaccine?" The "potential response", which is provided in the official website reads, "Vaccination for COVID-19 is voluntary.*
>
> *In this context, around one hundred and seven (107) years ago, in Schloendroff 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."

18.4. 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 as under:

https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf

18.5. 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 is entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc. to the vaccine."**

18.6. In a reply dated **23rd March 2021** to the RTI filed by Mr. Dinesh Bhausaheb 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."**

18.7. In a reply to RTI filed by Mr. Tarun, dated 16th April 2021, file number **MOHFW/R/E/21/01536**, the Ministry of Health and Family Welfare, replied to the first 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".

18.8. A perusal of the above RTI replies makes it is clear that the Union of India has made the vaccination drive completely voluntary, 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.

18.9. The relevant articles of Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR) are as under;

"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 4 – Benefit and harm

In applying and advancing scientific knowledge, medical practice and associated technologies, direct and indirect benefits to patients, research participants and other affected individuals should be maximized and any possible harm to such individuals should be minimized.

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 10 – Equality, justice and equity

The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably.

Article 11 – Non-discrimination and non-stigmatization

No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

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."

18.11. But here the people are forced to vaccinate by suppressing the actual side effects and other relevant data.

18.10. There are some crucial provisions of **International Covenant on Civil and Political Rights (ICCPR)** attracted due to the violations of rights of citizens of those countries which are party to the Covenant and members of 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 Articles of aforesaid covenant applicable for the present situation of corona pandemic are as under;

Article 6 (1)

Article 6 (1) Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Article 7

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

Article 6 (3)

***Article 6 (3)** When deprivation of life constitutes the crime of genocide, it is understood that nothing in this article shall authorize any State Party to the present Covenant to derogate in any way from any obligation assumed under the provisions of the Convention on the Prevention and Punishment of the Crime of Genocide.*

18.11. In **Common Cause Vs. Union of India (2018) 5 SCC 1,** it is ruled as under;

"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.*

1. *Conclusions in seriatim*

2. *In view of the aforesaid analysis, we record our conclusions in seriatim:*

202.1. *A careful and precise perusal of the judgment in Gian Kaur case [Gian Kaur v. State of Punjab, (1996) 2 SCC 648: 1996 SCC (Cri) 374] reflects the right of a dying man to die with dignity when life is ebbing out, and in the case of a terminally-ill patient or a person in PVS, where there is no hope of recovery, accelerating the process of death for reducing the period of suffering constitutes a right to live with dignity.*

202.2. *The Constitution Bench in Gian Kaur [Gian Kaur v. State of Punjab, (1996) 2 SCC 648 : 1996 SCC (Cri) 374] has not approved the decision in Airedale [Airedale N.H.S. Trust v. Bland, 1993 AC 789 : (1993) 2 WLR 316 : (1993) 1 All ER 821 (CA & HL)] inasmuch as the Court has only made a brief reference to the Airedale case [Airedale N.H.S. Trust v. Bland, 1993 AC 789 : (1993) 2 WLR 316 : (1993) 1 All ER 821 (CA & HL)] .*

202.3. *It is not the ratio of Gian Kaur [Gian Kaur v. State of Punjab, (1996) 2 SCC 648: 1996 SCC (Cri) 374] that passive euthanasia can be introduced only by legislation.*

202.4. *The two-Judge Bench in Aruna Shanbaug [Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454 : (2011) 2 SCC (Civ) 280 : (2011) 2 SCC (Cri) 294] has erred in holding that this Court in Gian Kaur [Gian Kaur v. State of Punjab, (1996) 2 SCC 648 : 1996 SCC (Cri) 374] has approved the decision in Airedale case [Airedale N.H.S. Trust v. Bland, 1993 AC 789 : (1993) 2 WLR 316 : (1993) 1 All ER 821 (CA & HL)] and that euthanasia could be made lawful only by legislation.*

202.5. *There is an inherent difference between active euthanasia and passive euthanasia as the former entails a positive affirmative act, while the latter relates to withdrawal of life-support measures or withholding of medical treatment meant for artificially prolonging life.*

202.6. *In active euthanasia, a specific overt act is done to end the patient's life whereas in passive euthanasia, something is not done which is necessary for preserving a patient's life. It is due to this difference that most of the countries across the world have legalised passive euthanasia either by legislation or by judicial interpretation with certain conditions and safeguards.*

202.7. *Post ArunaShanbaug [ArunaRamachandra Shanbaug v. Union of India, (2011) 4 SCC 454 : (2011) 2 SCC (Civ) 280 : (2011) 2 SCC (Cri) 294] , the 241st Report of the Law Commission of India on Passive Euthanasia has also recognised passive euthanasia, but no law has been enacted.*

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.*

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.***

202.12. *Though the sanctity of life has to be kept on the high pedestal yet in cases of terminally ill persons or PVS patients where there is no hope for revival, priority shall be given to the Advance Directive and the right of self-determination.*

202.13. *In the absence of Advance Directive, the procedure provided for the said category hereinbefore shall be applicable.*

202.14. *When passive euthanasia as a situational palliative measure becomes applicable,* ***the best interest of the patient shall override the State interest.***

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.***

307. *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;"***

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

"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".

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

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 finalized by the Department of Preventive Medicine, All India Institute of Medical Sciences".

18.13. In a recent judgment dated 29th September 2020 passed by Hon'ble Karnataka High Court in the matter between **A.VargheseVs. Union of India 2020 SCC OnLineKar 2825**, it is ruled as under;

"2. *The petition proceeds on the footing that the Standard Operating Procedures / Guidelines prescribed by the State Government as well as the Government of India compel a person suffering from Covid-19 to take treatment only by use of Allopathic drugs.*

3. At least from the Standard Operating Procedures, which are placed on record, we do not find anything therein which shows that the Government can compel a patient to take only Allopathic drugs. *We cannot go into the question whether Covid-19 can be successfully treated either by Ayurvedic drugs or by Allopathic drugs. It is for the experts in the field of medicine to decide that question."*

18.14. Needless to mention here that, a PIL is filed in the Supreme Court of India on **13th May 2021** bearing **Writ Petition No. 000607** of **2021** between the parties **Dr. Jacob Puliyel Vs. Union of India and Ors.**

18.15. However, it seems that some of the entities, authorities and employers, either due to ignorance of law or driven by ulterior purposes or for the reasons best known to them, are forcing people to get vaccinated, which is direct violation of fundamental rights guaranteed under our **Constitution of India** and also by **International Covenant on Civil & Political Rights (ICCPR)**.

Person or authority forcing for vaccination will be liable for action under contempt and also face prosecution under section 188, 166 et al of Indian Penal Code:-

Any Authority or person or a Company that does not follow the above guidelines and prevailing laws, will be liable for action under Contempt of Courts Act and also under various provisions of IPC such as 188, 166 and others of IPC.

18.16. In **Prominent Hotels Case 2015 SCC OnLine Del 11910,** it is ruled as under;

> **"22.2.** *In East India Commercial Co. Ltd. v. Collector of Customs, Calcutta, AIR 1962 SC 1893, Subba Rao, J. speaking for the majority observed reads as under:*
>
> > *"31. ……This raises the question whether an administrative tribunal can ignore the law declared by the highest Court in the State and initiate proceedings in direct violation of the law so declared under Art. 215, every High Court shall be a Court of record and shall have all the powers of such a Court including the power to punish for contempt of itself. Under Art. 226, it has a plenary power to issue orders or writs for the enforcement of the fundamental rights and for any other purpose to any person or authority, including in appropriate cases any Government within its territorial jurisdiction. Under Art. 227 it has jurisdiction over all Courts and tribunals throughout the territories in relation to which it exercises jurisdiction. It would be anomalous to suggest that a tribunal over which the High Court has superintendence can ignore the law declared by that Court and start proceedings in direct violation of it. If a tribunal can do so, all the subordinate Courts can equally do so, for there is no specific provision, just like in the case of Supreme Court, making the law declared by the High Court binding on subordinate Courts. It is implicit in the power of supervision conferred on a superior tribunal that all the tribunals subject to its supervision should conform to the law laid down by it. Such obedience would also be conducive to their smooth working; otherwise there would be confusion in the administration of law and respect for law would irretrievably suffer.* ***We, therefore, hold that the law declared by the highest Court in the State is binding on authorities, or tribunals under its superintendence, and that they cannot ignore it either in initiating a proceeding or deciding on the rights involved in such a proceeding. If that be so, the notice issued by the authority signifying the launching of proceedings, contrary to the law laid down by the High Court would be invalid and the proceedings themselves would be without jurisdiction.*** *"*
>
> *(Emphasis supplied)*
>
> **22.3.** *The above legal position was reiterated in MakhanLal v. State of Jammu and Kashmir, (1971) 1 SCC 749, in which Grover, J. observed (at page 2209)*
>
> > ***"6. The law so declared by this Court was binding on the respondent-State and its officers and they were bound to follow it whether a majority of the present respondents were parties or not in the previous petition."***
> >
> > *(Emphasis supplied)*
>
> **22.4.** *In Baradakanta Mishra Ex-Commissioner of Endowments v. Bhimsen Dixit, (1973) 1 SCC 446, the appellant therein, a member of Judicial Service of State of Orissa refused to follow the decision of the High Court. The High Court issued a notice of contempt to the appellant and thereafter held him guilty of contempt which was challenged before the Supreme Court. The Supreme Court held as under:-*
>
> > ***"15. The conduct of the appellant in not following previous decisions of the High Court is calculated to create confusion in the administration of law. It will undermine respect for law laid down by the High Court and impair the constitutional authority of the High Court. His conduct is therefore comprehended by the principles underlying the law of Contempt. The analogy of the inferior court's disobedience to the specific order of a superior court also suggests that his conduct falls within the purview of the law of Contempt. Just as the disobedience to a specific order of the Court undermines the authority and dignity of the court in a particular case, similarly the deliberate and mala fide conduct of not following the law laid down in the previous decision undermines the constitutional authority and respect of the High Court. Indeed, while the former conduct has repercussions on an individual case and on a limited number of persons, the latter conduct has a much wider and more disastrous impact. It is calculated not only to undermine the constitutional authority and respect of the High Court, generally, but is also likely to subvert the Rule of Law and engender harassing uncertainty and confusion in the administration of law"***
> >
> > *(Emphasis supplied)*
>
> **22.7.** *In Maninderjit Singh Bitta v. Union of India, (2012) 1 SCC 273, the Supreme Court held as under:-*

> ***"26.*** *…* ***Disobedience of orders of the court strikes at the very root of the rule of law on which the judicial system rests.*** *The rule of law is the foundation of a democratic society. Judiciary is the guardian of the rule of law. If the judiciary is to perform its duties and functions effectively and remain true to the spirit with which they are sacredly entrusted, the dignity and authority of the courts have to be respected and protected at all costs…*
>
> ***29. Lethargy, ignorance, official delays and absence of motivation can hardly be offered as any defence in an action for contempt.*** *Inordinate delay in complying with the orders of the courts has also received judicial criticism. … Inaction or even dormant behaviour by the officers in the highest echelons in the hierarchy of the Government in complying with the directions/orders of this Court certainly amounts to disobedience. … Even a lackadaisical attitude, which itself may not be deliberate or wilful, have not been held to be a sufficient ground of defence in a contempt proceeding. Obviously, the purpose is to ensure compliance with the orders of the court at the earliest and within stipulated period."*
>
> *(Emphasis supplied)*

22.9. *In Priya Gupta v. Addl. Secy. Ministry of Health and Family Welfare, (2013) 11 SCC 404, the Supreme Court held as under:-*

> ***"12.*** *The government departments are no exception to the consequences of wilful disobedience of the orders of the Court. Violation of the orders of the Court would be its disobedience and would invite action in accordance with law. The orders passed by this Court are the law of the land in terms of Article 141 of the Constitution of India. No court or tribunal and for that matter any other authority can ignore the law stated by this Court. Such obedience would also be conducive to their smooth working, otherwise there would be confusion in the administration of law and the respect for law would irretrievably suffer. There can be no hesitation in holding that the law declared by the higher court in the State is binding on authorities and tribunals under its superintendence and they cannot ignore it. This Court also expressed the view that it had become necessary to reiterate that disrespect to the constitutional ethos and breach of discipline have a grave impact on the credibility of judicial institution and encourages chance litigation. It must be remembered that predictability and certainty are important hallmarks of judicial jurisprudence developed in this country, as discipline is sine qua non for effective and efficient functioning of the judicial system. If the Courts command others to act in accordance with the provisions of the Constitution and to abide by the rule of law, it is not possible to countenance violation of the constitutional principle by those who are required to lay down the law. (Ref. East India Commercial Co. Ltd. v. Collector of Customs [AIR 1962 SC 1893] and Official Liquidator v. Dayanand [(2008) 10 SCC 1 : (2009) 1 SCC (L&S) 943].) (SCC p. 57, paras 90-91)*

13. *These very principles have to be strictly adhered to by the executive and instrumentalities of the State. It is expected that none of these institutions should fall out of line with the requirements of the standard of discipline in order to maintain the dignity of institution and ensure proper administration of justice.*

14. *It is true that Section 12 of the Act contemplates disobedience of the orders of the court to be wilful and further that such violation has to be of a specific order or direction of the court.* ***To contend that there cannot be an initiation of contempt proceedings where directions are of a general nature as it would not only be impracticable, but even impossible to regulate such orders of the court, is an argument which does not impress the court. As already noticed, the Constitution has placed upon the judiciary, the responsibility to interpret the law and ensure proper administration of justice. In carrying out these constitutional functions, the courts have to ensure that dignity of the court, process of court and respect for administration of justice is maintained.*** *Violations which are likely to impinge upon the faith of the public in administration of justice and the court system must be punished, to prevent repetition of such behaviour and the adverse impact on public faith. With the development of law, the courts have issued directions and even spelt out in their judgments, certain guidelines, which are to be operative till proper legislations are enacted. The directions of the court which are to provide transparency in action and adherence to basic law and fair play must be enforced and obeyed by all concerned. The law declared by this Court whether in the form of a substantive judgment inter se a party or are directions of a general nature which are intended to achieve the constitutional goals of equality and equal opportunity must be adhered to and there cannot be an artificial distinction drawn in between such class of cases. Whichever class they may belong to, a contemnor cannot build an argument to the effect that the disobedience is of a general direction and not of a specific order issued inter se parties. Such distinction, if permitted, shall be opposed to the basic rule of law.*

15. *… The essence of contempt jurisprudence is to ensure obedience of orders of the Court and, thus, to maintain the rule of law. History tells us how a State is protected by its courts and an independent judiciary is the cardinal pillar of the progress of a stable Government. If over-enthusiastic executive attempts to belittle the importance of the court and its judgments and orders, and also lowers down its prestige and confidence before the people, then greater is the necessity for taking recourse to such power in the interest and safety of the public at large. The power to punish for contempt is inherent in the very nature and purpose of the court of justice. In our country, such power is codified…"*

(Emphasis supplied)

22.10. *In Subrata Roy Sahara v. Union of India (2014) 8 SCC 470, the Supreme Court held that the decisions rendered by the Supreme Court have to be complied with by all concerned. Relevant portion of the said judgment is as under: –*

> *"17. There is no escape from, acceptance, or obedience, or compliance of an order passed by the Supreme Court, which is the final and the highest Court, in the country. Where would we find ourselves, if the Parliament or a State Legislature insists, that a statutory provision struck down as unconstitutional, is valid? Or, if a decision rendered by the Supreme Court, in exercise of its original jurisdiction, is not accepted for compliance, by either the Government of India, and/or one or the other State Government(s) concerned? What if, the concerned government or instrumentality, chooses not to give effect to a Court order, declaring the fundamental right of a citizen? Or, a determination rendered by a Court to give effect to a legal right, is not acceptable for compliance? Where would we be, if decisions on private disputes rendered between private individuals, are not complied with? The answer though preposterous, is not far-fetched. In view of the functional position of the Supreme Court depicted above, non-compliance of its orders, would dislodge the cornerstone maintaining the equilibrium and equanimity in the country's governance. There would be a breakdown of constitutional functioning, It would be a mayhem of sorts.*
>
> *185.2.* ***Disobedience of orders of a Court strikes at the very root of the rule of law on which the judicial system rests. Judicial orders are bound to be obeyed at all costs. Howsoever grave the effect may be, is no answer for non-compliance with a judicial order. Judicial orders cannot be permitted to be circumvented. In exercise of the contempt jurisdiction, courts have the power to enforce compliance with judicial orders, and also, the power to punish for contempt****."*

22.11. *In State of Gujarat v. Secretary, Labour Social Welfare and Tribunal Development Deptt. Sachivalaya, 1982 CriLJ 2255, the Division Bench of the Gujarat High Court summarized the principles as under:-*

> ***"11.*** *From the above four decisions, the following propositions emerge:*
>
> ***(1) It is immaterial that in a previous litigation the particular petitioner before the Court was or was not a party, but if a law on a particular point has been laid down by the High Court, it must be followed by all authorities and tribunals in the State;***
>
> ***(2) The law laid down by the High Court must be followed by all authorities and subordinate tribunals when it has been declared by the highest Court in the State and they cannot ignore it either in initiating proceedings or deciding on the rights involved in such a proceeding;***
>
> ***(3) If in spite of the earlier exposition of law by the High Court having been pointed out and attention being pointedly drawn to that legal position, in utter disregard of that position, proceedings are initiated, it must be held to be a wilful disregard of the law laid down by the High Court and would amount to civil contempt as defined in section 2(b) of the Contempt of Courts Act, 1971."***
>
> *(Emphasis supplied)*

18.17. Section 188 in The Indian Penal Code reads thus**;**

> ***"188. Disobedience to order duly promulgated by public servant.—****Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both. Explanation.— It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm. Illustration An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly dis obeys the order, and thereby causes danger of riot. A has committed the offence defined in this section****."***

18.18. Section 166 in The Indian Penal Code reads thus**;**

> ***"166. Public servant disobeying law, with intent to cause injury to any person.—*** *Whoever, being a public servant, knowingly disobeys any direction of the law as to the way in which he is to conduct himself as such public servant, intending to cause, or knowing it to be likely that he will, by such disobedience, cause injury to any person, shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both. Illustration A, being an officer directed by law to take property in execution, in order to satisfy a decree pronounced in Z's favour by a Court of Justice, knowingly disobeys that*

direction of law, with the knowledge that he is likely thereby to cause injury to Z. A has committed the offence defined in this section."

Thus, it is amply clear that no person, Authority or a Company can force a person for vaccination.

18.19. The data regarding effective and harmless remedies through medicines like **Ivermectin, Ayurvedic** and **Naturopathy** as claimed by **Front Line COVID-19 Critical Care Alliance (FLCCC Alliance)**, **British Ivermectin Recommendation Development Panel (BIRD),** Dr. Biswaroop Roy Chowdhury, Baba Ramdev etc. was suppressed, twisted and dishonesty concealed with the help of narratives without having scientific data but on the basis of Conspiracy theories.

18.20. The unwillingness and comparative expenses incurred by WHO and other Government authorities to scientifically verify the data regarding effectiveness of other claims as compared to vaccines is a sufficient proof of the ulterior purposes and need thorough investigation.

18.21. The funding by Vaccine Syndicate to WHO is also a sufficient ground for proving their partiality and doubt their honesty. The similar issue of conflict of interest is also dealt by the Parliamentary Committee.

18.22. Hence, no reliance can be placed on the advisory of the WHO for deciding the fate of the entire mankind across the world.

19. # POINT NO:- 15 #:- IS IT A REAL PANDEMIC?

19.1. 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%.

Link: 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%.

Link: 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.eApprox 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 SarsCov 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.

19.2. 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/

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?

19B. WHY VACCINE MANUFACTURERS ARE EXEMPTED FROM LEGAL LIABILITY

19-B.1.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.

19-B.2. 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 arebetter protected against variants of SARS-CoV-2 by naturally acquired immunity and by medication than by vaccination.**

19-B.3. EFFICACY: Covid-19 vaccines lack a viable mechanism of action against SARS-CoV-2infection 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.**

19-B.4. **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-lethaldisruptions 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.**

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.

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**.

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

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.

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."***

19-B.5. 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.

19C. MEDICAL EXPERIMENTATION VIA VACCINES ILLEGAL UNDER INTERNATIONAL & NATIONAL LAW

19-C.1. The relevant articles of Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR) are as under;

> ***"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 4 – Benefit and harm***
>
> *In applying and advancing scientific knowledge, medical practice and associated technologies, direct and indirect benefits to patients, research participants and other affected individuals should be maximized and any possible harm to such individuals should be minimized.*
>
> ***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 10 – Equality, justice and equity

The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably.

Article 11 – Non-discrimination and non-stigmatization

No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

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."

19-C.2. 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.**"

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:

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.

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.

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

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.

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.

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.

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.

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.

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 throughgovernment, 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.

19D. COMPANY'S OWN WARNINGS ON WHO SHOULD NOT GET THE VACCINE –

19D.1. 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 Vaccintor/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-toknow-if- you-have-a-weakened-immune-system

19D.2. COVISHIELD:-

Similarly the fact sheet of Covishield Vaccine states the categories who should not take the vaccine. The fact sheet can be accesses 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-coagualation 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 an 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- diabeties, 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-toknow-if-you-have-a-weakened-immune-system

20. POINT NO:- 16 #:-LEGAL POSITION SETTLED BY THE HON'BLE SUPREME COURT OF INDIA & VARIOUS HIGH COURTS IN INDIA REGARDING THE PROOFS REQUIRED TO PROSECUTE THE CONSPIRATORS.

20.1.1. The law regarding extent of proofs required to bring the charge of conspiracy is explained in the judgment of **Raman Lal Vs. State of Rajasthan 2000 Cri. L.J. 800,** wherein it is ruled as under;

> ***"Conspiracy – I.P.C. Sec. 120 (B) –*** *Supreme 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 should be continued and cannot be dropped even if the accused is holding a very high position of a Judge of the constitutional court. In such cases no permission is required before prosecuting such accused."*

20.1.2. Hon'ble Bombay High Court in the case of **CBI Vs. Bhupendra Champaklal Dalal 2019 SCC OnLineBom 140,** it is ruled as under;

> ***CHARGE FOR THE OFFENCE OF CRIMINAL BREACH OF TRUST:-***
>
> *Hon'ble Apex Court in the case of* ***Ram NarainPoply Vs. Central Bureau of Investigation, AIR 2003 SC 2748,*** *wherein the Hon'ble Apex Court has, at length, dealt with the charge of criminal conspiracy, in the backdrop of the similar allegations, in a case arising out of the decision of this Court in the matter of Harshad Mehta and others. While dealing with the essential ingredients of the offence of criminal conspiracy, punishable u/s. 120 B IPC, the* ***Hon'ble Court was, in paragraph No.349 of its Judgment, pleased to hold that, "349. Privacy and secrecy are more characteristics of a conspiracy, than of a loud discussion in an elevated place open to public view.*** *Direct evidence in proof of a conspiracy is seldom available, offence of conspiracy can be proved by either direct or circumstantial evidence. It is not always possible to give affirmative evidence about the date of the formation of the criminal conspiracy, about the persons who took part in the formation of the conspiracy, about the object, which the objectors set before themselves as the object of conspiracy, and about the manner in which the object of conspiracy is to be carried out, all this is necessarily a matter of inference."*
>
> *[Emphasis Supplied]*
>
> *177. This Court can also place reliance on another landmark decision of the Hon'ble Apex Court in the case of State of Maharashtra Vs. SomNathThapa, (1996) 4 SCC 659, wherein the Hon'ble Apex Court was pleased to observe as follows :-*
>
> *"24. The aforesaid decisions, weighty as they are, lead us to conclude that to establish a charge of conspiracy knowledge about indulgence in either an illegal act or a legal act by illegal means is necessary. In some cases, intent of unlawful use being made of the goods or services in question may be inferred from the knowledge itself. This apart, the prosecution has not to establish that a particular unlawful use was intended, so long as the goods or service in question could not be put to any lawful use. Finally, when the ultimate offence consists of a chain of actions, it would not be necessary for the prosecution to establish, to bring home the charge of conspiracy, that each of the conspirators had the knowledge of what the collaborator would do, so long as it is known that the collaborator would put the goods or service to an unlawful use." [See State of Kerala v. P. Sugathan, (2000) 8 SCC 203, SCC p. 212, para 14]"." [Emphasis Supplied]*
>
> *178. While dealing with the offence of criminal conspiracy in respect of the financial frauds, the Hon'ble Apex Court in the case of Ram NarainPoply (supra), in paragraph No.344, was pleased to observe that,*
>
> *"344. ..... The law making conspiracy a crime, is designed to curb immoderate power to do mischief, which is gained by a combination of the means. The encouragement and support which co-conspirators give to one another rendering enterprises possible which, if left to individual effort, would have been impossible, furnish the ground for visiting conspirators and abettors with condign punishment. The conspiracy is held to be continued and renewed as to all its members wherever and whenever any member of the conspiracy acts in furtherance of the common design."*
>
> *[Emphasis Supplied]*
>
> *179. In the context of Section 10 of the Indian Evidence Act, it was held by the Hon'ble Apex Court, in paragraph No.348, that, the expression "in furtherance to their common intention" in Section 10 is very comprehensive and appears to have been designedly used to give it a wider scope than the words "in furtherance of" used in the English Law : with the result anything said, done or written by co- conspirator after the conspiracy was formed, will be evidence against the other before he entered the field of conspiracy or after he left it. Anything said, done or written is a relevant fact only.*
>
> *186. The Hon'ble Apex Court has further quoted with approval in paragraph No.101, the observations made in the case of State (NCT of Delhi) Vs. Navjot Sandhu @ Afsan Guru, (2005) 11 SCC 600, wherein it was held that, "The cumulative effect of the proved circumstances should be taken into account in determining the guilt of the accused rather than adopting an isolated approach to each of the circumstances."*

21. # POINT NO:- 17 #:- LIST OF THE SPECIFIC AREA AND ISSUES REQUIRING THROUGH INVESTIGATION OF ALL THE ACCUSED, THEIR TOXIC CHARITY FOUNDATIONS AND OTHER VARIOUS PERSONS INVOLVED IN THE CONSPIRACY.

21.1. The Investigating Agency should investigate on following points:

i) How much funds was & is being given by Bill Gates and its foundation to WHO & other projects in various countries and regarding what purpose?

ii) How much fund was & is being given by Global Alliance for Vaccines and Immunisation (GAVI) and vaccine manufacturing companies and others Pharma Companies to WHO and other Countries and regarding what purpose from said pharma & vaccine manufacturers?

iii) Who are the people directly and indirectly connected or benefited from the funds, scholarship, stipend, sponsorship ?

AND

What is the role played by said persons in research and publishing paper in support of vaccines creating narratives and other conspiracy theories and agenda against effective medicines such as Ivermectin, hydroxychloroquine, Aurvedic and Naturopathy etc ?

iv) Does there is any evidence that Ayurveda is not a science or scientific treatment ?

v) Does there is any evidence that Naturopathy treatment are not proper ?

vi) Compensation between: How much expense in terms of money and time invested or spent on research and trial of vaccines on corona by (a) WHO (b) vaccines companies and (c) Concerned Governments Health Agencies ?

vii) How much time and amount was invested/spent upon the research, trials to verify the efficacy of Ivermectin claimed by **FLCCC, BIRD, Research Square** etc. and other effective remedies claimed by Baba Ramdev and Dr. Biswaroop Roy Chowdhury?

viii) Why there is a huge difference of expense on harmful vaccines and harmless Ivermectin and other Ayurvedic and Naturopathic treatment whose effectiveness is proved from the successful result of lacs of patients on whose instruction, recommendation the above decision was taken ?

ix) Investigation of Media**:- Annexure-R-21**

x) Investigation of Shri. Sunil Kumar, Directorate General of Health Services (DGHS)**:- Annexure-R-22**

xi) Officials of Health Ministry**:-**

Please see para 9.1 & 9.2 **Annexure-R-23**

22. Point No:- 18 #:- ROLE OF OFFICIALS OF UN HUMAN RIGHTS DIVISION BY THEIR ACT OF COMMISSION & OMMISSION IN ALLOWING THE ACCUSED TO COMMIT THE OFFENCE OF GENOCIDE.

NEED FOR CONDEMNING AND EXPOSING THE SELECTIVE AMNESIA AND DOUBLE STANDARD OF UNITED NATIONS HUMAN RIGHTS DIVISION BY INTERVENING ON 11TH JUNE, 2021 FOR ALLEGED VIOLATION OF RIGHTS OF TWITTER BUT WILFULLY KEEPING QUIET FOR CONTINUOUS GRAVEST VIOLATION OF FUNDAMENTAL RIGHTS OF THE PEOPLE ACROSS THE WORLD BY TWITTER, YOUTUBE, FACEBOOK ETC. BY NOT ALLOWING THE RENOWNED DOCTORS AND PUBLIC TO DISCUSS THE EFFECTIVENESS OF MEDICINES LIKE 'IVERMACTIN' ON SOCIAL MEDIA, ONLY BECAUSE IT IS AGAINST THE VESTED INTEREST OF VACCINE SYNDICATE**.**

22.1. That, the **United Nations Human Rights Committee** is working for protection and safeguard of fundamental rights of the human across the world.

22.2. They have done many appreciable work to protect the fundamental rights of the people.

22.3. However, their approach towards India is seems to be discriminatory and against their own principle i.e**. Article 26 of International Covenant on Civil & Political Rights (ICCPR)**.

Article 26 of ICCPR reads thus;

"*All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.****"***

22.4. The Human Rights division of UN had on two recent occasion has taken suo-moto notice of the two instances in India:

i) In an issue related with **Citizenship Amendment Act (CAA)**, the Human Rights Division filed and intervention application before the Supreme Court of India.

ii) In a case of legal action against twitter **Special Rapporteur Mr. Irene Khan, Mr. Clement Voule and Mr. Joseph Cannataci** vide their reference no. **OL IND 8/2021 dated 11 June, 2021** has come in support of the twitter.

22.5. But the entire world is unable to understand as to why there is a selective silence on their part when the twitter, YouTube, Google, Facebook, Whatsapp have formulated the policies to deprive the people from correct and truthful information and forced to accept the narratives favorable to accused vaccine Syndicate.

The real science and evidences were suppressed and Pseudo Science, rhetorics and conspiracy theories were run.

The YouTube policy as mentioned in para 8.2 of this complaint exposed it.

22.6. They did not raised a single word about death of 8 female children due to fraudulent acts of Bill & Melinda Gates Foundation.

22.7. This puts a question on the impartialness and credibility of the UN's Human Rights Division.

22.8. This part also needs investigation about their role in act of commission & omission in the offence of genocide.

23. POINT NO:- 19 #:- NEED FOR IMMEDIATE PASSING A SPECIAL ACT CONSTITUTING A SPECIAL COURT/TRIBUNAL HEADED BY FORMER CHIEF JUSTICE OF INDIA SHRI R. M. LODHA TO DECIDE THE SIMILAR CASES OF VACCINE SYNDICATES IN A TIME BOUND MANNER OF 2 MONTHS FROM ITS FILING ONLY ONE APPEAL TO SPECIAL DEDICATED BENCH OF SUPREME COURT TO DECIDE IT WITHIN 3 WEEKS FROM FILING.

23.1. Since the issue is related with everyone life and livelihood and the regular procedure may be lengthy and time consuming therefore it is just and necessary to constitute a special and dedicated Court/Tribunal like NCLT.

23.2. That, earlier experience of around 8 years delay in the case against **Bill & Melinda Gates Foundation** despite clear findings by Parliamentary Committee in **72nd Report** as explained earlier has created very wrong impression and very adverse impact in the mind of the citizen.

23.3. JUSTICE DELAYED IS JUSTICE DENIED.

23.4. Constitution Bench in **Anita Kushwaha's case (2016) 8 SCC 509**, has ruled that;

> ***"22… (25)*** *Unduly long delay has the effect of bringing about blatant violation of the rule of law and adverse impact on the common man's access to justice. A person's access to justice is a guaranteed fundamental right under the Constitution and particularly Article 21.* ***Denial of the right undermines public confidence in the justice delivery system and incentivises people to look for short cuts and other fora where they feel that justice will be done quicker. In the long run, this also weakens the justice delivery system and poses a threat to the rule of law.***
>
> ***25.*** *In Tamilnad Mercantile Bank Shareholders Welfare Assn. (2) v. S.C. Sekar [Tamilnad Mercantile Bank Shareholders Welfare Assn. (2) v. S.C. Sekar, (2009) 2 SCC 784] , this Court declared* ***that an aggrieved person cannot be left without the remedy and that access to justice is a human right and in certain situations even a fundamental right."***

23.5. Hence, it is just and necessary that immediately a Tribunal be set up and Special Act be brought into action for dealing with the cases effectively, immediately and efficiently.

23.6. Technicalities of the law and procedural wrangles should not be allowed to get the rid of the principles of natural justice to the poor and needy.

24. POINT NO:- 20 #:-NEED FOR INVESTIGATION IN TO CAUSE FOR DELAY OF AROUND 8 YEARS IN INVESTIGATION AND PROSECUTION OF ACCUSED BILL GATES AND OTHERS UNDER SECTION 115, 304, 109, 302, 409, R/W 120(B) OF INDIAN PENAL CODE IN HIS EARLIER OFFENCES RELATED WITH MURDER OF 8 FEMALE CHILDREN THROUGH HPV VACCINES, DESPITE THE SPECIFIC FINDINGS AND RECOMMENDATIONS GIVEN BY PARLIAMENTARY COMMITTEE IN 72ND REPORT TO RAJYA SABHA.

24.1. Given in **Annexure-T10** and additional information be provided at the time of investigation/enquiry.

25. # POINT NO:- 21 #:- NEED FOR INVESTIGATING THE ROLE OF FORMER CJI DEEPAK MISHRA & OTHER TWO JUDGES OF THE SUPREME COURT OF INDIA SHRI PRAFULLA PANT AND SHRI ROHINTON FALI NARIMAN UNDER SECTION 218, 219, 120(B) & 34 OF INDIAN PENAL CODE FOR FRAMING THE QUESTIONS RELATED WITH DISPUTED QUESTION OF FACTS WHICH ARE BEYOND THE JURISDICTION OF THE SUPREME COURT UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA AND ACTUALLY IN THE DOMAIN OF INVESTIGATING AGENCY AND THE TRIAL COURT BUT MALAFIDELY FRAMED IN THE SUPREME COURT ONLY TO DELAY. THE ADJUDICATION AND PROSECUTION OF ACCUSED BILL GATES AND THEREBY TO DEMORALIZE THE VICTIMS AND LAW LOVING CITIZENS.

25.1.1. That, the parliamentary committee in its **72th** report gave clear and specific findings about the serious offences of murder of **8 female children** and recommended investigation and prosecution of office bearers of Bill &Milinda Gates foundation along with official of ICMR and other government officials involved in the conspiracy. **(Annexure-R-24)**

25.1.2. As per said report dated **30.08.2013** investigating agency and other government departments were about to take action.

But the Bench of Justice **Deepak Mishra** in order to help the powerful & rich accused and frustrate the rights of the poor victims and their family members without having any jurisdiction framed the questions in a case pending under **Article 32** of the Constitution of India.

The questions framed in the matter between **Kalpana Mehta Vs. Union of India WP No. 558/2012** vide its order dated **12.08.2014 (see: (2017) 7 SCC 295)** are as under;

*"**(i)** Whether before the drug was accepted to be used as a vaccine in India, the Drugs Controller General of India and ICMR had followed the procedure for said introduction?*

***(ii)** What is the action taken after the Parliamentary Committee had submitted the 72nd Report on 30-8-2013?*

***(iii)** What are the reasons for choosing certain places in Gujarat and Andhra Pradesh?*

***(iv)** What has actually caused the deaths and other ailments who had been administered the said vaccine?*

***(v)** Assuming this vaccine has been administered, regard being had to the nature of the vaccine, being not an ordinary one, what steps have been taken for monitoring the same by the competent authorities of the Union of India, who are concerned with health of the nation as well as the State Governments who have an equal role in this regard?*

***(vi)** The girls who were administered the vaccine, whether proper consent has been taken from their parents/guardians, as we have been apprised at the Bar that the young girls had not reached the age of majority?*

***(vii)** What protocol is required to be observed/followed, assuming this kind of vaccination is required to be carried out?"*

25.1.3. It is against the Constitution of India and it is also against the law laid down by the Hon'ble Supreme Court itself. The the disputed question of fact which needs investigation & trial cannot be decided in writ jurisdiction.

25.1.4. It is a clear case of usurping the jurisdiction of the investigation agency and also that of the trial criminal court by the Supreme Court Judge. It is not permissible for the Supreme Court in any Jurisdiction i.e. either under Article 32 or 142 of the Constitution of India **[Supreme Court Bar Associations' (1998) SCC 409, NidhiKaim(2017) 4 SCC 1]**

It is also an offence under contempt of court to not to follow the binding precedent. **(Subrata Roy Sahara Vs. UOI (2014) 8 SCC 470, In Re: C.S.Karnna (2017) 7 SCC 1)**

25.1.5. The only reason and the inference which should be drawn from such act of a Judge in adopting any procedure in wanton breach of rule of law is that the Judge was actuated with corrupt and ulterior motives to help the accused, as has been ruled in the case of **R.R. Parekh Vs. High Court of Gujrat (2016) 14 SCC 1,** case Hon'ble Supreme Court had upheld the order of dismissal of a Judge. It is ruled as under;

"A Judge passing an order against provisions of law in order to help a party is said to have been actuated by an oblique motive or corrupt practice - breach of the governing principles of law or procedure by a Judge is indicative of judicial officer has been actuated by an oblique motive or corrupt practice - No direct evidence is necessary - A charge of misconduct against a Judge has to be established on a preponderance of probabilities - The Appellant had absolutely no convincing explanation for this course of conduct - Punishment of compulsory retirement directed.

A wanton breach of the governing principles of law or procedure by a Judge is indicative of judicial officer has been actuated by an oblique motive or corrupt practice. In the absence of a cogent explanation to the contrary, it is for the disciplinary authority to determine whether a pattern has emerged on the basis of which an inference that the judicial officer was actuated by extraneous considerations can be drawn - It is not the correctness of the verdict but the conduct of the officer which is in question- . There is on the one hand a genuine public interest in protecting fearless and honest officers of the district judiciary from motivated criticism and attack. Equally there is a genuine public interest in holding a person who is guilty of wrong doing responsible for his or his actions. Neither aspect of public interest can be ignored. Both are vital to the preservation of the integrity of the administration of justice - A charge of misconduct against a Judge has to be established on a preponderance of probabilities - No reasons appear from the record of the judgment, for We have duly perused the judgments rendered by the Appellant and find merit in the finding of the High Court that the Appellant paid no heed whatsoever to the provisions of Section 135."

25.1.6. Former CJI Deepak Mishra is habitual in doing corruption to pass orders with ulterior motive to help accused and underserving persons. Following instances are sufficient to prove the same.

(i) Dying Declaration cum suicide Note of former Chief Minister Shri. Kalikha Pul **[Annexure-R-25]**

Where it is clearly explained as to how bribes of more than Rupees 100 of Crores was demanded by the Chief Justice of India to stay the CBI investigation against the powerful accused and for passing orders.

(i) Rs. 77 Crores by former Chief Justice of India J. S. Khehar through his son.

(ii) Rs. 27 Crores by former Chief Justice of India Deepak Mishra through his brother.

(iii) Rs. 47 Crores by former Chief Justice of India H. L. Dattu.

The abovesaid allegations are never denied by all the accused Judges who were Chief Justice of India

25.1.7. Justice Deepak Mishra is also named as accused in an another related with an F.I.R regarding Medical Council case where Allahabad High Court Judge Shri. Narayan Shukla is charge - sheeted by C.B.I

25.1.8. In a reply affidavit filed by Sr. Adv. Prashant Bhushan before Hon'ble Supreme Court on **02.08.2020** in **Suo Moto Contempt (Crl.) No. 1 of 2020 Re: Prashant Bhushan** he made serious submissions against Chief Justice DipakMisra. Said paras reads thus;

Medical College Bribery Case

"101. *The facts and circumstances relating to the prasad Education Trust case, suggest that chief Justice DipakMisra may have been involved in the conspiracy of paying illegal gratification in the case. The chief Justice of India, Justice DipakMisra presided over every Bench that heard the matter of this medical college which was the subject matter of the investigation in the FIR registered by the CBI. The facts and circumstances which raised reasonable apprehension about the role of Justice Dipak Mishra in prasad Education Trust matter were as follows:*

102. *By order dated 1.08.2017 the bench headed by Justice DipakMisra in the Prasad Education Trust petition ordered that the government consider afresh the materials on record pertaining to the issue of confirmation or otherwise of the letter of permission granted to the petitioner colleges/institutions and that the central Government would re-evaluate the recommendations of the MCI, Hearing committee, DGHS and the oversight Committee. This by itself was not extraordinary. A copy of the order dated 1.08.2017 is annexed as Annexure C21 (302-323)*

103. *on 24th August 2017, a Bench headed by Chief Justice DipakMisra, granted leave to the Prasad Education Trust to withdraw the said writ petition and to approach the Allahabad High Court. This was certainly unusual, given the fact that Justice DipakMisra was directly dealing with many other cases of similarly placed medical colleges to whom MCI had refused recognition. A copy of the order dated 24.08.2017 is annexed as Annexure C22 (324-331)*

104. *Then on the 25tr'of August 2017 itself, the Allahabad High Court granted an interim order to the Prasad Education Trust allowing them to proceed with counselling and directing the Medical Council of India not to encash their bank guarantee' Thereafter on 29th August 2017, in hearing the SLP filed by the Medical Council of India from the order of the Allahabad High Court granting relief to the Prasad Education Trust, the Bench headed by Chief Justice DipakMisra, directed that while the writ petition before the High Court shall be deemed to have been disposed of, liberty is granted to the Prasad Education Trust to again approach the Supreme Court under Article 32 of the Constitution of India. The granting of liberty to the college to approach the Supreme Court again in such circumstances was very unusual. This is compounded by the fact that the interim order of the High Court allowing counselling to continue and thereby admissions to continue, was not expressly set aside by this order disposing of the writ in the medical college in the High Court. A copy of the Allahabad High Court order dated 25.08.2017 is annexed as Annexure C23 (332) A copy of the order in the SLP dated 29.08.2017 is annexed as Annexure C24 (333-334)*

105. *Thereafter on 4th September 2017, Justice DipakMisra issued notice on the new writ petition filed by the Prasad Education Trust (writ petition no.797/2017). It was surprising that notice should have been issued on this fresh writ petition of the college if indeed the matter stood concluded by disposing of the writ petition of the college in the High court on the basis of Mr. MukulRohtagi's statement that he does not seek any relief other than no encashment of the bank guarantee. It was even more unusual because on lstSeptember 2017, the same bench had already given a judgment in the matter of a similar medical college namely Shri venkateshwara University (Writ petition no. 445/2017), by stating that,*

> *"The renewal application that was submitted for the academic session 2017-2018 may be treated as the application for the academic session 2018-2019. The bank guarantee which has been deposited shall not be encashed and be kept alive".*

106. *This indeed became the basis of the final order in the prasad Education Trust writ petition which was shown to be dated 18th September 2017. If the matter had to be disposed off mechanically by following the judgment of 1st September 2017, in the other medical college case, where was the occasion for first giving liberty and then entertaining the fresh petition of the college on 4thseptember 2017 and keeping it alive till at least the 18th of September 2017?*

107. *It is also important to note that officials of Venkateshwara College are mentioned in the CBI FIR as under:*

> *"Information further revealed that shri B P Yadav got in touch with Shri I M Quddusi, Retd. Justice of the High Court of Odisha and Smt. Bhawana Pandey r/o N-7, G.K. -1, New Delhi through Sh. ShudirGiri of Venkateshwara Medical College in Meerut and entered into criminal conspiracy for getting the matter settled"*

108. *The order dated 18th September 2017, was not uploaded on the Supreme Court website till the 21" of September evening as is clear from the date stamp on the 18tr' September 2017 order. The order was uploaded 2 days after the registration of FIR by the CBI. This puts a question mark on whether indeed the order was dictated in open court that day or whether it was kept pending and dictated after the registration of the FIR and the reporting of that in the media. Besides the order uploaded to the website has the date of 21st September 2017 stamped on it.*

Evidence avoiluble with the CBI

110. *The CBI lodged an FIR on the 19th of September 2017, in the matters relating to criminal conspiracy and taking gratification by corrupt or illegal means to influence the outcome of a case pending before the Supreme Court. The FIR reveals a nexus between middlemen, hawala dealers and senior public functionaries including the judiciary. The case in which the FIR had been filed involves a medical college set up by the Prasad Education Trust in Lucknow. As it appeared from the FIR lodged by the CBI, an attempt was being made to corruptly influence the outcome of the petition which was pending before the Supreme Court. The said petition was being heard by a bench headed by Justice Dipak Misra.*

111. *The evidence with the CBI, before it registered this FIR, included several tapped conversations between the middleman Biswanath Agarwala, Shri I.M. Quddussi, Retd. Judge of the Orissa High*

Court and the Medical College officers. The transcripts of some of these conversations dated 3.09.2017 and 4.09.2017, had been received by the Campaign from reliable sources and may be verified from the CBI. A copy of the transcript of conversation tapped by the CBI on the 3.09.2017 in Hindi original and translated into English is annexed as Annexure C30 (348-351) A copy of the transcript of conversation tapped by the CBI on the 4.09.2017 in Hindi original and translated into English is annexed as Annexure C31 (352-359)

112. *It is important to note that the tapped conversation on 3.09.2017 between Shri Quddusi and Biswanath Agarawala (middleman), indicate that negotiations were on to get the matter of the Prasad Education Trust Medical College settled in the Apex Court. It is relevant to note that the writ petition no. 797/2017 of the Prasad Education Trust was admitted a day later, on the 4.09.2017 by a Bench headed by the Chief Justice Dipak Misra, that issued notice on the new writ petition filed by the Prasad Education Trust. Reference had been made in the conversations to the "Captain" who would get the matter favourably settled on the payment of the bribes.*

113. *Further, the tapped conversation from 4.09.2017 between Biswanath Agarwala, Shri I.M. Quddussi and Mr. BP Yadav (of Prasad Education Trust), referred to the said petition under article 32 being filed on 4.09.2017 and that the next date for hearing given by the Court being "Monday". The Monday after 4.09.2017 is 11.09.2017 when the matter of Prasad Education Trust was indeed listed and again heard by a bench headed by the chief Justice of India that directed the matter to be further listed on the 18.09.2017.*

114. *This evidence available with the CBI, of the tapped conversations between Shri Quddussi, middlemen and the medical college officials, revealed that a conspiracy, planning and preparation was underway to bribe the judge/judges who were dealing with the case of this medical college. It further revealed that negotiations regarding the amount of bribes to be paid were still on while the matter was listed before a Bench headed by Chief Justice DipakMisra on 4.09.2017 and 11.09.2017. The references in the conversations between the middleman BiswanathAgarwala from Orissa and the officers of Prasad Education Trust to* ***"Captain... has all over India" and to "sir will sit for 10-15 months"*** *seem to be referring to the Chief Justice. In light of the convoluted course that the case followed and in light of these tapped telephonic conversations, this matter needed an independent investigation to ascertain the veracity of the claims being made in the conversations, of the plans to allegedly pay bribes to procure favourable order in the case of the Prasad Education Trust in the Supreme Court and to also clear the doubt about the role of the then Chief Justice of India.*

Denial of permission to the CBI to register an FIR against Justice Narayan Shukla of the Allahabad High court

115. *The most serious circumstance that emerged, which further strengthened the doubt regarding the role of the Chief Justice of India in the Prasad Education Trust matter, was his denial of permission to the CBI to register a regular FIR against Justice Shukla of the Allahabad High Court, who presided over the Bench that gave the interim order in favour of Prasad Education Trust. It was learnt from reliable sources that the CBI officers went to the Chief Justice of India on the 6th of September 2017, with the transcripts and other evidence recorded by them in the FIR and preliminary enquiry, showing almost conclusively the involvement of Justice Shukla in this conspiracy and his receiving gratification of at least one crore in the matter. The CBI Preliminary Enquiry report was registered on the 8th of September 2017 after the Chief Justice of India refused permission to register an FIR against Justice Shukla on the 6th of September 2017. Even after being made aware of this extremely important and virtually conclusive evidence against Justice Shukla in accepting gratification, the Chief Justice of India refused permission to the CBI for registering even a regular FIR against Justice Shukla, without which further investigation against him could not be done and he could not be charge-sheeted. It was also reliably learnt that the officers of the CBI had made a record of this denial of permission by the CJI in a notesheet. By preventing the registration of an FIR against Justice Shukla and later by dismissing the CJAR petition seeking a SIT probe into the allegation in the CBI FIR by a bench constituted by the Chief Justice, all investigation into the conspiracy to bribe judges for obtaining a favourable order had been virtually stalled. Ensuring that no further investigation was undertaken, into this serious charge of alleged judicial corruption, amounted to a seriously problematic use of power by the Chief Justice of India.*

116. *It was however subsequently reported that Justice DipakMisra had set up an in-house inquiry against Justice Narayan Shukla on the basis of some orders that he passed in another similar case of a Medical College. If this warranted an in-house inquiry, why was an in-house inquiry not ordered in the case of Prasad Education Trust where an identical interim order was passed by Justice Shukla and which came up before Chief Justice DipakMisra well before this. Also if this was serious enough for in-house inquiry why was permission denied to CBI to register an FIR particularly when the CBI had presented documentary evidence in the case.*

117. *It was later reported that the In*house inquiry recommended removal of Justice Shukla on the basis of which a85 recommendation was sent to the government to initiate impeachment proceedings against him. This recommendation was reiterated by the next Chief Justice Mr. RanjanGogoi as well. Nonetheless, the government failed to take action as per the recommendation and Justice Shukla was allowed to retire on 17th July, 2020, with all the benefits of retirement. This shows a serious lack of accountability."*

25.1.8. <u>JOINING OF CONSPIRACY BY JUSTICE ROHINTON FALI NARIMAN</u>:-

25.1.9. That, Justice Rohinton Fali Nariman in the abovesaid case presided the bench along with Justice Deepak Mishra and in order to further delay the matter passed an order.

In **<u>Kalpana Mehta Vs. Union of India (2017) 7 SCC 295</u>,** it is ruled as under;

*"**73.** As advised at present, we are prima facie of the view that the Parliamentary Standing Committee report may not be tendered as a document to augment the stance on the factual score that a particular activity is unacceptable or erroneous. However, regard being had to the substantial question of law relating to interpretation of the Constitution involved, we think it appropriate that the issue be referred to the Constitution Bench under Article 145(3) of the Constitution. We frame the following questions for the purpose of reference to the Constitution Bench:*

***73.1.** (i) Whether in a litigation filed before this Court either under Article 32 or Article 136 of the Constitution of India, the Court can refer to and place reliance upon the report of the Parliamentary Standing Committee?*

***73.2.** (ii) Whether such a report can be looked at for the purpose of reference and, if so, can there be restrictions for the purpose of reference regard being had to the concept of parliamentary privilege and the delicate balance between the constitutional institutions that Articles 105, 121 and 122 of the Constitution conceive?*

***74.** Let the papers be placed before the Hon'ble the Chief Justice of India for constitution of appropriate Bench."*

25.1.10. Said judgment in **(2017) 7 SCC 295,** is overruled by the Constitution Bench in the case of **Kalpana Mehta (2018) 7 SCC 1**. Surprising part is that Deepak Mishra himself overruled his own judgment However despite being serious matter of highest importance till date there is no final adjudication by the Supreme Court.

25.1.11. Justice Rohinton Fali Nariman is habitual in passing unlawful order to save the mighty accused. His involvement in the conspiracy of offences of forgery of court records, theft of documents, outsourcing the order and then publishing it on the Supreme Court website, fabrication of false evidence in conspiracy with Justice (Retd.) Deepak Gupta, Justice Aniruddha Bose is proved from the information given by the office of Chief Justice of India. Already a contempt petition and perjury petition are filed by the victim and Chief Justice of India withdrawn the case from the bench of Justice Aniruddha Bose. Through the copy of petition is served upon the accused Judges, but they have neither disputed nor denied the serious allegations.

Link:-http://www.worldindianews.com/2021/04/Contempt-ma-filed-nilesh-ojha-supreme-court.html

25.1.12. Under these circumstances the act of framing of issue without jurisdiction to indirectly help the mastermind accused Bill Gates needs an investigation by the C.B.I.

25.1.13. Construction Bench in **K. Veeraswami Vs. Union Of India (1991) 3 SCC 655,** has ruled that, the Judges of the Supreme Court including CJI is having no protection from the criminal prosecution and they can be prosecuted like a common man.

Even otherwise the offences committed by the Judges are punishable under section **409, 201, 302, 218, 219, 120(B) r/w 34** etc. of **Indian Penal Code** and it is not a part of their official duty and they cannot take the shelter of protection of sanction. **[Raman Lal vs. State 2001 Cri. L. J. 800, K. Rama Reddy Vs State 1998(3) ALD 305]**

25.1.14. Earlier few Judges of the Constitutional Courts are investigated for similar reasons;

i) **Shameet Mukhaerjee 2003 SCC OnLine 821.**

ii) **Justice NirmalYadav 2011 SCC OnLine P&H 415.**

iii) **Justice Shukla of Allahabad High Court**

iv) **V. K. TahilRamani**

25.1.14. Even otherwise the sanctioning authority is Hon'ble President of India there is no question of any hindrance in ordering investigation to expose the complete conspiracy

25.1.15. See Also;

i) **K. K. Dhawan(1993) 2 SCC 56.**

ii) **Umesh Chandra 2006 (5) AWC 4519 ALL.**

iii) **Jagat Patel (2016) SCC OnLineGuj 4517.**

iv) **Srirang Waghmare2019 SCC OnLine SC 1237.**

25.1.15. In **Raman Lal Vs State 2001 Cri. L. J. 800** it is ruled as under;

***"A] Cri. P.C. Sec. 197 – Sanction for prosecution of High Court Judge – Accused are Additional High Court Judge, Suprintendant of Police Sanjeev Bhatt and others** – The accused hatched conspiracy to falsely implicate a shop owner in a case under N.D.P.S. Act and when shop owner submitted to their demands he was discharged – Complaint u.s. 120-B, 195, 196, 342, 347, 357, 368, 388, 458, 482, I.P.c. and Sec. 17, 58 (1), (2) of NDPS Act – Held – there is no connection between official duty and offence – No sanction is required for prosecution – Registration of F.I.R. and investigation legal and proper.*

***B] Cri. P.C. Sec. 156 –** Investigation against accused Addl. High Court Judge – Whether prior consultation with Chief Justice is necessary prior filling of F.I.R. against a High Court Judge as has been laid down by Supreme Court in K. Veerswami's case (1991) (3) SCC 655) – Held – In K. Veerswami's case Supreme Court observed that the Judges*

are liable to be dealt with just the same as any other person in respect of criminal offence and only in offence regarding corruption the sanction for criminal prosecution is required – the directions issued by Hon'ble Supreme Court are not applicable in instant case.

C] The applicant – Ram Lal Addl. High Court Judge hatched criminal conspiracy – *The Bar Association submitted a representation to Hon'ble Chief Justice of India on 11-09-1997 requesting to not to confirm Raman Lal as Judge of the High Court – Later on he was transferred to Principal Judge of city Civil and Sessions Court at Ahmedabad – S.P. (C.I.D.) Jaipur sent a questionnaire through the registrar, Gujrat High Court to accused Addl. High Court Judge – Chief Justice granted permission to I.O. to interrogate – Later on I.O. sent letter to applicant to remain present before Chief Judicial Magistrate at the time of filing the charge-sheet – Applicant filed petition before High Court challenging it – Petition of applicant was rejected by High Court and Supreme Court in limine – No relief is required to be granted to petitioner in view of the facts of the case.*

D] 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 ommission 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.*

E] Jurisdiction – *Continuing offence – Held – Where complainants allegations are of stinking magnitude and the authority which ought to have redressed it have closed its eyes and not even trid to find out the real offender and the clues for illegal arrest and harassment are not enquired then he can not be let at the mercy of such law enforcing agencies who adopted an entirely indifferent attitude – Legal maxim Necessiatas sub lege Non continetureQuia Qua Quad Alias Non EstLictumNecessitasfacitLictum, Means necessity is not restrained by laws – Since what otherwise is not lawful necessity makes it lawful – Proceeding proper cannot be quashed.*

26. POINT NO:- 22 #:- MAIN CHARGE AGAINST ALL THE ACCUSED**.**

26.1. On the basis of materials, evidence and proofs of sterling nature the accused are liable to answer the following charge which is ex-facie proved.

26.2. The main accused Bill Gates and his allies of GAVI (Global Alliance for Vaccines and Immunizations) hatched a conspiracy to create a fix market for their vaccines and other drugs and in said conspiracy they joined other accused;

i) Bill Gates.
i) Dr. Anthony Fauci, Chief Medical Advisor to the President of US.
ii) Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization.
iii) Dr. Soumya Swaminathan, Chief Scientist at the World Health Organization.
iv) Mark Zuckerberg, Chief Executive Officer of Facebook.
v) Jack Dorsey, Chief Executive Officer of Twitter.
vi) Steve Chen, Chad Hurley, and Jawed Karim, YouTube (Google).
vii) Arvind Kejriwal, Chief Minister, Delhi
vii) Many others as mentioned in **Annexure-T13** and many other who which can be joined after thorough investigation.

26.3. In furtherance of said conspiracies they committed overt act and following act of commission and omission:

i) Created fake data.
ii) Suppressed and dishonestly concealed the actual data.
iii) Twisted the material facts.
iv) Created narratives and conspiracy theories.
v) Prepared policies of YouTube, Twitter, Facebook etc. to suppress and stop the truth and real information reaching.
vi) Removed the original and scientific information from platforms like YouTube, Twitter and others on the basis of bogus policies which are against the scientific data.
vii) Published bogus and sponsored **'facts check'** to counter the truth and to create confusion in the mind of common public and to discourage the people, Scientists and Doctors who possess scientific data.
viii) Managed to take control of **Government Health Agencies** of many countries to get the policies and rules framed to suit their ulterior purposes.
ix) Allowed the people to die but insured that, people should not get the easily available, safe and affordable medicine such as **Ivermectin, Hydroxychloroquine, Vitamin D3** etc. and Ayurvedic, Naturopathic treatments.
x) This was done to create fear in the minds of people so that the vaccine can be portrayed as the only alternative to save their lives and this would pave the way for easy **Emergency Use of Authorization** (EUA) of unapproved vaccine.
xi) The dangerous effects of vaccine were suppressed and the accused managed many **'media houses'** who covered it up.
xii) The inefficiency of vaccines and death of many people and many doctors even after getting two doses of vaccines were twisted, concealed, suppressed and people were misguided with the help of straw man fallacies.
xiii) The deaths due to vaccines were underreported by creating rules suitable to them.

xiv) They tried to counter the **Real Science** with the help of rhetoric i.e. **Bogus Science, straw man fallacies, sophistry, intellectual dishonesty and Pseudo Scientific conspiracy theories**.

xv) The mastermind of the conspiracy and head of Vaccine Syndicate Mr. Bill Gates has been already found guilty of unlawful and unauthorized trials of vaccines and causing death of 8 female children and **Parliamentary Committee of India's RajyaSabha** in their **72nd Report dated 28.08.2013** have already recommended for legal action against office bearers of Bill & Melinda Gates Foundation, officials of ICMR and other various accused responsible for such heinous crimes against humanity.

xvi) All the accused were and are well aware that by way of their act of commission and omission they are going to cause death of millions of innocent people.
But they have chosen money over the human values.
They are the offenders of humanity. They are guilty of Genocide.
They committed mass murders with cool mind and cold blood.
They have taken away the livelihood of common man and made the life of poor people no less than hell. Due to their conspiracies many people who managed to survive by taking their wrong and harmful medicines are now suffering with serious side effects which have made their lives miserable.
They don't deserve any sympathy or leniency. Else it will be injustice to all victims and injustice to all mankind.
The minimum punishment in this case will be the;

(a) Death penalty and

(b) Taking over all their movable & immovable properties and distributing it equally to all the people across the World.

27. REQUEST: - It is sincerely requested for;

(i). Immediate direction for implementation of Parliamentary Committee's 72nd Report and recommendations of investigation and prosecution of office bearers of **'toxic philanthropist'** and **Vaccine Syndicate's Bill & Melinda Gates** Foundation and the concerned officials of **Indian Council of Medical Research (ICMR)** responsible for death of 8 female children because of unauthorized, unlawful & unapproved vaccines;

(ii). Immediate direction to the Central Bureau of Investigation (CBI) for registration of First Information Report (FIR) for investigation and strict action under sections **115, 109, 302, 307, 304, 419, 420, 471, 474, 188, 505, r/w 120 (B) & 34 of IPC** & sections of Disaster Management Act 2005 and other provisions of the special acts against all the anti-national, anti-humanity elements, bio terrorists, 'Pharma Syndicates', 'Tech Syndicates' and 'Tech Bullies', who are involved in offences against entire humanity which are genocide (Mass Murders) of the citizens, caused by their acts of commission and omission related to Covid-19 pandemic as detailed in the draft charges given in the present complaint.

(iii). Immediate direction to concerned Authorities;

i) To issue Lookout Notices/Lookout Circulars (LOC) and arrest warrants against the accused whose involvement is ex-facie proved;

ii) To initiate action for attachment of movable and immovable properties of all of the accused and their companies;

iii) To commence custodial interrogation of the accused;

iv) To conduct a Lie –Detector Test, Brain Mapping Test, Narco Analysis test of all the prime accused such as Dr. Soumya Swaminathan, Dr. Randeep Guleria, Mr. Arvind Kejriwal Dr. Tedros Adhanom Ghebreyesus, Dr. Anthony Fauci, Bill Gates, Mark Zuckerberg, Jack Dorsey and others, on the grounds explained in this Representation-cum-Complaint.

(iv). Immediate direction to all the authorities to;

(i) Seriously consider the American Frontline Doctors (AFLDS) White Paper on Covid-19 and experimental vaccine candidates.

(ii) To not to force anyone for vaccination and strictly abide by the judgment of Hon'ble Supreme Court and various High Courts regarding the fundamental right of each citizen to his/her choice of treatment.

(iii) To inform the public about real dangers of the vaccine.

(iv) To inform the public about other proven, safe and more effective medicines.

(v) To not to spread fear about any further wave without verifying science evidence.

(v). Appropriate Direction as per the Report submitted by the Expert Committee to the office of Hon'ble Prime Minister with recommendations to not to administer vaccines on persons who have recovered from Covid-19 infection and have antibodies developed within their bodies.

(vi). Immediate direction for providing protection to all the Whistle-blowers and their witnesses who have already exposed and continue to expose the Syndicate comprising of BIG PHARMA, BIG TECH and BIG SCIENCE.

(vii). Direction for constituting separate enquiry committee regarding the timing of sudden waning of panic around the second corona wave in India which was fuelled by incessant reporting in media over shortage of oxygen and this panic and how & why the said hype got vanished after the investigation in 'Tool Kit' was commenced by the Delhi Police.

Date : 30.06.2021

Place : Mumbai

M.A. Shaikh
Secretary General
Human Rights Security Council
मानवाधिकार सुरक्षा परिषद