**This is a pro forma letter that can be addressed to the Council of a University by a student of that University where the University has adopted, or intends to adopt, a mandatory vaccination plan. The letter can be adapted as a letter from the parent of the student, alternatively, from an attorney representing the student.**

**[UNIVERSITY’S ADDRESS]**

**ATTENTION: The [insert name of University] Council**

**(the "Council")**

**Dear [insert name of the Chairperson of the Council, if known. If unknown, delete and address it to Council] / Council,**

**RE: MANDATORY VACCINES AT THE UNIVERSITY**

I am a student at your University with student number **[insert student number]**.

1. **Background**
	1. On **[insert date]**, the University announced, presumably on instruction of the Council, that it intended to adopt a mandatory vaccination policy (the **“Policy”**) which would require that all students and staff at the University would need to be vaccinated by **[insert date]**, unless that student or staff member was exempted from doing so.
	2. The Policy also referred to the fact that the Minister of Employment and Labour has issued a direction in terms of regulations made under the Disaster Management Act (the "**Direction**") which deals with measures designed to address, prevent and combat the spread of COVID-19 in certain workplaces.
	3. Amongst other things, the Direction requires that Employers, such as the University, develop a plan (the "**Plan**") outlining the measures that they intend to implement in respect of the vaccination of employees/staff of the University. The Direction requires Employers to consult in relation to the Plan. The Direction does **not** require Employers to adopt a plan for the vaccination of any employees and the Employer is entitled to conclude that it will not adopt any mandatory vaccination policy. The Direction also entitles any employee to refuse to be vaccinated on constitutional or medical grounds.
	4. It would appear to me that the Council of the University is relying on the Direction to similarly implement a mandatory vaccination policy for students. Throughout my letter I will refer to the policy for either employees or students simply as the **“Policy”** because it is clear that they are one and the same thing. In other words, the Council intends to implement a Policy for both employees and students, and unless exempted on either constitutional or medical grounds, that employee or student would be barred from accessing the University unless they are vaccinated.
	5. The Policy is defective in law including for the reasons set out in this letter. Notably, the Council has failed to comply with the Direction in that it has failed to conduct a proper risk assessment, including by failing to supply employees and students with references to the science that the Council relied upon, and by failing to properly consult with the employees or students, if even consulting at all. Alternatively, the Council has acted irrationally in implementing the Policy given the information set out below.

Before I will agree to be subjected to the Policy, I must inform the Council that I require that it addresses the deficiencies in the Policy as identified in this letter. Until those deficiencies have been addressed, I will not be participating in the Policy on legal, constitutional and medical grounds, including those set out below. Amongst other things, I will not be disclosing my vaccination status which is in accordance with my rights under the common law, Sections 9 and 12 of the Constitution, and in terms of the Promotion of Equality and Prevention from Unfair Discrimination Act, 4 of 2000.

* 1. I must place on record that I am not against vaccines in principle nor have I taken a permanent stance in relation to the COVID-19 vaccines ("**Vaccines**"). My position is based on the fact that: (a) the limitation on my rights that are implied by mandatory vaccination are not proportional to the risk that COVID-19 poses to other students, employees, clients or society in general; (b) the Vaccines do not prevent infection or transmission of the SARS-CoV-2 virus (the "**Virus**") and there is no scientific or practical evidence that they materially mitigate transmission of dominant variants of concern; (c) the Vaccines carry known risks that are disproportional to those faced by the average student or employee from COVID-19; and (d) the Policy is illegal. These grounds are set out fully below.
	2. COVID-19 has been with us for a very short period of time in scientific terms. New discoveries are being made constantly. Scientific consensus does not yet exist in relation to the Virus or the disease. This places a burden on those who implement measures like mandatory vaccination. Doctors are guided by the ethical principle, "First do no harm," which obliges them to do nothing rather than to take steps whose outcomes they cannot predict. So, it will be for the Council by choosing to mandate the Vaccine in this environment, that the Council takes on a responsibility to interrogate the science actively, to keep track of developments and to adapt its policies accordingly. The Council must be in a position to defend the science it relies on to argue that the campus and workplace is unsafe, that the Vaccines render it safe and that the extent of the improvement in the risk profile of the campus and workplace is proportional to the limitation of students’ and employees' rights.
1. **Lack of Proportionality**
	1. The campus and workplace can never be perfectly safe and the Council is not required to make it perfectly safe but only to take reasonable steps. Many of the activities that students and employees are required to engage in at the University are significantly more dangerous than the risks that COVID-19 poses. Crash helmets would, for example, make driving cars onto campus safer, but the Council does not mandate them. By way of further example, in 2019, double the number of confirmed deaths were recorded from Tuberculosis compared with the total confirmed deaths from COVID-19 in 2020 and yet the Tuberculosis vaccine was not mandated. Mandatory vaccination, which has never before been implemented by the Council of this University, constitutes a major infringement on students' rights and it could only be justified by a significant threat to the health of students and employees that will be mitigated by the Vaccines and cannot be reasonably mitigated by any other measures.
	2. If, indeed, you had done a proper risk assessment, you would have established that the Vaccines are unnecessary, including because the impact of COVID-19 poses no greater threat to the health of your students and employees than countless other risks that have traditionally not required the implementation of any measures, let alone invasive measures that infringe the Constitutional rights of students and employees.
	3. According to a study by Stanford University published by the World Health Organisation, the mean infection fatality rate ("**IFR**") for COVID-19 is 0.15%.[[1]](#footnote-1) IFR is a calculation of the percentage of people who are infected with a virus and die. The recovery rate of people who tested positive for the Virus is over 99%[[2]](#footnote-2) in most countries that have been materially affected by the Virus. The survival rate is set out in the table below which is again derived from the work of Stanford University and published in Medrxiv, a respected scientific journal.[[3]](#footnote-3)

|  |  |  |
| --- | --- | --- |
| **Age** | **Infection Fatality Rate** | **Infection Survival Rate** |
| 20-29 | 0.01% | 99.99% |
| 30-39 | 0.03% | 99.97% |
| 40-49 | 0.08% | 99.92% |
| 50-59 | 0.30% | 99.70 |

* 1. A recent large-scale study by Public Health England of 300,000 confirmed cases of the Delta variant (the most dominant in South Africa) of SARS-CoV-2 showed that the under 50 unvaccinated age group had a hospitalisation rate of 0.48% (1443 / 300,000) and a 0.016% chance of dying (48/300,000).[[4]](#footnote-4) 84% of the South African population is under 50 and this statistic will be even higher within the Council's student pool and workforce.
	2. The IFR for flu is generally stated as between 0.1% and 0.2%. The CDC puts the IFR for flu in the United States as slightly higher.[[5]](#footnote-5) As has been stated from the onset of the virus, the IFR for flu is therefore roughly the same as for COVID-19. The suggestion, therefore, that the campus is less safe without a COVID-19 Vaccine mandate than it was without a flu vaccine mandate has no basis in logic or science.
	3. In the United States, only about 6% of the total recorded COVID-19 deaths were deaths from COVID-19 alone.[[6]](#footnote-6) The singular focus on the virus led to unprecedented testing at high cycle thresholds which resulted in people testing positive who would ordinarily not have been diagnosed with COVID-19.
	4. Public health authorities purposefully overstated the virulence of SARS-COV2 in order to motivate certain behaviours through fear[[7]](#footnote-7). The following factors are amongst the many mitigating factors that have resulted in the overstatement of the risk:
		1. "Asymptomatic spread" (transmission by people who are not ill) is very rare.[[8]](#footnote-8)
		2. People who have recovered from COVID-19 have robust and long-lasting immunity[[9]](#footnote-9)[[10]](#footnote-10) that is better than vaccine-induced immunity and with a large percentage of our population being recovered,[[11]](#footnote-11) high vaccination levels are not required. The largest real-world analysis comparing natural immunity to the protection provided by the Pfizer-BioNTech vaccine showed that "natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2 than vaccines". "People given both doses of the Pfizer-BioNTech vaccine were almost six-fold more likely to contract a delta infection and seven-fold more likely to have symptomatic disease than those who recovered." They were also "27 times more likely to have a symptomatic breakthrough infection" than those who have developed natural immunity.[[12]](#footnote-12)
	5. The reinfection rate for those who have previously contracted COVID-19 is extremely low[[13]](#footnote-13) at 0.7%.[[14]](#footnote-14) More importantly, most reinfections are asymptomatic or mild, with low death rates. In a recent study, out of 43,000 people naturally infected, only one case of reinfection was severe, and none resulted in death.[[15]](#footnote-15) All recent studies show that immunity in recovered individuals remains effective at the date of the study[[16]](#footnote-16) and will possibly last for a lifetime.[[17]](#footnote-17) **[NOTE: IF YOU AS THE STUDENT HAVE RECOVERED FROM AN INFECTION, THEN THIS SHOULD BE MENTIONED HERE AS THERE IS NO JUSTIFICATION FOR VACCINATION IN THAT CONTEXT.]**
	6. The belief that COVID-19 poses a serious risk has been driven by the use of an inappropriate testing regime that relies on the Reverse Transcription - Polymerase Chain Reaction (PCR) Test, which suffers from known issues.[[18]](#footnote-18) PCR Tests cannot distinguish between live virus and non-infective RNA. The PCR Test was not designed to be a diagnostic tool; its intended use being as a manufacturing technique to replicate DNA sequences.[[19]](#footnote-19) Laboratories, including in South Africa, adopted magnification cycles far in excess of those recommended, resulting in significant inaccuracy of the results. Even after the WHO recommended[[20]](#footnote-20) lowering the cycle threshold, laboratories in South Africa failed to comply.[[21]](#footnote-21) According to the FDA, positive results via a PCR Test do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definitive cause of disease.[[22]](#footnote-22) On 21 July 2021, the CDC withdrew its request to the FDA for Emergency Use Approval for the PCR Diagnostic Panel.[[23]](#footnote-23)
	7. Since March 2020, several therapeutic treatments for SARS-COV2 have been available, which have been shown to be effective in treating COVID-19 including zinc and medical doses of vitamins C and D. In a Paper published in the American Journal of Medicine in January 2021, it was shown that a combination of therapeutics is extremely effective at combating COVID-19.[[24]](#footnote-24)
	8. Non-pharmaceutical interventions are patently not responsible for the IFR of COVID-19. Countries and regions that did not implement lockdowns or masks performed just as well as those that did.[[25]](#footnote-25) None of the non-pharmaceutical interventions that were implemented were recommended by any public health body prior to COVID-19.[[26]](#footnote-26) This is because they were known not to be effective. The IFR of COVID-19 set out above is therefore the true measure of the Virus unmitigated.
	9. Three different antibody studies conducted this year found an average of 47% and as high as 63% of people had been infected in South Africa, as of May 2021. [[27]](#footnote-27) In the Western Cape’s largest township (Khayelitsha), this rate was as high as 68% in March 2021.[[28]](#footnote-28) Since these studies, the third wave has resulted in even more people being infected and giving them protection that is universally recognised as equivalent to vaccination and probably better. Discovery now estimates that up to 80% of South African have already contracted COVID-19.[[29]](#footnote-29)
	10. Had the Council conducted a proper risk assessment, it would have determined that the Virus does not pose a significant risk to students (or employees). The hype regarding the Virus was purposefully created by public health authorities believing it to be the best way to generate a favourable response from the public, but the science shows that the risks are in line with the risks posed by other respiratory viruses. The measures the Council has always taken to combat respiratory viruses are sufficient and additional steps like sanitising already improve the situation. Many students and employees are already immune and there is no justification for vaccinating them. Certainly, there is no justification for an invasive mandatory vaccination scheme – this is simply not proportional to the risk posed.
1. **The Vaccines do not Prevent Infection or Transmission**
	1. The argument for mandatory vaccination relies on the myths that the COVID-19 Vaccines’ function like other vaccines to render the patient immune from the disease and that they thereby prevent transmission of the virus. It is no coincidence that the word "immunisation" is not used in reference to these Vaccines. They do not render the patient immune – unlike vaccines against other diseases like polio.
	2. The Vaccines do not protect against infection with currently circulating variants.
	3. The Vaccines do not prevent transmission of all variants. This is not only admitted by the manufacturers and public health authorities globally but there are many examples of outbreaks of the Virus amongst fully vaccinated populations including an outbreak on a UK military ship amongst fully vaccinated troops.[[30]](#footnote-30) In the most vaccinated countries on the planet, massive numbers of cases have continued to be reported notwithstanding vaccination. This includes Israel, which currently had the largest number of active cases per million of any country in the world notwithstanding substantially all of the adult population having been vaccinated. A change in the definition of "fully vaccinated" in Israel resulted in many people who were previously considered vaccinated, no longer being considered vaccinated.[[31]](#footnote-31) This change occurred after the failure of the vaccine to reduce transmission had already been established.
	4. It has been shown that the Vaccines heighten the risk of infection with COVID-19 through an immunosuppression effect.[[32]](#footnote-32)
	5. It has also been shown scientifically, in the context of the delta variant, that there is no difference between the viral load of vaccinated people and unvaccinated people.[[33]](#footnote-33) The study by the University of Wisconsin found, "Furthermore, individuals with vaccine breakthrough infections frequently test positive with viral loads consistent with the ability to shed infectious viruses."
	6. It must also be noted that vaccinating students or employees is not a moral imperative. It is not practically possible to eliminate the Virus entirely given the impracticality of vaccinating all humans at the same time and given the animal reservoir, i.e., the fact that animals can contract the Virus and pass it on to humans at any time. Furthermore, mass vaccination during a pandemic is contra-indicated given the tendency to cause more deadly variants to emerge.
	7. The Vaccines claim to help the vaccinated person by reducing the impact of the Virus and diminishing the risk of requiring hospital attention and of death. Since, with the currently circulating variants, a vaccinated person carries the same viral load as an unvaccinated person and is capable of infecting others, it cannot be said that vaccinated students or employees pose less of a risk than unvaccinated students or employees. In practice, we see that the Vaccines have had no impact on reducing cases. As such, the Policy is irrational in that it makes an assumption (that the Vaccines will prevent or materially reduce transmission) that is unsustainable scientifically or by observation.
2. **Vaccine safety**
	1. Incontestably, the Vaccines, like any drug, have an associated risk of side effects and complications. They are not totally benign. The risk analysis is particularly heavily weighted against the Vaccines for younger people, whose risks from COVID-19 are negligible. Self-evidently, it is such younger people that comprise the majority of students at the University.
	2. Clinical trials on the Vaccines are scheduled to complete in 2023.[[34]](#footnote-34) They have not been completed as at the date of this letter. Accordingly, the medium- and long-term side effects of the Vaccines are unknown. They are currently distributed in South Africa under a temporary, 6-month emergency use authorisation.
	3. The manufacturers of the Vaccines have **no** liability for any side effects. There continue to be new side effects being reported and/or listed by bodies such as the FDA. These side effects are only the short-term side effects. They include myocarditis, blood clots and facial nerve disorders, with new reports indicating a possible side effect related to a nerve/nervous system disease (Guillain-Barre syndrome).[[35]](#footnote-35) The long-term side effects are unknown.
	4. The three most widely known adverse event reporting systems all show significant adverse events from the Vaccines. Notably, data reported into the US system establishes clearly that the Vaccines are by far the most dangerous vaccines ever distributed in human history, with more than half the deaths from all vaccines reported over the last 31 years being deaths after COVID-19 vaccines administered over the last 6 months.
3. **Legal Issues**
	1. **The Direction is Illegal**
		1. The Constitution provides[[36]](#footnote-36) that no legislation that authorises a state of emergency, and no legislation enacted or other action taken in consequence of a declaration, may permit or authorise any derogation from the non-derogable rights set out in the bill of rights. That is, the limitations clause does not apply during a state of emergency to the non-derogable rights.
		2. There is no definition in the Constitution of a state of emergency. The features of a state of emergency are that the life of the nation is threatened, including by a natural disaster or other public emergency, and the declaration of the emergency is necessary to restore peace and order. The "state of disaster" meets these requirements. It is a state of emergency by a different name. It was specifically[[37]](#footnote-37) called to respond to a natural disaster and amongst other things, its purpose is "preventing or combatting disruption." Under the state of disaster, the military has been deployed and curfews have been implemented. The state of disaster has prevailed for more than 600 days without any Parliamentary oversight.
		3. During a state of emergency, the right to equality is non-derogable in relation to discrimination, amongst other grounds on the basis of religion (including thought, conscience, belief and opinion). It is entirely non-derogable in relation to human dignity. It is also non-derogable in relation to the right not to be subjected to medical or scientific experiments without informed consent.
		4. The Direction amounts to legislation enacted in consequence of a declaration of a state of emergency that purports to limit the non-derogable rights. It is therefore illegal.
	2. **Occupational Health & Safety Act**
		1. I understand that the Policy has been justified on the basis that the Occupational Health and Safety Act, 85 of 1993 ("**OHSA**"), requires that the Council of the University maintains a safe learning/working environment. This is not an absolute obligation and again proportionality is required.
		2. Section 8(1) of the OHSA states: "Every employer shall provide and maintain, **as far as is reasonably practicable**, a working environment that is safe and without risk to the health of his employees."
		3. Section 8(2) states: "Without derogating from the generality of an employer's duties under 40 subsection (1), the matters to which those duties refer include in particular-

...

(d) establishing, **as far as is reasonably practicable**, what hazards to the health or safety of persons are attached to any work which is performed, any article or substance which is produced, processed, used, handled, stored or transported and any plant or machinery which is used in his 55 business, and he shall, **as far as is reasonably practicable**, further establish what precautionary measures should be taken with respect to such work, article, substance, plant or machinery in order to protect the health and safety of persons, and he **shall provide the necessary means to apply such precautionary measures**;"

* + 1. The obligations of the Council are not absolute and the imperative to render the campus and workplace safe must be implemented proportionately to students’ and employee's rights.
	1. **The Employment Equity Act**
		1. Section 6 of the Employment Equity Act provides that: "No person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy or practice, on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language, birth or on any other arbitrary ground."[[38]](#footnote-38)
		2. Annexure C to the Direction makes it clear, in sections 4 and 5 thereof that:

"4. The key principle of the[se] guidelines is that employers and employees should treat each other with mutual respect. A premium is placed on Public Health Imperatives, the constitutional rights of employees and the efficient operation of the employer’s business."

and

"5. Subject to any applicable collective agreement, a plan contemplated in Direction 3 that requires all employees identified in terms of that direction to be vaccinated in accordance with the National Covid-19 vaccination roll out plan, should provide the following:

(a) Every employee identified by the employer in terms of section 3(1)(a)(ii) should be notified of -

(i) the obligation to be vaccinated as and when a vaccine becomes available to that employee;(ii) the right of an employee to refuse to be vaccinated on constitutional or medical grounds;(iii) the opportunity for the employee, at the employee’s request, to consult a health and safety representative or a worker representative or a trade union official."

* 1. The Policy does not comply with the Employment Equity Act or the rules set out in the Direction to give effect to that Act and is therefore illegal. Furthermore, under the Direction, each employee has a right to refuse the Vaccine. A student would similarly have a right to refuse the Vaccine. The Direction does not set out any consequence that arises if an employee refuses to be vaccinated. An employee's refusal to take the Vaccine cannot therefore amount to misconduct or any other breach of the agreement between the University and the employee. An employee cannot therefore be dismissed or otherwise refused access to the University for refusing to take a Vaccine. A similar analysis must apply to students. Additionally, it is the University’s own stated policy to undertake to collectively and individually oppose and take steps to prevent racial, gender and other forms of discrimination and to promote social justice and equity.

* 1. **Definition of COVID-19 Vaccine**
		1. The definition of a COVID-19 vaccine is set out in the Direction as follows:



* + 1. There is currently no medication that qualifies as a "COVID-19 Vaccine" in terms of the Direction. Firstly, the vaccines patently do not prevent death and no such claim is made by any organisation let alone the WHO or the South African Health Products Regulatory Authority ("**SAHPRA**"). SAHPRA acknowledges that the vaccines do not prevent an individual from being infected with the virus or from transmitting the virus and they patently do not prevent severe disease or death. Secondly, the vaccines have not been scientifically evaluated and recommended by the WHO. The Vaccines have been "validated" by the WHO and they are listed for emergency use only. Thirdly, only the J&J vaccine has been approved by SAHPRA, and all the other Vaccines have not been approved by SAHPRA. The current registration is under Section 21 of the Medicines and Related Substances Act which is for distribution of an unregistered medicine. The s21 authorisations are only valid for 6 months.
		2. As a result, there is no vaccine that I can be compelled to take since the only Vaccines that the Council may be entitled to mandate under the Direction do not currently exist.
	1. **Constitutional Rights**
		1. No vaccine or medical intervention has ever been mandatory in South Africa. This stems from our Constitution and the nature of individual freedoms and the rights of individuals to make decisions concerning their health in a fully independent manner.
		2. The Constitution, including Sections 9 and 12 of the Constitution protect my right to bodily integrity and the right not to be discriminated against. These rights are given further colour by the Promotion of Equality and Prevention from Unfair Discrimination Act, 4 of 2000. Coercion or forced vaccination is a direct infringement of human dignity. These rights can only be limited by a law of general application and only if no other, less restrictive means, are available. As has been demonstrated above, there are several less restrictive measures available to achieve the goals of the Direction.
		3. It is accepted that certain Constitutional rights may be limited by a law of general application and then only insofar as no other less restrictive means are available.
		4. The Direction was merely gazetted in terms of regulations under the Disaster Management Act, 57 of 2002. The Direction ceases to be valid when the state of disaster no longer exists. As such, the Direction is not a law of general application. Moreover, since the Direction does not require the Council to implement a mandatory vaccination scheme, the Policy has been implemented by the Council's choosing and not by any law, and notably, not a law of general application.
		5. Given the information set out above, the limitation of my rights, including the rights to, dignity, equality, to access education and bodily integrity would not be reasonably and justifiably limited by a mandatory vaccination scheme even if it were competent at this time to limit the non-derogable rights. Furthermore, by mandating a vaccine and thus limiting my right to bodily integrity, the University is forcing me to choose between two fundamental rights that of bodily integrity and the right to higher education.
		6. My right to privacy is Constitutionally guaranteed. My medical status is private, sensitive information and, as a matter of law, I cannot be forced to reveal that status to the Council or any employees of the University. This would, obviously, include my vaccination status, which must remain confidential between me and my doctor or healthcare provider.
	2. Whether a student or employee is vaccinated or not has no impact on the University’s ability to conduct its normal operations. It is not information that it needs to perform those operations. Therefore, no University or employer can demand that its students or employees reveal their vaccination status, whether it is for SARS-COV2 or any other infectious disease. Any such direction would be unlawful and a breach of the student’s agreement with the University and the employee’s employment contract.
	3. Any disciplinary action premised on either my failure to reveal vaccination status or any perceived failure to submit to the vaccine will therefore be unlawful and there is ample legal precedent in South Africa confirming that students and employees cannot be required to voluntarily reveal their medical status to their employer. The Courts have strongly condemned this behaviour in many cases. They will do the same in this one.
	4. **International Law**
		1. South Africa is a member of UNESCO and has assented to the Universal Declaration of Bioethical and Human Rights.
		2. Article 3 of the said declaration states:

“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.”

* + 1. Article 4 of the declaration states:

“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 maximised and any possible harm to such individuals should be minimised.”

* + 1. Article 5 of the declaration states:

“The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected. For persons who are not capable of exercising autonomy, special measures are to be taken to protect their rights and interests.”

And,

* + 1. Article 6 states:

“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.”(my emphasis)

* + 1. The Policy is therefore both in breach of South African law as well as International law.
	1. **Council’s Liability**
		1. I wish to point out that should I, notwithstanding this letter, be coerced or forced into taking a Vaccine, quite aside from any damages that I might seek for breach of the agreement with the University or breach of any laws, I will hold the Council liable in damages for any adverse events that I may suffer now or at any time in the future.
		2. In this regard, it is noted that there is no legislation that requires the Council to introduce a mandatory vaccination programme. The Council's decision to implement such a programme renders the Council liable. It would be manifestly negligent for the Council to demand that its students or employees submit to a medical treatment, without, at the very least, having conducted investigations to determine:
			1. The efficacy of the proposed Vaccines;
			2. The need for the proposed Vaccines; and
			3. The safety of the proposed Vaccines.

* + 1. The Council would need to have on record medical and scientific advice relating to these points since it has elected to implement the Policy. Such information would need to be maintained by the Council to ensure that it is current throughout the period during which the Policy is maintained. Given that the Vaccines' efficacy wanes after 6 months, the Policy represents a permanent policy.
		2. I trust that the Council has obtained this information and I request copies of all relevant documents. Without these, the Council is exposed to a liability that is not covered by the Council's insurance policy and is not covered by a claim against the Vaccine manufacturer.
1. **Conclusion**
	1. Ethically and morally, students in the strict sense and all persons in the broader sense should be allowed to decide for themselves whether or not to take the Vaccines.
	2. Similarly, the default position under the Constitution is that every person has the right to decide for themselves. Many of the relevant rights of students or employees cannot be limited in any manner whatsoever during the current emergency. Even if limitations were legal at this time, the mandating of Vaccines is not proportional to the harm.
	3. Moreover, the Vaccines are incapable of ameliorating the situation as they do not render the vaccinated immune, they do not prevent transmission of the Virus by the vaccinated person and there is no evidence that they reduce transmission in society materially or at all. On the contrary, scientific and empirical evidence suggests that transmission has reached new highs despite high Vaccines penetration in other countries.
	4. The Direction and your Policy is illegal for the reasons set out above.
	5. Government has not mandated the Vaccines and by choosing to mandate them, the Council is taking on liability for any vaccine adverse events.
	6. In light of the foregoing matters, any Council direction that students or employees be vaccinated against SARS-COV2 is not lawful, reasonable or proportionate. The Policy is therefore unlawful and any attempt to enforce it will be strenuously defended.
	7. I have referenced all of the points made in this letter copiously with published science. This establishes a weight of scientific evidence in my favour. I require that you supply me with a full record of all of the scientific papers and all medical advice that you have relied upon in implementing the Policy, failing which I will assume that you implemented the Policy in the absence of such data.
	8. Should I be coerced or forced into taking the Vaccine, all of my rights to recover any damages that I or my family may suffer as a result of an adverse event are strictly reserved.
	9. I trust that further action will not become necessary and I look forward to receiving your confirmation that I will not be forced to comply with the Policy, whether I have a reason to or not, and that the Council will not deny **any** student access to the University for the reason that they refuse the Vaccines.

Yours sincerely,

1. <https://www.who.int/bulletin/online_first/BLT.20.265892.pdf> [↑](#footnote-ref-1)
2. <https://www.collective-evolution.com/2020/11/28/covid-19-has-a-99-95-survival-rate-for-people-under-70-stanford-professor-of-medicine/> [↑](#footnote-ref-2)
3. <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1> [↑](#footnote-ref-3)
4. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf> [↑](#footnote-ref-4)
5. To calculate the IFR, divide deaths by symptomatic illnesses in Table 1 of the following paper - <https://www.cdc.gov/flu/about/burden/past-seasons.html?web=1&wdLOR=c0E4693DF-08ED-4B39-B0B2-0439964D0DEF>. [↑](#footnote-ref-5)
6. <https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm>. <https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbiditieshttps://www.the-> hospitalist.org/hospitalist/article/220457/coronavirus-updates/comorbidities-rule-new-yorks-covid-19-deaths [↑](#footnote-ref-6)
7. See Annexure NH7 to the following affidavit: <https://www.pandata.org/dearsa-court-case-affidavit/> [↑](#footnote-ref-7)
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