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HEALTHCARE
PRACTITIONERS
CALL FOR AN
IMMEDIATE END TO
MANDATORY
“VACCINATIONS”

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1. Preamble

Over the last few weeks, healthcare practitioners in South Africa have been inundated with requests for medical exemptions from the Covid-19 vaccines. From being “heroes on the frontline”, saving lives, healthcare professionals have become the last resort to many who are faced with the unfair and unconstitutional choice of “jab vs job”.

Our President, Mr Cyril Ramaphosa has emphasised that all measures taken over the last 2 years were to save “lives AND livelihoods.” He led us to believe that “nobody will be forced to take the vaccine”. South Africans who succumbed to the constant media barrage honestly thought they were “doing the right thing”, and “protecting those around them” by taking the injection. Many of them (more than 97% in fact) of the double jabbed have realised that something is amiss. Twenty nine percent of South Africans, as of 27 February 2022, have received two doses, and only one million South Africans have chosen to take the “booster” so far.

<https://sacoronavirus.co.za/latest-vaccine-statistics/>

Why then are so many South African businesses, institutions, and universities mandating these jabs? Whatever their reasoning may be, it is flawed, discriminatory, and unconstitutional.

The concept of “choice” needs to be unpacked and I will address this under five headings for clarity:

2. “For the greater good” is a moot point

Section 12.2 of the South African Constitution states: “Everyone has the right to bodily and psychological integrity, which includes the right

(a) to make decisions concerning reproduction;

(b) to security in and control over their body; and

(c) not to be subjected to medical or scientific experiments without their informed consent.”

<https://www.gov.za/sites/www.gov.za/files/images/a108-96.pdf>

I am aware of the Section 36 “Limitation of Rights” clause, however this has been exploited and misused by management and policymakers. The simple fact of the matter is, a “vaccinated” person can get infected with SarsCov-2 after being injected. Any infected person, “vaccinated” or vaccine free, can transmit the virus.

Fully vaccinated individuals with breakthrough infections have peak viral loads similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts, according to the study findings in The Lancet Medical Journal (Volume 22, Issue 2, February 2022).

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

A pre-print study funded by the United States Centers for Disease Control and Prevention (CDC) concluded that “clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons”.

<https://www.medrxiv.org/content/10.1101/2021.11.12.21265796v1>

Similarly, researchers in California observed no major differences between vaccinated and unvaccinated individuals in terms of SARS-CoV-2 viral loads in the nasopharynx, even in those with proven asymptomatic infection.

<https://doi.org/10.1101/2021.09.28.21264262>

Furthermore, a pre-print study that was released on MedRXiv by a team of researchers in Denmark shows that the experimental “vaccines” provide zero protection against Omicron, beginning two months after vaccination (which they refer to as “peak” protection).

After just three months, fully vaccinated individuals begin to experience sharp negative protection. Researchers found that those who received the Pfizer vaccine were an astounding 76.5% more likely to have a breakthrough infection than their unvaccinated counterparts once 90 days had passed.

<https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3.full.pdf>

The Canadian Covid Care Alliance also conducted its own study. Their panel conducted a thorough analysis of Pfizer's vaccine trial report from December 31st, 2020. The Pfizer report claims that the inoculations were safe and showed a robust 95% efficacy seven days after the 2nd dose. But, what researchers failed to mention was that the 95% was actually based on a measure called "Relative Risk Reduction". The measure that should be factored into this discussion is "Absolute Risk Reduction", which when analysed properly, produces much lower levels than previously thought. Using the Pfizer vaccine as an example:

Relative Risk reduction: 95%

Absolute risk reduction: 0.84%

<https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

The unvaccinated are not a greater risk to society when compared with the vaccinated. The point made clearly in peer-reviewed medical literature is that the "vaccinated" individual is NO different from a vaccine-free individual with regards to contracting SARS-COV-2 and spreading it.

Thus, if an individual chooses not to take part in the vaccine trials, they are NOT placing others around them at risk.

In light of these facts, there are thus NO reasons to mandate vaccination.

Those who choose to vaccinate are doing so ONLY to protect themselves.

3. Weekly testing is unjustified

If both the “vaccinated” and vaccine free can get Covid-19 and can infect others, then both groups would need to be tested weekly. The latest National Department of Health (NDoH) guidelines state that an asymptomatic Covid-19 positive person need not isolate. Why anyone at this point is still testing asymptomatic persons is beyond me, but if there is some bizarrely warranted reason to test healthy people, then all members of society should be tested again. Separating the two groups is tantamount to discrimination (both groups can get Covid-19 as well as transmit the disease).

In a report released from the Ministry of Health in Israel, the effectiveness of two doses of the BNT162b2 (Pfizer-BioNTech) vaccine against preventing Covid-19 infection was reported to be 39%. This is substantially lower than the reported trial efficacy of 96%.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/>

A study comparing natural immunity to vaccine-induced immunity (pre-print) demonstrated that natural immunity confers longer-lasting and stronger protection against infection, symptomatic disease, and hospitalisation caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant. If superior natural immunity does not count for anything, then it was never (as we were told) about herd immunity.

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

According to Discovery, and more recently the South African Government, we have reached 80% herd immunity through either infection or the “vaccine”. Prof Shabir Madhi maintains there should be a change in mindset on what the country is trying to achieve.

He says, “We are in a very different phase of the pandemic and with more than 70% facing the Omicron wave, 80% of South Africans have immunity which protects them against severe disease. We’re no longer trying to prevent infection, that has passed us by a long time ago. And in South Africa, coupled with the vaccine roll-out we have protection against severe disease.”

<https://www.sabcnews.com/madhi-supports-governments-decision-to-further-relax-covid-19-lockdown-regulations/>

Discovery Data shows that 80% of South Africans may have had Covid-19

<https://www.medicalbrief.co.za/discovery-data-show-80-of-south-africans-may-have-had-covid-19/>

It will be noteworthy to find out who the policymakers are making these decisions on behalf of employees. Have they adequately identified who is at risk?

How do they define “vulnerable” individuals?

On what basis can a person apply for exemption on constitutional grounds?

The mere fact that there is an option to apply for exemption on constitutional grounds means that the policy itself is fundamentally unconstitutional.

What about following due process?

Have these companies or institutions actually done a proper and credible risk assessment?

As per point 3 of the NOTICE ON COMPENSATION FOR COVID-19 VACCINATION SIDE-EFFECTS PUBLISHED IN TERMS OF SECTION 6A(b) OF COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993 AS AMENDED, which states:

“Evidence must be provided of the employer’s Risk Assessment and Vaccination Plan as set out

in paragraph 3(1)(a)(i)(ii) and (b) of the Consolidated Directions on Occupational Health and Safety Measures in Certain Workplaces, dated 28 May 2021.

https://www.gov.za/sites/default/files/gcis_document/202110/45358gen629.pdf

Then there is the contentious issue of who is going to pay for these costly tests? Again, those that choose to exercise their right not to get jabbed are being exploited. It is the employer’s legal obligation under the Occupational Health and Safety Act of 1993 to provide a healthy and safe working environment.

<https://www.gov.za/documents/disaster-management-act-consolidated-coronavirus-covid-19-direction-occupational-health>

Thus, any protocols and policies adopted and implemented by the employer are for the cost of the employer. If this was not the case, employees would need to pay for fire extinguishers and burglar bars.

4. Early treatments for Covid-19 work

There are many proven treatments for Covid-19. Early treatment works and reduces disease severity. A published study in The Lancet Global Health February 2021 shows that “Treatment with fluvoxamine among high-risk outpatients with early diagnosed Covid-19 reduced the need for hospitalisation.”

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00448-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00448-4/fulltext)

Melatonin is another drug that has been used with great success in early treatment in Covid-19,

as evidenced by A Narrative Review of Current Evidence and Possible Efficacy by Cross et al in August 2021.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8190272/>

A study published in the Travel Medicine and Infectious Disease journal concluded that the administration of the hydroxychloroquine (HCQ) and azithromycin (AZ) combination before Covid-19 complications occur is safe and associated with a very low fatality rate in patients.

<https://pubmed.ncbi.nlm.nih.gov/32387409/>

A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines by Bryant et al, 2021, published in The American Journal of Therapeutics showed that using ivermectin early in the clinical course may reduce numbers of patients progressing to severe disease. It also showed moderate-certainty evidence that large reductions in Covid-19 deaths are possible using ivermectin.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248252/>

“A significant reduction in hospitalizations among patients who received the ivermectin-based medical kit” was the conclusion of a study done in Mexico City.

<https://earlycovidcare.org/wp-content/uploads/2021/07/ivermectin-and-the-odds-of-hospitalization-due-to-COVID.pdf>

For a repository of more studies on ivermectin see: <https://c19ivermectin.com>

A study describing a novel evidence-based medicinal nutritional treatment approach, published in the American Journal of Public Health Research, Volume 8, 2020, showed that rapid seroconversion from positive to negative in Covid-19 cases, decreased morbidity and mortality, tissue protection and rapid recovery, increased immune potentiation (raised white blood cells, CD4 lymphocytes, CD8 lymphocytes, and interferon-gamma), decreased anemia and physiological leucocytosis, decreased oxidative stress and tissue-damage markers (decreased malondialdehyde, increased glutathione peroxidase, increased catalase and increased total antioxidant capacity).

<http://pubs.sciepub.com/ajphr/8/2/3/>

These are but a few studies showing that early treatment works. The mortality of Covid-19 has dropped to less than 0.5% in low-risk groups. There is no question that early treatment works for Covid-19. The question remains: Why has early treatment not been given the status it deserves in this “pandemic”? Could it be that Emergency Use Authorisations (under which the “vaccines” have been rolled out) will cease once this treatment exists?

5. Natural immunity lasts longer than vaccine immunity

I refer again to the study mentioned in Section 3 comparing natural immunity to vaccine-induced immunity (pre-print), which demonstrated that natural immunity confers longer-lasting and stronger protection against infection, symptomatic disease, and hospitalisation caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. The Brownstone Institute for Social and Economic Research published a list of clinical research studies (now standing at 150 studies), which each concluded that naturally acquired immunity is, at the very least, equal to, but in many cases vastly superior to, the experimental mRNA “vaccines” that are currently available for Covid-19. Unequivocal proof that jabs are not the (only) answer to the covid problem.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

6. Long-term safety has not been established

There is no substitute for time. Long-term safety data have not been established and CAN NOT be substantiated until we wait. The “vaccines” are still in the trial phase. Preliminary safety data will only be available in 2023. This, also, is too soon to establish long-term effects, for e.g. on fertility. Section 12.2(a) of the South African Constitution protects the right of an individual to make their own decisions regarding reproduction.

Furthermore, according to Pfizer's medical information documentation, it is a medicinal product that is only for emergency use. No interaction studies have been done, neither have genotoxicity nor carcinogenicity studies been performed. Another very important point is that the active substances of these experimental “vaccines” have not been fully disclosed. We cannot be 100% sure that a person will not have a life-threatening allergic reaction (especially in those with atopy, porphyria, and a history of anaphylaxis).

The evidence showing job side effects is mounting:

-Several peer-reviewed medical papers submitted to various medical journals, evidencing a multitude of adverse events in Covid-19 vaccine recipients.

<https://t.me/c/1507521598/962> _

-Increased heart disease risk

mRNA Covid-19 vaccines dramatically increase endothelial inflammatory markers and Acute Coronary Syndrome (ACS) risk, as measured by the PULS Cardiac Test.

https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

-Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with Covid-19 vaccines. (

Cell discovery, Oct 2021)

<https://www.nature.com/articles/s41421-021-00329-3>

-Do Covid-19 RNA-based vaccines put at risk of immune-mediated diseases? In reply to “potential antigenic cross-reactivity between SARS-CoV-2 and human tissue with a possible link to an increase in autoimmune diseases” (Clinical Immunology, March 2021)

<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7833091/>

-Female reproductive anomalies post-vaccine:

30 000 women reported menstrual changes to the Yellow Card system in the United Kingdom after the Covid-19 vaccines. (BMJ, 2021)

<https://www.bmj.com/content/374/bmj.n2211>

-Mounting evidence that the “vaccines” cause AIDS i.e. cancers and infections due to weakened immune system.

<https://thewhiterose.uk/strong-evidence-that-covid-vaccines-are-causing-aids/>

7. New Discoveries

Up until now, it was believed that the mRNA “vaccines” were just a code for the spike protein that stayed in the deltoid muscle. New research has shown that it can be detected in the arms’ lymph nodes. The repercussions of this alone is worth halting the “vaccine” experimentation entirely until we know more.

<https://www.cell.com/cell/pdf/S0092-8674%2822%2900076-9.pdf>

Doctors analysed the new mRNA vaccines and concluded that “for very general and elementary reasons the mRNA technology is inherently more dangerous than live virus vaccines” in an article entitled “Why mRNA vaccines are a very bad idea”.

<https://doctors4covidethics.org/elementary-my-dear-watson-why-mrna-vaccines-are-a-very-bad-idea/>

Another newly published article in the Current Issues in Molecular Biology journal, 2022, (<https://www.mdpi.com/1467-3045/44/3/73>), a pre-clinical study, shows that the mRNA is, in fact, incorporated into the DNA of a liver cell line in vitro, which confirms what many have hypothesised, i.e. that it can change your DNA.

<https://jessicar.substack.com/p/it-does-incorporate-into-human-dna>

There’s still so much we have to learn about this new mRNA technology. That in itself shows that we are still in the experimental stages. As iterated earlier, the Constitution protects the right of choice of each person when it comes to medical or scientific experiments. This is both

8. In conclusion

Several questions remain: Is there any data in support of these mandates? Do we not have the right to view vaccine manufacturers' findings beforehand, before employers mandate an infringement of our liberties? Why should the layperson need to prove their eligibility not to be discriminated against?

Also, many mainstream experts have themselves acknowledged that lockdown measures need to change. With regards to his latest published study, Prof Shabir Madhi stated, "The study findings indicate that we have reached a turning point in the Covid-19 pandemic, even in countries with a modest uptake of vaccines."

<https://www.dailymaverick.co.za/article/2022-02-25-measures-to-prevent-infection-failed-study-finds-85-of-gauteng-residents-were-likely-infected-in-first-three-covid-19-waves/>

It is becoming increasingly clear that the "vaccine" has no significance regarding severe illness, as 80% of serious Covid-19 cases are fully vaccinated, according to a hospital director in Israel.

<https://www.israelnationalnews.com/news/321674>

We support "vaccine" hesitant people in South Africa.

They need to know their rights and stand their ground.

Once a person takes the injection, the process cannot be reversed.

This document has been created to help employees engage in a meaningful manner with their employers and ask the most pressing questions with regards to this issue.

To the employers and institutions out there that are still coercing and "strongly recommending" "vaccinations, ask yourself why companies like Mediclinic, Old Mutual, Medhold, and even Anglo-American have decided to ease their vaccination policies? The writing is on the wall, the evidence is clear – vaccinated and vaccine-free pose the same risks in the work environment. Regulation and requirements that coerce individuals to get injected must stop. Coercion is NOT consent.

Mandatory "vaccine" policies need to stop with immediate effect

Summary

- Mandatory “vaccination” policy is, in itself, unconstitutional.
Both “vaccinated” and vaccine-free persons can get Covid-19 and transmit Covid- 19, therefore there is no sane duty to get “vaccinated” on behalf of others.
- It has been unequivocally proven that taking the “vaccination” is entirely for your own benefit.
- Asking (incentivizing/coercing/forcing) employees or students to get “vaccinated” to protect those around them is a moot point.
- Weekly PCR testing is unreasonable and nonsensical.
- If employers still insist on weekly tests as part of their work safety policy, the cost of the tests should be borne by the employer.
- Employees have a right to know who makes up the advisory panel that decides on policies that affect them.
- It is essential for all employers to make the findings of their Risk Assessment known to all employees, along with what justifies those findings.
- Early treatment works. The mortality for Covid-19 in persons without co-morbidities is less than 0.5% .
- Natural immunity is lasting. Vaccine immunity wanes.
- Long-term safety of these experimental Covid-19 “vaccinations” has not yet been established.
- Allergic reactions cannot be ruled out with certainty since full disclosure of the ingredients has not been made.
- More and more adverse effects from vaccines are being reported, documented and published as time passes.
- New discoveries regarding the mRNA technology used in the Covid-19 “vaccines” show that this technology is still very new and needs more research.
- “Vaccination” should be a choice.
- Mandating policies need to end as a matter of urgency.

Healthcare Practitioners in Support Electronically signed

1

Dr Naseeba Kathrada	Dr Susan Vosloo
Dr Mare' Olivier	Rieks Swart
Dr Elsedé' Kruger	Dr Yahya Nagdee
Dr Sasha Henriksen	Dr David Nossel
Dr Rafik Harnekar	Dr Shaun January
Dr Sohail Bayat	Dr Francois van Wyk
Dr Stephen Schmidt	Dr Michelle Weyers
Dr Maria Bezuidenhout	Dr Tracey Brandt
Dr Gad Tafari	Dr Lungowe Milapo
Dr Neetu Govender	Dr HM Dhooma
Dr Aadilah Domingo	Dr Muniera Ahmed
Dr Gavin Zipp	Dr Tros Bekker
Dr Anina Van Bijl	Jonathan Erikson
Dr Faizel Ally	Dr Engela Behrens
Dr Jyothi Sookram	Dr Zandre' Botha
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Dr Mashra Gani	Dr Eugene Pretorius
Dr Dean Naidoo	Dr Bruce Copley
Dr M J Oelofsen	Dr AH Beukes
Dr Martie Maritz	Dr Teresa Swart
Dr Robert Campbell	Dr Ami Muller
Dr Paolo Brogneri	Dr Jeanine de Villiers
Dr Ivan Jardine	Dr Herman Edeling
Dr Josias Ngope	Dr Sitali Chibumba
Dr PJ Beukes	Dr Lynette Pretorius
Dr Aslam Vallee	Dr Mahomed Ilias Jeewa
Dr Willie Shaw	Dr Aamena Moolla
Dr Dinesh Patel	Dr Pinky Ncula
Liza Verhoef	Dr Mohamed F Mall
Dr Anita Khoosal	Dr Jay Khoosal
Dr Nikki De Busser	Dr Suliman Patel
Dr Frank Muller	Dr Peter Berlyn