



To Whom It May Concern,

Appeal to Review Policies on Vaccines

I have been requested by members of staff to convey their apprehensions about taking the vaccine to you. What is clear to me is that they are not against abiding by a policy that will safeguard their health, that of their colleagues and importantly, the health of their clients.

However, in the light of the growing evidence, especially the last Pfizer reports about the vaccine's adverse effects, its waning immunity, and its ineffectiveness to protect against the Omicron strain and future variants, many of them are terribly afraid that if they took this experimental gene therapy, they might end up —

1. losing their lives, or
2. with a serious side effect, like:
 - a. Myocarditis,
 - b. Guillain Barre Syndrome,
 - c. Bell's Palsy,
 - d. Miscarriage,
 - e. stage four cancer, or
 - f. one of the many serious side effects (1,293) mentioned in the recently-release Pfizer data.
3. becoming so incapacitated as a result of the side effects, that they will no longer be able to care for their young children; lose their jobs, lose their homes and end up on the streets because they can no longer fend for them as a it is well known that they will not be compensated for any damage that they suffer as a result of taking this gene therapy/"vaccine" because the vaccine manufacturers, government and employers have all been indemnified against claims for any adverse events suffered by the vaccines. Further many of the complications are irreversible.

My Background

I am a family physician and qualified 45 years ago. My main focus of interest is lifestyle management of diseases like diabetes, hypertension, heart disease, asthma, COPD, mental health (anxiety, depression, and stress) and addiction in an attempt to reduce the amount of morbidity and mortality caused by these non-communicable diseases (NCDs).

Interest in COVID

The last two years, I have developed an avid interest in managing COVID infections. I have acquired a great deal of knowledge and expertise to successfully treat some of the most severe complications of COVID, using my own protocol without referring my patients to hospital.

I have treated 1000 patients with COVID-pneumonia caused by the deadly Delta strain from July to October 2021 and have had a 99.95% success rate.

I have presented my protocol to international audiences via Zoom presentations.

I also acquired a keen interest in the containment of the disease by becoming an assiduous follower on information about the mRNA vaccine, its efficacy, and its adverse events. I have read many articles and listened to several lectures delivered by experts about the vaccine in order to offer my patients the best possible advice on the vaccines.

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I wish to state that I am bound by my Hippocratic Oath to treat and disseminate information to my patients that will do them no harm.

My Thoughts on the Vaccine

Back in March 2020, when the pandemic was declared, we were told about a vaccine that can save the world from the COVID virus by many vaccine manufacturers.

By October 2020, there were about five types of vaccines from these manufacturers: Moderna, Pfizer, AstraZeneca, Johnson&Johnson, Sputnik and Sinovac.

The vaccine manufacturers did their own research and claimed there was a 95% success rate in terms of protection, and they declared that they were extremely safe. Not one regulatory authority did any of their own research to verify this data.

Based on the manufacture's research about safety and efficacy, the vaccine manufacturers were given EUA approval for their vaccine by the various regulatory authorities around the world.

EUA approval meant that the drug manufactures were given complete indemnity against claims for any adverse events and even death from the vaccines.

What we know about the vaccines and the virus, two years later

1. The vaccine is still in its experimental phase.
2. It is completely new technology that does not fulfil the criteria for vaccines namely that the pathogen must be –
 - a. Dead,
 - b. Attenuated,
 - c. Should remain localised in the deltoid muscle,
 - d. Safe without serious side effects and should have, and
 - e. More than 50% effective
3. The vaccine was designed for the alpha strain because it is a spike protein. In the past two years, we had about five to six different strains, Alpha, Beta, Delta, Omicron 1, and now Omicron 2, so it was not designed for the newer strains.
4. The vaccine's efficacy against the **Beta** strain was between 65% and 95%. By the time the vaccine was released for use, the alpha strain had disappeared and was replaced by the Beta strain.
5. **Efficacy:**
 - a. The vaccines were unable to protect against the deadly delta strain because 80% of the people admitted to hospital and the incidence of infection was amongst the highly vaccinated, in countries like Israel, UK, Gibraltar, Singapore, Australia, New Zealand, Japan, where the vaccination rates were as high as 70% double vaccinated.
 - b. *Omicron Strain:* According to the latest UK and New Zealand data from February 2022 to March 2022, 80% of hospitalisations and infections were amongst the doubly vaccinated proving that the vaccine was totally ineffective against the highly mutated Omicron strain, which had 34 mutations, 10 of which were on the spike protein. The UK data from week 39, 2021 to week 11, 2022 showed that vaccine efficacy had plummeted to -275% for most ages, meaning that the vaccinated were as infectious as the unvaccinated that were not previously infected and that was a clear sign that the sign that vaccine immunity was non-existent after 25 weeks. For a vaccine to be regarded as effective it must show an efficacy of 50% or more. These vaccines, according to the UK Data, makes it quite clear that they are ineffective.

<https://www.bitchute.com/video/zKyy1JsgcOn0>

Based on the UK data, it can be clearly seen that:

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- i. **The vaccine is ineffective against the new variants, and**
- ii. **Its immunity dwindles to way below the required 50% to qualify as an effective vaccine to offer any protection to the vaccines or make them non-infectious.**

6. Boosters:

- a. There is a great deal of uncertainty about how many boosters, one should take and how often they should be given. What is known is that the more the boosters, the greater the risks of decreasing the body's natural innate immune system, which puts the vaccinees at risk of succumbing to dormant infections like chickenpox and herpes.
- b. In June 2021, the European Academy of Medicine expressed their reservations about using boosters, without any data to prove their efficacy.

According to Dr David Bower, a virologist from the Francis Crick Institute, mentioned that in their studies they found that people who took two doses of the Pfizer vaccine had five to six times less Neutralising Antibodies (NAB).

The World Health Organization's (WHO) CEO, Dr. Tedros Adhanom Ghebreyesus, also mentioned that it is unlikely that the boosters shots will improve immunity.

The other finding was that the older one gets, the immunity becomes lower.

<https://rumble.com/vzeppl-busted-covid-booster-shots-diminish-immune-system.html>

<https://www.wnd.com/2022/01/e-u-admits-frequent-booster-shots-weaken-bodys-immune-system/>

The deduction to be made is:

- i. **After two doses, vaccine immunity is almost zero after six months.**
 - ii. **Adding boosters frequently will progressively decrease the NAB, so**
 - iii. **The vaccinated after six months of the second dose or after the booster will be at much risk as the unvaccinated that have not been previously infected.**
 - iv. **The vaccines have failed to achieve the desired objective of protecting an individual from being re-infected or prevent complications or hospitalisations.**
 - v. **The vaccines have failed to achieve the objective of meeting the requirements for the "greater good of society".**
- c. The risk of myocarditis in young males is increased with this vaccine, especially after boosters; they can end up with sudden cardiac deaths from an adrenergic myocarditis, which differs from a viral myocarditis.

**Adrenergic myocarditis was described by a Brazilian pathologist, who discovered from the autopsies he carried out on people who died suddenly, that there was evidence of the spike protein in the heart muscle. Around the spike protein in the heart muscle, he noted that the inflammation was different from the inflammation one finds with a viral myocarditis.*

7. Vaccine Content:

- a. One of the essential requirements for any drug, especially a drug on trial, is that the full contents of the drug must be revealed before the drug can be given to an individual. This requirement is enshrined in the Nuremberg Code of 1947.
- b. Many of the drug companies have not disclosed the full contents of their vaccines, so vaccinees were not fully informed about the contents of the vaccine that they were to make a proper informed choice.
- c. This has led a number of researchers across the globe to analyse the contents of these vaccine vials examine its contents to explain the relationship between the contents and the numerous side effects of these vaccines.
- d. There have been countless researchers, who presented similar findings in their research. Some of the doctors who have examined and studied the contents of these vaccines are DR Pablo Compara from Spain, DR Zandre Botha from South Africa, DR Martin Monterender from Argentina, DR Lee from Korea, and Dr Robert Young from Canada. The latest was a group of scientists from Australia.
- e. The following is a summary of their findings and the findings of the others:
 - i. The vaccine contains graphene oxide which is a highly toxic substance to the body.
 - ii. When the spike protein enters the blood stream, the neutrophils try to engulf these foreign bodies but, in the process, end up dying, which explains the decreased levels of natural immune cells in a number of patients that are vaccinated. The decrease in natural immune cells explains the why so many vaccinated are at risk of dying after they infected with other pathogens.
 - iii. The blood of the vaccinated shows how the platelets are activated, which in turn causes the red blood cells to clump. This clumping leads to clots and a blockage in the vessels that the clots are in.
<https://rumble.com/vzilyb-exclusive-australian-whistleblower-scientists-provide-evidence-of-nano-tech.html>
- f. Regulatory authorities guilty of omission.
 - i. What is shocking is that none of the regulatory bodies throughout the world have undertaken their own research to establish the contents of these vaccines before awarding EUA approval for these vaccines.
 - ii. It is the duty of these government funded regulatory authorities to work in the best interests of the public to ensure that products that are used on the public are absolutely safe.
 - iii. They all relied on the data presented to them by the drug companies, much of which we are now learning is far from accurate or reliable insofar as their safety and effectiveness are concerned.
- g. These revelations about the contents of the vaccine are grounds for the trial to be paused and further proper investigations should be taken by independent researchers to ascertain the safety and effectiveness before it is put on trial again.**

8. Pfizer data on the vaccine:

The recently released Pfizer data revealed the following:

- a. There were more than 1,200 deaths,
- b. 1,293 described side effects, and
- c. 43,000 side effects were reported in a period of three months.

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9. EudraVigilance and Centers for Disease Control and Prevention (CDC) Data:

- a. 50,000 deaths due to vaccines,
- b. 3-million adverse events, and
- c. 80% abortion in first trimester of women who took the vaccine.

The death and side event numbers only represent 1% of the actual numbers due to gross under-reporting for a number of reasons.

10. Explanations for a sudden outbreak of cancers and infections:

- a. The spike protein blocks the toll-like receptors 3, 7, 8 in our body. These receptors protect the body from infections but when they are blocked, the body is vulnerable to just about any infection.
- b. The spike protein enters the cell and get incorporated into the DNA and alters them. Once the DNA is altered, the cells cannot protect the body from cancers cells that appear all the time, which explains the surge in advanced cancer.
- c. When the spike protein enters the cell it converts the cell into a factory, which continuously produces spike.
- d. Wherever the spike protein lands, it can elicit a hyper immune response and cause a severe autoimmune reaction and destroy the body's organs. <https://rumble.com/vzou0l-irreparable-damage-to-the-immune-system-caused-by-the-shots-dr.-sherri-tenp.html>

11. Excess deaths after a vaccine amongst millennials

- a. CDC data has shown that from the middle of 2021 to the end of 2021 that there were 61,000 excess deaths after the vaccine period compared to similar periods in previous years in the age group 22 year to 44 years.

In less than a year, there were 61000 excess deaths after the vaccine, whereas in ten years of the Vietnam War, there were 58,000 deaths. This data was analysed by a data analyst, Mr. Edward Dowd.

<https://rumble.com/vx29ox-cdc-data-excess-deaths-of-millennials-from-covid-jabs-rival-vietnam-war-us.html>

- b. Prof. Richard Enos from Scotland mentioned that there were 16% excess deaths after vaccine in 2021.
- c. Life Insurance claims skyrocket by an unprecedented 258% post vaccine according to Life insurer Aegeon in the US, post vaccine in the third quarter of 2021.

<https://rumble.com/vu8a4v-life-insurer-aegons-q3-2021-payouts-skyrocket-258-as-post-vaccine-deaths-ra.html>

The high rate of excess deaths in the age group 22 years to 44 years should be a cause for serious concern by both government and industry because it affects healthy people in the most productive years of their life. Such a huge loss can have a serious negative impact on the economy, the workforce and to families.

This high number of excess deaths should be of huge concern to industry because they might end up losing many of their best senior employees, way before their time. This will have a serious negative impact on the success of these companies.

12. Cardiac and brain injury directly linked to spike protein

- a. The work by German pathologists, Prof. Arne Richard and Prof. Walter Lang have demonstrated on autopsies of patients, who died suddenly, that there were spike proteins in the blood vessels and in the brain tissues of these individuals.

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<https://doctors4covidethics.org/new-videos-on-findings-of-arne-burkhardt-and-walter-lang>

- b. This study shows that the spike protein does not remain in the deltoid muscle but much of it enters the blood and is deposited into the cells of the blood vessels and the brain.
- c. Once in these sites, the body sets off an autoimmune response, when the body's antibodies start attacking the cells and leads to myocarditis or brain damage.
- d. This finding explains why so many young healthy athletes are dying suddenly whilst playing sports. Their damaged hearts can no longer take the strain of strenuous exercise.
- e. This should be of serious concern for employees engaged in serious manual or physical labour.

13. Analysis of death rates in South Africa

- a. The daily recorded rate in July 2021 was 420 but this year it has dropped to just 12. This is strong evidence to feel confident that there is no serious threat from COVID any longer to warrant strict measures like mandates and lockdowns.
- b. This figure of the death rate was mentioned by President Ramaphosa on 4 April 2022, when he addressed the nation and needs to be verified or analysed, urgently for proper policy health management decisions.
- c. South Africa's high death rate is questionable:
 - i. The number of deaths due to Covid by the end of 2020 was recorded at 90,000 for a total population of 65 million people.
 - ii. Nigeria, which has similar socio-economic conditions as South Africa, and a population of 80 million, only recorded a death rate of 14,000 from COVID.
 - iii. This huge disparity in death rate between South Africa and Nigeria makes the high figures for South Africa highly suspicious. Our data does not tell us –
 - 1. how many people died from COVID,
 - 2. how many people died because of COVID,
 - 3. how many died from their comorbidities, and
 - 4. the age distribution.

<https://www.worldometers.info/coronavirus/>

The current (2022) daily death rate according to Worldometers is **zero**, suggesting that we are out of danger.

- d. Huge, unexplained disparity in death rates between 2020 and 2021:
 - i. The death rate from Covid in 2020 in South Africa was 90,000. In 2020 the most prevalent strains were the Alpha and Beta strains, which were not highly infectious, nor were they as virulent as the Delta strain, which was the predominant strain from July 2021.

The Alpha and Beta Strains had a recovery rate of 99.9%, so it is puzzling why we recorded such a high death rate during the period of the less virulent and Beta strain infection but had a 80% drop in death rate with the deadly Delta strain infection.
 - ii. In 2021, the death rate for South Africa from Covid had risen from 90,000 to 100,000, there were 10,000 deaths for the whole of 2021.
 - iii. The deadly and highly infectious Delta strain replaced the Beta strain in July 2021. It would have been expected that the deadly Delta strain would have taken more lives than the milder Alpha and

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Beta strains because the government's approach to dealing with COVID remained, erroneously, the same, that is: there was no treatment for COVID, so patients should go home and isolate till they became breathless.

- iv. The only way to explain the huge discrepancy in the recording of death between 2020 and 2021 was that there were huge flaws in the recording of data in the data for 2020, which needs to be urgently investigated.
- e. The high daily death rate of 450 in 2021 needs further analysis:
 - i. The president mentioned in his speech on 4 April that there were 450 daily deaths in 2021. What he does not mention is whether this high figure was every day or just one particular day.
 - ii. If it was everyday then that figure would give us an annual death rate of 150,000 for 2021 alone, which is totally incorrect.
 - iii. If it was a one-off record, then the figure is misleading because we should have been given a composite figure for the whole of 2021 to make a fair assessment of the severity of the disease.
 - iv. The death rate for 2021 was 10,000 for the year, 900 per month, 30 per day, which is far less than the figure given by the president.
- f. The death rate due to Omicron in 2022 needs to be fully analysed:
 - i. The president omitted to mention what were the death rates for the Omicron strain for the last four months starting from December through to the end of March.
 - ii. Based on my observations in my practice during the period for the Omicron strain:
 - 1. We did not have one death due to Omicron.
 - 2. The number of patients with Omicron pneumonia was 100 times less than for the Delta strain.
 - 3. The majority of the patients seeking treatment were extremely mild.
 - 4. The majority were not vaccinated, implying that the good recovery rate, and almost zero admissions to hospital with complications cannot be attributed to vaccination but the fact that Omicron was an innocuous strain that was self-limiting in many instances.
- g. Decisions to lift the lockdown should have been based on Omicron data.

14. Rest of the world:

- a. Most countries in Europe – the United Kingdom, Austria, Finland, Sweden, etc – are some of the 20+ countries that have –
 - i. dropped all mandates,
 - ii. dropped all lockdowns, and
 - iii. ended all social distancing.
- b. They have realised that, even though that the Omicron strain is highly infectious, it is not that, based on the minimal number of complications and hospitalisations, and that the vaccine is ineffective against the Omicron strain.
- c. **The severity of a strain or a pathogen should be measured by the number of deaths and complications and not the number of incidences.**
- d. They have decided to live with omicron and go for herd immunity to control the strain.

15. South Africa:

- a. We have reached 80% herd-immunity, through natural infection, according to Prof. Madhi, Head of Virology, Wits University. **80% is adequate remove all restrictions.**
- b. Natural Immunity:

- i. Most of our herd-immunity is through natural infection, which is 13 times superior to vaccine immunity, and lasts much longer than vaccine immunity.

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

- ii. Most of my patients, who were infected with the Beta strain managed to remain protected against both the Delta and Omicron strains. This means that their natural immunity from a previous infection, lasted for more than 12 to 18 months, which is far superior to vaccine immunity, which wanes after four months, based on the latest data out of the UK in March 2022.
- iii. **The ideal situation is to accept that people who have been previously infected to be accepted as being immunized and they should not be discriminated against, nor should they be harassed.**
- iv. The highly vaccinated countries are still experiencing a spike in the numbers with the Omicron variant and the newer Omicron strain, Omicron 2, but they have decided to drop all restrictions, mandates, vaccine passport and live with the virus because hospitalisations and deaths through Omicron are minimal. It was for this reason, patients, who were asymptomatic were encouraged to return to work, and the isolation period was reduced to 5 days from 10 days.
- v. The Omicron strain in South Africa has almost disappeared after two months, by the end of December 2021, due to a high herd immunity of 80%, even though our vaccination rate is way below 50%, which is far less than the 80% vaccination rates in the Scandinavian and the EU countries.

Our hospitalisation rates, ICU admissions and deaths are considerably reduced, which is a clear sign that we are no longer in the purportedly dangerous situation we were in in 2020.

- vi. It is extremely bewildering as to why South Africa, with no threat from the virus, due to its 80% level of immunity, is not dropping all mandates, restrictions, social distancing, masking, and the number of people at indoor and outdoor gatherings like the rest of the world.

16. Deductions

- a. Many experts in the field of infectious diseases are of the opinion, after the release of the Pfizer data, that the vaccine:
 - i. Is not effective against the new strains,
 - ii. Does not decrease hospitalisations,
 - iii. Does not prevent the vaccinated from being infections after four months, because the immunity of the fully vaccinated wanes completely by that time (UK data), and
- b. The immunity of people who have been previously infected, but were not vaccinated, lasts for well over 12 to 18 months, meaning that the previously infected and unvaccinated are less likely to be infections, as compared to the fully vaccinated.

17. PCR Tests

- a. These tests:
 - i. Are not accurate,
 - ii. Cannot differentiate between the different strains,

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- iii. Produce false positives when the test cycles are raised beyond 35,
- iv. Can produce positive results three weeks after infection as they test for dead protein, meaning that a positive test can be used as evidence for infectivity,
- v. Can produce positive results three weeks after infection, according to Rochelle Walensky of the CDC, and
- vi. Are costly, and not necessary when a patient is asymptomatic.

18. Conclusions

- a. It should be clear from all the information we have about the vaccine's safety, efficacy, and its contents that there are far more risks to the vaccine than there are benefits. The general public's fears about taking the vaccine, on scientifically based evidence, are highly justified.
- b. The employee's fears about losing their lives or becoming incapacitated through an adverse event is a very real possibility and a plausible one, based on all the emerging data from Pfizer.
- c. The vaccines can affect anyone, regardless of their health status. It is becoming increasingly common to see healthy sports men and woman dying on the field from sudden cardiac deaths after taking booster to make ordinary men and women afraid of to take the vaccine.

Exemptions for the vaccine?

It is difficult to determine criteria for exemption from taking the vaccine on medical grounds because –

- the vaccine is new technology – we are still learning about it,
- anyone can experience a side effect, regardless of his/her state of health, and
- there is no way of telling who will experience a stroke, heart attack, neurological defect or die from taking the vaccine.

Employees are not against doing what is best for the greater good

It must be mentioned that employees are not against the vaccine but are justifiably apprehensive about taking a substance that can cause their death or leave them and their families destitute as a result of an incapacitating side effect of the substance, especially if they will not be compensated for their loss and suffering.

Government, SAPHRA and big pharma are derelict in their duty

- It is a well-known scientific fact that, any substance that leads to more than 50 deaths has to be withdrawn in the interest of public safety. This vaccine trial should have been suspended by SAPHRA and other regulatory bodies as was done with the H1N1 vaccine and with drugs like Thalidomide **until more trials are conducted to confirm that they are safe and effective.**
- The government should have taken the lead in deciding health policy regarding the vaccine as the other advanced countries in the world have done.
- The government has shifted the onus of responsibility, unfairly, to the employer. The shifting of this responsibility has created a great deal of animosity between longstanding good loyal staff and their employers as well as between longstanding colleagues on either side of the vaccination divide.
- The drug manufactures should have alerted the regulatory authorities about the severe adverse events well in advance so that policy makers could have taken the right decision regarding the use of covid vaccines on their citizens.
- Both Pfizer and Moderna are facing lawsuits of \$450 million and \$350 million for misleading the public about the safety of their vaccines.

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Reasons for making this appeal on behalf members of staff

I receive numerous requests every day, via email and on the telephone from desperate employees of big companies for vaccine exemptions/advice.

Many of them have been having sleepless nights worrying that taking the vaccine will be a game of Russian roulette. If they don't take the jab, they will be fired and if they do take the jab then they run the risk of severe side effect or death and leave their families destitute. Employees are between a rock and a hard place.

I have had senior men and women break down and cry, not knowing what to do.

I felt compelled by a gnawing urgency to present the employee's side of their story to their employers in the hope that a scientifically based satisfactory solution can be found to alleviate the pain and suffering being endured by millions of South Africans, who are afraid of taking the vaccines, for reasons already mentioned.

Job performance affected

I have no doubt that the stressful state of many of your employees, caused by the vaccine requirement, is so high that their work performance has been adversely affected. This is not good for your business, employees and for your clients.

My dilemma

I am unable to advise my patients to take a substance that is proving to be ineffective and comes with the huge risk of serious side effects. I do not wish to take the risk of contravening my patient's constitutional rights or break the Nuremburg code and expose myself to litigation by patients.

I feel confident that:

- There are good, cheap, effective, safe repurposed drugs to treat COVID.
- The current Omicron, even though it evades vaccine immunity, is not as virulent as the previous strains.
- Our current herd immunity has taken us out of the danger of this pandemic.
- The current vaccines are not meeting their desired objective of prevention, protection, and safety.

I sincerely hope that the information I have given you will help you to seriously review your position regards the vaccine requirements in the workplace.

I have the references for my statements should you require it.

I am more than willing to share my experience with your board about Covid and what I have learnt about it.

Sincerely,



Dr. E. V. Rapiti