

# COVID-19 PANDEMIC – HEALTH AND ECONOMIC CRISES

## Open Letter to President Ramaphosa

His Excellency the Honourable President Cyril Ramaphosa

The President of the Republic of South Africa

10 August 2021

### COVID-19 PANDEMIC – HEALTH AND ECONOMIC CRISES

Dear Mr President,

We approach you in the spirit of Thuma Mina, in full confidence that you have the interests, livelihoods, health and lives of all the people of South Africa at heart. In this open letter we address you specifically in regard to safe and effective means of prevention and treatment of COVID-19.

The new long walk to freedom that will restore human health and dignity must begin now. The road leading to happy, successful individuals, families and communities may be challenging, but will be rewarding. To achieve this you, Mr. President, will have to make hard and unpopular decisions now, to release the people of South Africa from medical authoritarianism, economic hardship and avoidable illness and death.

#### 1. BACKGROUND AND CONTEXT

1.1. Since the onset of the COVID-19 pandemic the people of South Africa have suffered a major health crisis as well as a major economic crisis. The harmful effects of these crises, which have included widespread fear, confusion, feelings of helplessness, loss of freedoms, overwhelmed healthcare practitioners, insufficient hospital beds and equipment, loss of employment, financial ruin, severe physical and mental illness, disability and death, are massive and incalculable.

1.2. These harmful effects have been aggravated by official South African COVID-19 narratives, which seem in blind faith to echo the official narratives of the WHO, FDA, CDC as well as European, American, Canadian and Australian governments, inter alia.

1.3. The official South African COVID-19 narratives are strongly and repeatedly communicated by yourself and members of your national and provincial executives, as well as by representatives of institutions such as public health departments, universities, etc. that are directly or indirectly under your control or influence.

1.4. The mainstream media have jumped onto the bandwagon and continue to amplify these official narratives.

1.5. The mRNA “vaccines” in current use are now scientifically linked to rising breakthrough infections, hospitalizations and deaths ([see Israeli study breakthrough infections](#) – [see covid statistics Iceland](#)). In effect, the cure may become worse than the illness. Despite being denied by officials and mainstream media this news has spread via social media, and is one of the leading reasons for “vaccine hesitancy”.

1.6. We wish to applaud you and your Acting Health Minister, Mmamoloko Kubayi, for stating publicly that getting the COVID-19 “vaccination” is not mandatory in South Africa and will not be. She is on record as having stated: *“We have been very clear and the President has been very clear that we should never force people [to ‘vaccinate’]. It’s voluntary. That’s why we do the work that we’re doing to make sure that there’s enough information for people to decide whether they want to ‘vaccinate’ or not.”* Our concern in this regard is that this important message is not communicated as strongly or repeatedly by those under your authority, the mainstream media and big business ([refer to press report](#)).

1.7. Elements of the official South African COVID-19 narratives include, but are not limited to:

1.7.1. The PCR test in current use identifies persons who are infected with SARS-CoV-2.

1.7.2. Those who have a positive PCR test and who become sick, are admitted to hospital or die; have become sick, been admitted to hospital or died due to COVID-19.

1.7.3. There is no effective or safe medical treatment for the early phases of COVID-19.

1.7.4. People should not use the home-based treatments that have not been officially authorized, even if these are recommended by doctors and scientists.

1.7.5. Instead, if you have a PCR test and become ill, you should isolate at home and wait to either become well or become so ill that you need to go to hospital.

1.7.6. The coronavirus “vaccines” in current use are effective and safe.

1.7.7. COVID-19 can only be prevented by lockdowns, social distancing, hand sanitization, masks and “vaccines”. There are no other medical means of preventing COVID-19.

1.7.8. Everybody has a duty to be “vaccinated” in order to protect themselves and everybody else.

1.8. In the light of the following reported facts and opinions, which are relevant to the health and economic well-being of South Africans, and which are ignored and/or suppressed by those acting under your authority, the abovementioned official South African COVID-19 narratives appear to be harmful by virtue of being false, misleading or irrational:

1.8.1. The coronavirus PCR test is non-specific and yields false positive results, as it has no capacity to differentiate between SARS-CoV-2 and a variety of viruses that cause flu or the common cold. This has finally been acknowledged by the CDC (Centre for Disease Control) in the USA, who have declared that PCR testing will be withdrawn in December 2021 ([refer to CDC issue lab alert on PCR tests](#)).

1.8.2. Logically therefore, published statistics about COVID-19 positive cases, hospitalizations and deaths are overstated to a degree that cannot be determined.

1.8.3. There is good evidence for safe and effective medical methods of preventing COVID-19 ([refer to GOOD NEWS document](#)).

1.8.4. There is good evidence for safe and effective medical treatment for the early phases of COVID-19 ([refer to GOOD NEWS document](#)).

1.8.5. The coronavirus mRNA “vaccines” are the product of experimental scientific research that has not met accepted international standards to be declared safe or effective in animal or human subjects. This is why they have not been approved for use in human subjects, but have been released under emergency use authorization (EUA) for use in a large experiment ([refer to SAHPRA press release](#)).

1.8.6. The experimental coronavirus mRNA “vaccines” are different to traditional vaccines (weakened or killed bacteria or virus) that the world has grown to know and trust ([refer CDC understanding mRNA COVID-19 vaccines](#)).

1.8.7. Logically therefore, by naming them “vaccines”, instead of experimental genetic interventions, people instinctively associate their safety and efficacy with the traditional vaccines they have grown to know and trust.

1.8.8. For the above reasons the definition of the word “vaccine”, as it has always been known, has recently been changed in order to accommodate the experimental coronavirus mRNA injections ([refer Merriam-Webster](#)).

1.8.9. Health authorities do not know whether the experimental coronavirus mRNA “vaccines” are safe, nor how effective they may be or how long any immunity from them may last “*Available evidence indicates that eligible COVID-19 vaccines have an acceptable short-term safety profile. Additional studies and long-term population-level surveillance are strongly encouraged to further define the safety profile of COVID-19 vaccines*” (refer [Evaluation of the safety profile of COVID-19 vaccines: a rapid review](#)).

1.8.10. Despite widespread use of the term “acceptable” safety profile, results of early voluntary reporting indicate increased risks of harm and death associated with the experimental coronavirus mRNA “vaccines” as compared to traditional vaccines (refer [Guetzkow VAERS – Israel – Iceland](#).)

1.8.11. Despite the fact that the “vaccine” is experimental, and despite the above reports, transparency by the South African government is not yet evident as it has not, to date, encouraged reporting of vaccine adverse events by members of the public and healthcare professionals, nor has it published tracked statistics about “vaccine” related side effects, serious illness, disability or death.

1.8.12. Anyone who suffers harm or dies as a result of the experimental coronavirus mRNA “vaccines” will not have any legal claim against the manufacturer as the South African government has granted the manufacturers immunity from liability (refer [Fund to Protect Pharm Companies](#)).

1.9. Elements of the official narrative also contain inexplicable double standards, such as the contrast between:

1.9.1. One standard. Those who have a positive PCR test and who become sick or are admitted to hospital or die; have become sick, been admitted to hospital or died due to their COVID-19. Contrasting standard. Those who have had a SARS-CoV-2 “vaccine”, and who become sick or are admitted to hospital or die, may have become sick or been admitted to hospital or died for reasons unrelated to the “vaccine”; and are being investigated to determine the real cause of their sickness, hospital admission or death.

1.9.2. Another standard. Ivermectin should not be used for prevention or treatment of COVID-19 because the available evidence does not meet the required standard of peer reviewed prospective randomized double blind controlled trials (refer [NEMLC rapid review on Ivermectin](#)). Contrasting standard. People are urged to take the experimental coronavirus mRNA “vaccines”, despite the fact that the available evidence does not meet the required standard of peer reviewed prospective randomized double blind controlled trials, and despite the fact that the short-term trials that have been relied upon for the EUA, and which have been conducted by the manufacturing companies, have not been independently reviewed or reproduced (refer to [SAHPRA press release](#)).

1.9.3. Another standard. Vaccination is voluntary and not mandatory (see paragraph 6 above). Contrasting standard. Pressure is exerted on people to be “vaccinated”. In line with official narratives many companies are now coercing their employees to be “vaccinated”.

1.10. We are also concerned about ad hominem attacks against those doctors and scientists who, in line with years of consistent teaching, speak up about what they know, understand and question, and what they believe to be their ethical duty.

1.11. We are of the opinion that mass prevention regimes and early treatment regimes, with nutraceuticals and proven medications (see [GOOD NEWS document](#)), together with a caring non-fear inducing environment, would greatly reduce the numbers of sick, disabled and dead South Africans.

## 2. OUR PLEA TO YOU AS THE PRESIDENT OF SOUTH AFRICA

2.1. In the light of the seriousness of the COVID-19 crises, and in line with your duty to all the people of South Africa, we plead with you to:

2.1.1. Encourage everyone, and especially the Departments of Health, to make use of known and available medical methods for prevention and treatment of COVID-19 (refer to [GOOD NEWS document](#)).

2.1.2. Ensure that properly informed consent is obtained by all who administer “vaccines” before “vaccinating” anyone (refer to [Informed Consent documents](#)).

2.1.3. Admit that science is not an institution to be proclaimed by authority, but that it is independent of authority, dependent only upon free and uncensored application of the scientific method. This includes observation, questioning, research, forming hypotheses, experimentation, logical analysis, conclusion, communication with others and replication by others (refer to [Blind Faith document](#)).

2.1.4. Stop censorship of medical and scientific information and conclusions that are contrary to official policy and stop ad hominem attacks against those who hold opposing views. Encourage open debate and the sharing of information and ideas in both public and private fora (refer to [Blind Faith document](#)).

2.1.5. Change the official narrative to exclude all misleading statements, to include all relevant truths, and to apply uniform standards throughout (see paragraphs 1.7 to 1.9.3 above).

2.1.6. Track and publish daily statistics on the numbers (and proportions) of vaccinated individuals who (a) have any serious health issue; (b) have been admitted to hospital for any reason; and (c) who have died for any reason; as well as (d) the number (and proportion) of hospitalized individuals who have been vaccinated.

2.1.7. Direct the authorities to immediately ensure full transparency in the collection of data and the reporting of adverse events, as well as numbers of all deaths, the causes thereof and contextual information, such that simple, easy to understand

reports become openly available on the official SA Coronavirus website on a daily and annualized basis

2.2. Mr President, when you announced the first lockdown with all of the measures such as hygiene regimes, masks, social distancing, etc. you led the charge and became responsible for a fear-inducing campaign. We respectfully suggest that you now bear the responsibility of undoing the fear, and restoring peace and calm to the people of South Africa.

2.3. Mr President, it is long past midnight and unless you act swiftly and decisively, many more unnecessary deaths and other harm will continue to occur on your watch.

2.4. We and other like-minded professionals are more than willing to present, in an open public debate, the evidence and supporting science for our standpoints and views. This should take place at the very earliest opportunity so as to “save lives and livelihoods”.

2.5. We look forward to your urgent acknowledgment of receipt and the communication of an appropriate forum and time for such presentation and debate.

Yours faithfully,

ORIGINAL LETTER TO PRESIDENT RAMAPHOSA SIGNED BY THE FOLLOWING:

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Sgd. Dr Herman Edeling  
M.B.,B.Ch.(Wits) : F.C.S.(S.A.)(Neuro)  
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Sgd. Herman Quartus Edeling  
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Sgd. Riekie Erasmus  
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Sgd. Dr Naseeba Kathrada  
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Sgd. Dr George Coetzee  
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At the time of submission this letter is supported by.

(see Annexure A – confirmatory emails)

Dr Anton Janse Van Rensburg, M.B.,B.Ch.(UP) : MSc Nutrition (UP) – Dr Nomangesi  
Judith Ngcakani, FCP (SA) – Dr. M.Y. Dangor, BChD PDD (UWC) – Dr Tracey Brandt  
M.B.,B.Ch.(Wits) – Dr Yahya Nagdee, M.B.,B.Ch. – Engela Herbst, BA Unisa –  
Ntombifuthi Fundzo – Francois Van Wyk – Judith (Van Zyl) Jansen – Dr. Eugene Meyer –  
Caron Viljoen – Debra Belinda O’Riordan – Dr ME Bezuidenhout – David Coetzer –  
Yolande Nel – Linda Hauptfleisch – Elmarie Barnard – Tracy King – Andre Terblanche –  
Jannes van Ryssen – Naomi Moller – Richard en Yolande Phyfer – Clara Isabella Green  
– Colette Goedhals – Deon Mushavi Huysamen, NDT, HNDE, BCom, MM, DCom.