

IN THE HIGH COURT OF KARNATAKA, AT BANGALORE**WRIT PETITION No.: _____ /2020 (PIL)****(Original Jurisdiction)****BETWEEN:**

Sri. Mathew Thomas

PETITIONER**AND**

The Government of India and Ors

RESPONDENTS**SYNOPSIS**

Sl.No	Date	Events
1.	24-03-2020	Government of India issues orders prescribing lockdown for containment of Covid-19 epidemic in the country.
2.	18-05-2020	RTI Application requesting information with the central government.
3.	26-05-2020	RTI Application requesting information with the central Government.
4.	26-05-2020	RTI Application requesting information with the State Government.

1. The petitioner is a retired Army officer, 82 years of age, a Defence Scientist and Engineer, a post-graduate from the Indian Institute of Science, from where he gained valuable experience in research methodology as well as his scientific temperament.
2. The petitioner humbly submits that his purpose in this petition is to prevent further and future damage and destruction of our Nation's economy and suffering of our people.
3. The Public Interest Litigation is preferred to issue order to the respondent herein directing them to set up a Commission of Inquiry into the various rationality and Constitutional validity of executive orders curtailing and / or violating fundamental rights of the people of India and the petitioner taken under the Disaster Management Act. The purpose of this writ petition is also to help the government to reflect on their actions in the light of the scientific evidence provided with regarding to the COVID-19 and RT-PCR test in the petition so that erroneous decisions are avoided in future.

Bangalore
24-08-2020

Advocate For Petitioner

IN THE HIGH COURT OF KARNATAKA, AT BANGALORE**WRIT PETITION No.: _____ /2020 (PIL)****(Original Jurisdiction)****BETWEEN:**

Sri. Mathew Thomas,
 S/o late T.P. John,
 Aged about 82 years,
 Resident of No.2, 'Aristos',
 Sobha City, Thanisandra Main Road,
 Bengaluru – 560 064.

PETITIONER**AND**

1. The Government of India,
 represented by The Secretary,
 Ministry of Health and Family Welfare
 Room No. 348; 'A' Wing,
 Nirman Bhavan, New Delhi-110011
2. State of Karnataka
 represented by its Chief Secretary,
 Government of Karnataka,
 Vidhana Soudha, Bengaluru 560 001
3. Indian Council of Medical Research
 V. Ramalingaswami Bhawan,
 P.O. Box No 4911, Ansari Nagar,
 New Delhi-110029

RESPONDENTS**MEMORANDUM UNDER ARTICLE 226 AND 227 OF THE****CONSTITUTION OF INDIA**

The Petitioner begs to submit as follows:

1. The address of the Petitioner for the purpose of service of summons, court notice from this Hon'ble court is as stated in the cause title and Petitioner is represented by Shri. NITIN AM, Advocate at No.14, Second floor, Kamal Prash, Deena Bank Colony, Ganganagar, Bangalore – 560 032.
2. The address of the respondent for the above said purpose is as stated in the cause title.
3. The Public Interest Litigation is preferred to issue order to the respondent herein directing them to set up a Commission of Inquiry into the various rationality and Constitutional validity of executive orders curtailing and / or violating fundamental rights of the people of India and the petitioner taken under the Disaster Management Act. The purpose of this writ petition is also to help the government to reflect on their actions in the light of the scientific

evidence provided in the petition so that erroneous decisions are avoided in future.

BRIEF FACTS OF THE CASE

4. The petitioner is a retired Army officer, 82 years of age, a Defence Scientist and Engineer, a post-graduate from the Indian Institute of Science, from where he gained valuable experience in research methodology as well as his scientific temperament.
5. The petitioner humbly submits that his purpose in this petition is to prevent further and future damage and destruction of our Nation's economy and suffering of our people.
6. The petitioner submits that there are substantial issues of law on the application and implementation of the provisions of the Disaster Management Act, 2005 (DMA 2005), which require a clear pronouncement by this Hon'ble Court for guidance of the executive and the people of India. Thus, the petitioner intends by way of this Writ petition to bring this Hon'ble Court's attention on the following.
 - a. Does the DMA, 2005 allow governments to suspend or abrogate fundamental rights?
 - b. Is it incumbent on the part of governments to publish the National disaster management plan, (hereinafter referred to as, National Plan) as per the provisions of the RTI Act, 2005?
 - c. What is the remedy for those who do not receive minimum standards of relief in accordance with Section 12 of the DMA, 2005?
 - d. What is the remedy for people if the National Plan does not have any mitigation measures Sections 11 and 12 of the DMA, 2005?
 - e. Whether the executive is empowered under the DMA, 2005 to issue orders under Section 24 sub-sections (a) and (b) of the Disaster Management Act, 2005 (Section 24 sub-sections (a) and (b) of the DMA, 2005) without necessary and sufficient reason backed by scientific data and advice?
 - f. Whether the executive may exercise powers under DMA, 2005 in contravention of Section 4 (1) (c) and (d) of RTI Act, without informing persons likely to be affected the reasons and relevant information on which, it has based its decisions.
7. The petitioner submits that in considering issues mentioned in C. and D. above, this Hon'ble Court may be pleased note that relief and mitigation are largely meant for the poorest of the poor who have no means to approach courts to seek judicial remedies and further that time and the situation preclude seeking such remedies.

8. The petitioner submits that this Hon'ble Court may also be pleased to note that Section 24 sub-sections (a) and (b) of the DMA, 2005 abridges the fundamental right to life guaranteed under Article 19 (c) of the Constitution of India. The petitioner further submits that several lakhs of migrant workers have been obstructed and denied facilities to go to their homes without any reason whatsoever.
9. It appears that the DMA, 2005 was enacted largely keeping in view natural calamities like, earthquakes, floods, forest fires and so on. It does not seem to be considered epidemics or pandemics.
10. The Government of India, First Respondent herein, notified Orders prescribing lockdown for containment of COVID-19 Epidemic in the country on 24-03-2020. Copy of the said order is at **ANNEXURE-'A'** to this petition. The order states, "Experts, keeping in view the global experiences of countries which have been successful in containing the spread of COVID-19 unlike some others where thousands of people died, have recommended that effective measures for social distancing should be taken to contain the spread of this pandemic." The petitioner had filed RTI applications in May 2020, seeking reasons for the lockdown, and information on the expert advice received by the Government of India as well as the Government of Karnataka, the second respondent herein. Copies of these RTI applications are at **ANNEXURE-'B', 'B1' AND 'C'** respectively. There is NO reply either from the Central or State governments.
11. Under Sections 4 (1) (c) and (d) of RTI Act, it is the obligation of all public authorities to:
 - "Publish all relevant facts while formulating important policies or announcing the decisions which affect public;
 - Provide reasons for its administrative or quasi-judicial decisions to affected persons."

The petitioner submits that neither of these have been done. There is no information at all on the rationale of the decisions. Similarly, RTI applications seeking information on death statistics and the rationale for compulsory wearing of masks, have also not been replied to.

The Medical Science of Influenzas

12. Before proceeding with other facts and evidence for this petition, the petitioner humbly submits that it is necessary for this Hon'ble Court to appreciate that Coronavirus is a generic name for the virus allegedly causing all respiratory illnesses that are generally known as Influenzas.

Of the seven of these viruses, which are known to affect human beings, three cause common cold during the flu season, which usually occurs in winters and sometimes in rainy seasons or with any change in weather. No vaccine has been developed for common cold. Vaccines for influenzas – flus – are partially effective. The alleged flu virus is known to mutate and hence, the vaccine taken in one season is not effective in the next season.

13. Influenzas are respiratory illnesses. They go by the medical terminology, SARS – standing for “Severe Acute Respiratory Syndrome” and a suffix Cov for Coronavirus. The word, ‘Coronavirus’ comes from the Latin word for crown since, this virus has the appearance of a crown. Hence, the virus is referred to as, SARS-CoV. In 2003, there was a pandemic called, ‘SARS-CoV’. The present virus is called, ‘SARS-CoV-2’. The disease this virus causes is called, COVID-19, the number 19 standing for the year of attribution of the disease to the virus. The virus is supposed to come from bats to humans after some mutation. MERS is another such Coronavirus which is supposed to have come from camels and was confined to the Middle East. There are a very large number of Coronaviruses. Five thousand of them are supposedly in bats. The seven viruses mentioned above are the only ones known to be transmitted from humans to humans. Animal to human transmission is rare.
14. Respiratory illnesses are not known to cause death except in the elderly or those with underlying other diseases, which degrade their immune systems.

National Security

15. The disease called, COVID-19, originated in Wuhan, China. The disease is declared a pandemic and most nations have been affected. Actions taken by governments have damaged economies of most countries and rendered millions of people jobless. The panic caused by the pandemic has led to serious difficulties in Force Preservation of our Defence Forces. China has chosen this moment to attack our country leading to deaths of our soldiers. The petitioner submits that in the interests of national security, it is necessary to examine whether our governments received proper expert advice on handling of the alleged pandemic or whether the entire world was panicked into decisions that has damaged and is damaging world economies and creating unimaginable suffering to people or whether the advice was due to ignorance or motivated by other reasons.

16. **Delusions, Euphoria, Panics and Crashes:** It is NOT unusual for world-wide panics to occur. The 1999-2000 "Y2K" information technology panic is a typical example of panics of ignorance could spread all over the world. During that time scary scenarios were painted of airplanes falling out the skies, of nuclear power plants exploding and so forth. It was later found that all this was mere scare stories and without any evidence to warrant the actions taken then. The "Dot-Com" bubble of the 1990s, the World financial crash of 2008, the "Tulip mania", the HIV pandemic of the 1980s are all examples of world-wide delusional human behaviour. (HIV – History of HIV – 13-07-2017 < <https://www.history.com/topics/1980s/history-of-aids>> more than 70 million were infected as of 2017 and 35 million died since it was first noticed.) Yet, these panics did not result in locking down of all economic activity, as the present panic has done.

17. **The Rush for Vaccines:** There is rush for vaccines in many parts of the world. This is dangerous for people. The petitioner submits that it is essential for vaccine developers to go through all the stages of testing the vaccines with initial tests on animals and through other stages of human trials with adequate sample size and placebo groups. Full public disclosure of trial results at every stage, final results and of the ingredients in the vaccines is to be made. The polio vaccine and the cervical cancer vaccine caused non polio acute flaccid paralysis (NPAFP) in over 600,000 children and deaths of many of them. A Parliament committee went into the irregularities in the vaccination program, which was at the initiative of a foreign NGO called, Program for Appropriate Technology in Health (PATH). The Parliament committee Report No: 72 of 2013, castigated the concerned ministry and the NGO, which asked to stop the program. A computer disk (CD) containing the aforesaid Parliamentary Report 72, is attached to this petition. An hard copy of the Report is also submitted here as **ANNEXURE-'D'**. A photograph of children affected by paralysis due to the vaccine is attached as **ANNEXURE-'E'** to this petition.

Rule of Law and Rationality

18. The Rule of Law is the essence of democracy. Rule of Law behoves all authorities to take decisions based on rationality. The petitioner submits that executive decisions to lockdown the entire country, to compel everyone to wear masks and impose curfew in several places were taken without proper advice and without application of mind. The petitioner has done an immense amount of research work and from the scientific evidence he has found it is

absolutely clear that both the Government of India and the Government of Karnataka have been misguided into taking decisions, which have not merely trampled on the fundamental rights of the people of India, but has caused many deaths, resulted in suicides and police brutality. The alleged torture and murder of two shopkeepers in Tamil Nadu is an example of what could go wrong when human and Constitutional rights are set aside through executive orders and media frenzy.

Scientific Evidence

19. The petitioner has obtained through his research study, scientific evidence from the following world renowned scientists and experts in epidemiology, immunology, biology, and virology.
 - a. Dr. Michael Levitt, Nobel laureate
 - b. Dr. John Ioannidis
 - c. Dr. Jay Bhattacharya
 - d. Dr. Shiv Ayyadurai
 - e. Dr. Jayaprakash Muliyl
 - f. Professor Knut Wittkowski
 - g. Dr. Isaac Ben Israel
 - h. Dr. Scott Atlas
 - i. Dr. Andrew Kaufman
20. The profiles of these scientists are placed at **ANNEXURE-'F'**.
21. The petitioner submits that these scientists have given their expert opinions as described below.
 - a. Dr. Michael Levitt: He has summed up his analysis of the data on COVID-19 as follows.
 - i. The death profile for Coronavirus is same as old age or infirmity.
 - ii. Japan had NO lockdown. It has 127 million people. They have reported (only) 558 deaths
 - iii. Coronavirus is basically taking out people who are not very healthy, either there's pre-existing conditions or of old age.
 - iv. There is huge collateral damage caused by the consequences of things like lockdown, of shutting down economies, people are losing their savings.
 - v. The death rates between countries with strongest lockdown conditions and countries which did NOT lockdown at all are in a document of two tables provided by him. This is attached as **ANNEXURE-'G'** to this petition.
 - b. Dr. Scott Atlas:

- i. From 1981 AIDS caused death of more than 25 million lives and now 33 million living with HIV. The implication is clear – there is no need for lockdown for COVID-19.
 - ii. Open all K-12 schools (kindergarten to 12th class). Open businesses, including restaurants and offices. Parks and beaches should open. There is no scientific reason to insist that people remain indoors. (*The Hill* May 3, 2020).
 - iii. He uses extremely strong language saying that closing schools is the most heinous crime against children. An extract from a video, interview of his available in public domain, wherein he says so, is attached as **ANNEXURE -‘H’** to this petition.
- c. Dr.. Knut Wittkowski:
 - i. There is no indication that COVID-19 is any different from any other respiratory disease.
 - ii. It is very important to keep schools open. Children are not in danger of dying.
 - iii. He is against even social distancing and says sarcastically, “Social distancing is good. It prevented the sky from falling down.”
 - iv. The virus cannot easily spread outdoors. (Yet most nations have insisted on people staying indoors by lockdown rules. In New York, it was found that 65 % of all infected people were among those who stayed at home.) He again uses sarcasm and says, (Staying indoors) “Keeps the virus healthy”. Going outdoors is what stops every respiratory disease.
 - v. He uses the data of China and Korea to demolish the myth that social distancing in these countries has helped to prevent the spread of COVID-19. He presents data to show how social distancing in these countries was done only after the disease had spread and after infections had peaked.
 - vi. He shows the chart (13.30 mins of the interview - The URL of which is <<https://www.bitchute.com/video/5yToEYwPDrBx/>>) the progress of the epidemic in China. It reveals that the epidemic peaked between Feb 1 and 5, but schools were not closed until Feb 20th, that is, two weeks later.
- d. Dr. Isaac Ben Israel:
 - i. He plotted the rates of new coronavirus infections of the U.S., U.K., Sweden, Italy, Israel, Switzerland, France, Germany, and Spain. The numbers told a shocking story: irrespective of whether the country quarantined like Israel, or went about business as usual like, Sweden, coronavirus peaked and subsided in the exact same way.
- e. Dr. Andrew Kaufman:
 - i. He has explained the testing process for detecting virus infections. It is called, Reverse Transcription Polymerase Chain Reaction (RT-PCR).

- ii. According to him, the test is not at all of any use. The very process of testing does not isolate the virus. The testing process merely takes a few segments of the Ribonucleic Acid (RNA) and claims that this belongs to the virus. Dr. Kaufman says that there is no way of knowing whether the RNA is from the tested person's genome or from an external source – pathogen.
22. The petitioner submits that the above are just a few of the considered views of top scientists of the world who have spoken out against the restrictions imposed on people all over the world by governments who have acted in panic. Every day media reports and government publications put out data on the number of people tested and announce the number of infected people who were detected by the testing. There is an illogical assumption that the testing is accurate. Apart from the inherent difficulties in isolating the virus RNA from genetic material of persons tested, the calibration of instruments, the cleanliness of equipment used, the purity of chemicals used, the training and skills of personnel carrying out the tests, are all factors that affect test results. Yet, no one seems to be asking these questions. Several thousands of Crores of taxpayers money is spent the testing and reliance is being placed on tests for executive decisions, which again affect millions.
23. The other scientists have all given their opinions on many issues concerning COVID-19. Their considered views include the following.
- i. Lockdown is counterproductive. It in fact prolongs the epidemic. Death rates with and without lockdowns are the same, indicating that COVID-19 is no more dangerous than a normal seasonal flu.
 - ii. Social distancing is of no use and in some cases could actually affect people psychologically, leading to depression and even suicide.
 - iii. Masks too are of no use or of limited use. The World Health Organisation (WHO) has stated that there is NO evidence that masks prevent spread of viruses. An extract of WHO's FAQs on masks is attached as **ANNEXURE- 'J'** to this petition.
 - iv. All these scientists, epidemiologists, and biologists say that schools should be kept open, which is in direct contradiction to the actions taken by the respondents. Children are harmed by closure of schools. Dr. Atlas called the decision to keep schools closed, "The most heinous decision that has harmed children in American history." He has stated that serious child abuse resulting critical care treatment need for abused children increased by 35 % during the lockdown.

- v. Death statistics are inaccurate and exaggerated.
 - vi. Test results are not conclusive evidence of the disease. There are both false positives and false negatives. One expert – Dr. Andrew Kaufman (with degrees in medicine (MD), molecular biology, and PhD in psychiatry) – has questioned the veracity of the (RT-PCR) Reverse Transcription Polymerase Chain Reaction test procedures. He is a US Medical Board Certified expert witness. He has shown that what the test assumes is a virus, could actually be nothing but the test subject's own Ribonucleic Acid (RNA). According to Dr. Kaufman, there is no way to differentiate between "Exosomes" and the alleged viruses since they look and behave in the same manner. The table depicting similarities in Exosomes and Covid-19 is herein attached and is marked as **ANNEXURE-'K'** This Hon'ble Court may kindly refer Annexure 'F' where the details of his academic and career profile is given.
24. The petitioner is submitting a **Computer Disk (CD)** with the video recordings of these scientists to facilitate this Hon'ble Court to appreciate scientific facts relating to the disease called, COVID-19 and the issues raised in this petition. The brief regarding the contents of the CD is placed physically along with the CD and is marked as **ANNEXURE- 'L'**
25. In our country, 120 million people have lost jobs and livelihoods due to the lockdown. Lakhs of migrants had to walk back several hundreds of kilometres because all transport services were stopped. Some on them died on the way. Neither the National Plan nor State Plans seem to have any plan at all for these hapless people who had already lost jobs and livelihoods. The minimum standards of relief was not provided then and has not been provided even today. Further many – in fact, almost all – states closed their borders, preventing the migrants from going to their homes. Their fundamental right to life was violated in the most brazen manner. They were shown on TV and newspapers crowding at bus and train stations. Yet, there is no report of their either getting infected or dying. There is no rational consideration for holding these people in camps when it was known that they did not get any disease. The petitioner submits that it is necessary for governments – political leaders, Indian scientists, and bureaucrats - to introspect on the decisions taken and critically examine the rationality of these decisions, so that fundamental rights guaranteed under our Constitution are not violated.

26. It is equally necessary the governments receive proper advice and that they are required to consult the people before they decide to impose restrictions on or abridge fundamental rights even if for short periods.
27. Further, governments are to adhere to laws such as the RTI Act, 2005 to give reasons for their decisions to the people likely to be affected by their administrative and quasi-judicial decisions and also publish ALL relevant facts regarding the issues which necessitated the decisions.
28. The Petitioner submits that due to lack of such transparency and accountability, law enforcement agencies have taken law into their own hands. Police have beat up people to enforce lockdown. Impractical and impossible ideas like, "containment zones", classifying these into colours – red, orange etc. – and cordoning off living areas creating siege like conditions in residential areas, have been carried out without any application of mind.
29. Phrases like, "Contact tracing", "tracking", and "testing" are touted out as mantras. Even a mobile phone application (app), called "Arogya Setu" was initially mandated, but later it was clarified that it is voluntary. A petition is before this Hon'ble Court questioning the validity of this App. The App is based on features in "smart phones", like, "Bluetooth" which when opened, enable one mobile phone to recognize another near it. Ostensibly the App is to identify infected people nearby. No thought is given to the fact that the App can only identify a phone and NOT a person. If a person has given her / his phone to another who is using it if for any reason the owner of the phone is deemed an infected person, the App will alert the persons near this phone that there is an infected person nearby.
30. The petitioner submits that although the phrase "contact tracing" has become fashionable in global media, it is impossible to locate people with whom the person with the disease may have come into contact and in turn infected. The infection is supposedly spread through droplets exhaled when an infected person coughs or sneezes. Therefore, mere presence of persons near an infected person, rationally does not lead to the conclusion that persons nearby were infected, unless it can be shown that the infected person coughed or sneezed when other persons were near her / him. People meet other people in all kinds of situations, in streets, in shops, in parks, and in any public or even private places. How can one know whether the person using a public toilet next to one, is infected or not? Only a minority of mobile phone users have the so-called smart phones. The developers of the Arogya Setu App either did not consider any of these or it was developed and sold to the government without informing its deficiencies. It was a fraud played on the

government. The government fell for the ruse and even ordered government employees to mandatorily use the App.

31. The decisions of the executive have been taken with absolutely no application of mind whatsoever. In our country large numbers of people live in slums, shanti towns. We have the largest slum in the world – Dharavi. The newspaper reports on the so-called, alleged management of the Dharavi slum to prevent spread of the disease is utterly false and misleading. It ignores the fact that these families of five (5) or members therein sleep together in confined spaces of their hutments of less than 200 Sq. Ft. and they have no drinking water sources and that they use common toilets. Vast numbers of people in our country have no access to potable water. Telling them to frequently wash their hands, is like the Queen of France who when told, “People do not have bread”, remarked, “If they don’t have bread, let them eat cake.”
32. The petitioner submits that the DM Act does not empower the governments to trample on fundamental rights under the mistaken notion that the actions taken would protect the very people whose livelihoods are destroyed by the same actions. Under the DM Act, the National (Disaster Management) Authority is responsible for “laying down guidelines to be followed by the different Ministries or Departments of the Government of India for the purpose of integrating the measures for prevention of disaster or the mitigation of its effects in their development plans and projects.” (Section 6, sub-section (2) and sub-sub-section (e) of the said Act refers.).
33. Petitioner submits that while promulgating orders of lockdown and stopping of all modes of travel and closing borders, not a single step to mitigate sufferings of migrant workers and their families or of anyone else were announced or taken. It is only when the human crisis became so obvious that “Shramik” trains were organised to take the migrant workers to their homes. Even then, they were initially asked to pay exorbitant sums for tickets. Disaster management became a disaster instead.
34. The orders of making wearing of masks is yet another example of arbitrary exercise of executive power. There is no scientific evidence that masks prevent infection either in the ones who wear them or in others nearby. It is well known that thieves wear masks to prevent recognition, while committing crimes. The whimsical order on masks makes everyone look like a thief. The pores in masks are a 1000 times larger than the size of viruses. Wearing masks results in deoxygenation. The poor cannot afford masks and so use pieces of cloth which collect dirt and harm them.

35. Similarly, it is well known that viruses do not thrive outdoors. Yet, parks were closed. In New York, 65 % of those infected were those who stayed at home. Even so, the respondents propagate the myth of safety in homes with the slogan, "Stay home – Stay safe".

What the Governments Could and Ought to have Done

36. Firstly, the Government could have consulted epidemiologists and immunologists and virologists both in India and abroad, taken their opinion, made the opinions public and asked for suggestions on measures to mitigate effects of the disease, made these public and then taken steps that might have been found effective.
37. The petitioner submits some other steps the Government could have taken.
- i. Disseminate as much information as possible in public to reduce fear and panic. The statistics provided by the government sources are of deaths and infections, which only add to fear mongering of media.
 - ii. When publishing death statistics, in order NOT to create an atmosphere of fear psychosis, it is necessary to publish causes of death such as, those due to underlying comorbidities – diabetes, asthma, heart conditions, cancer treatments etc. Deaths seem to have been certified as due to COVID-19 without autopsies.
 - iii. Death statistics must be put in context by simultaneously publish information on deaths during normal flu season.
 - iv. Government could brief the media so that scare stories are not published which create panic and fear among people. (The unreasonable fear is so much among people that there are reports of people obstructing burials of dead who allegedly died due to COVID-19. Hospitals have refused to admit patients for fear of contagion.)
 - v. All young, otherwise healthy people with Influenza Like Illness (ILI) should be treated as out patients only.
 - vi. Proactively government hospitals could medically examine vulnerable people – elderly (above 65 years), diabetics, obese, asthmatics etc. Such persons may be advised on keeping their illnesses under control and precautions to be taken for preventing flu infection. This could be done through government dispensaries and also in private clinics.

- vii. Hospital beds and ICUs should be reserved for vulnerable patients with comorbidities.
- viii. Large scale testing is unnecessary. The tests themselves are not very reliable. The error rates could be as much as 50 % or higher. Test procedure itself is under question. Hence, statistics on numbers tested positive is useless and only adds to the fear psychosis.
- ix. In any crisis, it is necessary for governments to calm people down rather than add to the panic.

GROUNDS

38. The petitioner humbly submits that the Rule of Law is the very basis of democracies. It is founded on rationality and proportionality. In using the DM Act, the respondents have given the goby to both rationality and proportionality.
39. National Plans and State Plans were not made for mitigation and minimum standards of relief were not provided and still are far from the most affected poor from receiving relief.
40. There has been no application of mind at all in all the executive decisions taken under the DM Act. Thus, the lockdown, closure of schools, compulsion to wear masks, forced social distancing, selective permission to open some businesses and not others, and obstruction and prevention of people (migrant workers) from going to their homes are all arbitrary and whimsical decisions. This, in particular, (obstructing and preventing the poorest from going to their homes) is a heinous crime against humanity itself.
41. There is no scientific evidence on the distance to be kept for the so-called social distancing norm. Some countries stipulate 6 feet, some others 1 meter which also is the norm suggested by the World Health Organisation.
42. Scientific evidence clearly establishes that none of these measures are either necessary or even useful.
43. The respondents have not disclosed any information for the basis of their decisions affecting the entire Nation, which it is their responsibility to do under the RTI Act, 2005.
44. The statistics of death rates provided by Nobel Laureate, Dr. Michael Levitt (**ANNEXURE-'G'**) prove that the death rates are the same with or without lockdown, clearly establishing that COVID-19 is no worse than a seasonal flu.

45. These arbitrary decisions have caused havoc in the economy, destroying the livelihoods of millions of people.
46. The DM Act does not empower the Governments to pass orders or take actions they have taken as mentioned herein above.
47. The DM Act was misused to issue arbitrary and whimsical orders without any rhyme or reason.
48. The only way in which a repetition of such man-made calamities can be prevented is for ensuring the governments act rationally, be transparent and accountable.
49. For this, a proper scientific inquiry is necessary to enable the respondents to understand the issues involved and enable them to act within the framework of the Constitution.
50. The petitioner has submitted a Computer Disk (CD) of video clips of the views expressed in public by some of the world's top scientists, immunologists, epidemiologists, experts, including a Nobel laureate, for facilitating this Hon'ble Court to appreciate the weight of scientific evidence available to prove the petitioner's averments.
51. There is a rush for vaccines and mass vaccination of people. Without adequate trials and safeties, such actions could be disastrous. Evidence has been submitted by way of Parliament committee Report No: 72 (**ANNEXURE-'D'**) and photographic proof of children paralysed due to vaccination, (**ANNEXURE-'E'**)

PRAYER

For the reasons stated in the Grounds above, the petitioner humbly prays as follows.

1. To issue a mandamus directing the respondents to set up a Commission of Inquiry, within two weeks, which would be monitored by this Hon'ble Court to inquire into the scientific and rational basis of their decisions.
2. To direct the respondents to make public all information – relevant facts and reasons for the decisions taken under the DM Act, as required under the RTI Act, 2005.
3. To allow the petitioner to appear before such a Commission to present evidence in his possession and make submissions before it.
4. To direct the governments - Respondents herein – to invite experts named by the petitioner to depose before the said Commission and to

make travel and stay arrangements at government cost for these experts to appear before the Commission.

5. To direct the respondents to make video conferencing arrangements for those foreign experts who are unable to travel to India for deposing before the Commission if this Hon'ble court deems fit.
6. To direct the respondents to act in accordance with the findings and recommendations of the Commission and not to impose any restrictions without such consultation of experts and disclosure of facts and reasons to public, in future.
7. To direct the respondents to carryout out a detailed study in the light of expert opinions of world renowned scientists, epidemiologists, and immunologists to decide whether COVID-19-19 is a dangerous disease or a normal flu, and carryout whether vaccines are required at all and if so, to carryout proper trials of vaccines.

Bangalore

Advocate For Petitioner

24-08-2020

