

STOP THE SHOTS URGENT COURT INTERDICT

16/1/2023

URGENT PLEA FOR MORE EVIDENCE OF LARGE-SCALE VACCINE DAMAGE AND DEATH.

DEAR COLLEAGUES – DOCTORS AND FELLOW HEALTH CARE WORKERS,

You have hopefully seen that our STOP THE SHOT case for an interdict to stop the covid vaccines was now filed for an urgent hearing. We are grateful we got so far and for those who wrote affidavits. However, all is far from over and done.

Colleagues, there is absolutely no doubt now, with what we see in practice and after all the recent reports, that the covid jabs are truly seriously harmful and fatal for large percentages of people. We frontline HCW personally witness it on a daily basis. ALL OF US URGENTLY HAVE TO STAND UP AND TOGETHER AND SHOUT IT OUT. That is the best we can do. If we don't, who else are witnesses of the large-scale harm and speak up against the further jabbing, especially against the planned jabbing of unsuspecting children? No one. The authorities do not listen when only a few of us report damage and speak up. They still maintain the jabs are safe because they have received only a few reports, but we SEE and KNOW the jabs are not at all safe or effective. We cannot remain silent and let this carry on.

We now have an opportunity to collectively present our strongest evidence to the courts. Therefore colleagues, each of you, PLEASE make URGENT TIME to list as many of your jab damaged patients (anonymously) as you can quickly do and write an affidavit and sign all before a commissioner of oaths and declare what you are seeing. Even if you only record 10-20 patients and even if you do not have all the detail about the vax names, dates, batch numbers, etc. you declare they were injured. You can also declare that there are still x number of other patients on whom you recorded vax damage and who could be listed. Then please URGENTLY send it to our attorney Riekie Erasmus at re@riekieerasmus.co.za and courier originals to Riekie Erasmus: POSTNET - ONTDEKKERS, 362 ONTDEKKERS ROAD, FLORIDA PARK, 1709. Office Cell: 074 179 3033. Tel 011 472 1804. She assured the other doctors they would not need to go to court.

Here is an example for your list: Complete what you have easily and quickly available.

DR MP LIST OF PATIENTS WITH COVID VACCINE INJURIES SEEN AT PRACTICE :

DATE VISIT	PT REF NO	ADDRESS	AGE	GENDER	VAX SITE GIVEN	DATES	BATCH / LOT	Days from Vax to first adverse event.	SYMPTOMS, SIGNS, LAB, TREATMENT.	PAST MEDICAL HISTORY, COVID BEFORE OR AFTER.	SERIOUS?	DEATH	HOSPITAL	DISABILITY	LIFE THREATENING	CONSENSUAL	RECOVERING	RECOVERED FULLY	NOT RECOVERED	UNKNOWN	RECOVERED WITH SEQUELE	DIED DATE

Example of your affidavit: Please adjust font and spacing as needed. Reduced for space.

**IN THE HIGH COURT OF SOUTH AFRICA
GAUTENG LOCAL DIVISION, JOHANNESBURG
Case number: 000149/2023**

In the urgent application of
COVID CARE ALLIANCE NPC
TRANSFORMATIVE HEALTH JUSTICE
FREE THE CHILDREN- SAVE A CHILD
 and
THE PRESIDENT OF SOUTH AFRICA
THE MINISTER OF HEALTH
THE ACTING DIRECTOR OF THE DEPARTMENT HEALTH DR N CRISP
THE SOUTH AFRICAN HEALTH PRODUCTS
REGULATORY AUTHORITY (SAHPRA)

First Applicant
 Second Applicant
 Third Applicant

 First Respondent
 Second Respondent
 Third Respondent
 Fourth Respondent

AFFIDAVIT

I, the undersigned, _____

hereby declare, under oath as follows:

1. I am a major medical practitioner in private practice, practicing at _____
2. I have the following degrees _____ and is registered with the medical council (HPCSA) with registration number _____.
3. I have been practicing for _____ years as (detail your experience) _____.
3. The content hereof falls within my own personal knowledge unless stated otherwise and I believe it to be true and correct.
4. I confirm that I have personally consulted the attached list of patients and recorded their symptoms and signs and I diagnosed their illnesses to be most probably due to the covid 19 vaccines.
5. I confirm that the attached list of patients is correct.
6. I declare that I have also consulted about number of other patients on whom I also diagnosed vaccine injuries whom I could also add to the list but due to the urgency of the matter, took only these as a sample. If the court requires full details of the identities of these cases, permission from the patients will first have to be obtained. .

DATED AT _____ ON THIS _____ OF DECEMBER 2022.

DEPONENT

I certify that the Deponent has acknowledged that he/she knows and understands the contents of this affidavit and that the provisions of the Regulations contained in R1258 dated the 21st of July 1972, as amended in Regulation Gazette 1649 dated 19 August 1977 has been complied with.

COMMISSIONER OF OATHS

FURTHER ACTIONS:

1. DOCTORS AND / OR PATIENTS MUST PLEASE REPORT THEIR CASES TO THE GOVERNMENT AT <https://primaryreporting.who-umc.org/ZA> or SAHPRA's Med Safety app, or email the AEFI form at www.thj.mobi/ReportAEFI to AEFI@health.gov.za and pvqueries@sahpra.org.za; I find it surest to print the AEFI form and give to the patient to fill it in immediately and then send it off to government AND to a civic organization. I keep the hard copy for later reference - as for this legal action. This should take minimal extra time from the doctor.
2. CIVIC VAX INJURY SITES for control: Send the above information also to SAVAERS at <https://m89bvduycmi.typeform.com/SAVAERS?typeform-source=savaers.co.za>; or email AEFI forms to: report@savaers.co.za.
3. Pfizer and JnJ should also be informed of the damage they caused. CC forms to zaf.aereporting@pfizer.com; JNJvaccineFollowup@its.inj.com;
4. Claims for Vax injured patients: Get the claim forms from <https://www.health.gov.za/covid19/> <https://sacoronavirus.co.za/wp-content/uploads/2022/03/2022-03-31-NDOH-Vaccine-NFC-Directions-1.pdf>; pages 21-24. Send it to Marione.Schonfeldt@health.gov.za; Magda.Fourie@health.gov.za; annatjie.vandermerwe@health.gov.za; dg@health.gov.za;
5. Contact me if I can send you the above forms. I battled to find them on line.
6. FINANCIAL SUPPORT: You will understand we need serious funds for the court case. Please help us whilst this is fresh in your mind – and heart. Thank you. BANK : Grindrod Bank. Account Name : ITF PROJECT STOP THE SHOTS. Account Number : 11001314652. Account Type : Call Account (Select Savings for EFT Payments). Branch Name : Sandton. Branch Code : 584000. Reference your name or cell number.
7. PUBLICITY: Please send this to all doctors you know who can help with this.

In closing, you know that we cannot fight and succeed this battle on our own. We need each one of you who can do any of the above to please put in your best effort to help us. Please do not postpone. It is really and truly an urgent matter of life and death. Thank you in advance.

Kind Regards,

Dr. Faan Oosthuizen. sdoosthuizen@xsinet.co.za

TG: Stop The Shots - South Africa WA: Stop The Shots – Public Twitter: @StopTheShotsSA