

**IN THE HIGH COURT OF SOUTH AFRICA
(WESTERN CAPE DIVISION)**

CASE NO:

5852/21

In the Matter between:

RICARDO MAARMAN

APPLICANT

AND

THE PRESIDENT OF THE REPUBLIC
OF SOUTH AFRICA

FIRST RESPONDENT

AND

THE MINISTER OF CO-OPERATIVE
GOVERNANCE AND TRADITIONAL
AFFAIRS

SECOND RESPONDENT

AND

PROFESSOR SALIM ABDOOL KARIM on behalf of the
GOVERNMENTAL COVID 19 ADVISORY COMMITTEE

THRID RESPONDENT

**NOTICE OF MOTION
(Interim urgent interdict)**

TAKE NOTICE THAT;

The Respondent are hereby called upon to show cause, if any, to this Honourable Court, sitting at Cape Town on the day of **20 April 2021, at 10H00**, or so soon thereafter as the matter may be heard, why an order should not be issued in the following terms:

1. That this Application is heard as a matter of urgency and that the Applicant's failure to comply with the time limits imposed by the Rules of this Honourable Court be condoned in terms of Rule 6 (12).

2. That the respondent produces the isolated and purified physical SARS-CoV-2-virus (not a culture isolate or any mixture within in which the supposed virus is, nor a photograph or the RNA-sequence only), to the applicant at the place and in terms of its security measures of choice, within 14 days.
3. Further or alternative relief.
4. Cost of the application if opposed.

TAKE NOTICE FURTHER THAT, the affidavit of, **RICARDO MAARMAN**, the Applicant herein, annexed hereto, will be used in the support of this Application.

TAKE NOTICE FURTHER THAT if you intend opposing this application you are required; to notify the applicant in writing on or before **12 April 2021** of your intention to oppose.

To file your answering affidavit, if any on or before **12 April 2021**.

And further that you are required to appoint in such notification an address referred to in rule 6(5)(d)(i) of the rules of this Honourable Court at which you will accept notice and service of all documents in these proceedings, such an address (not being a post office box) to be one within 15 (Fifteen) kilometres of the office of the registrar.

The applicant consents to exchange taking place via email to
carlo@victorlegal.co.za or tammy@victorlegal.co.za

TAKE NOTICE FURTHER; that the Applicant has appointed **T VICTOR AND ASSOCIATES, 24** Viola Road, Bloubergstrand, Cape Town, **C/O ROB GREEN** Attorneys, Room 305 Benzal House, 3 Barrack Street, Cape Town as its attorney of record and his service address as the address at which the Applicant will accept service of all process in these proceedings.

**KINDLY PLACE THE MATTER ON THE ROLL
ACCORDINGLY.**

DATED AT CAPE TOWN ON THIS THE 18th DAY OF MARCH 2021.



T VICTOR AND ASSOCIATES

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Cape Town

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C/O

ROB GREEN Attorneys,
Room 305 Benzal House,
3 Barrack Street, Cape Town)

TO: THE REGISTRAR CAPE TOWN HIGH COURT

AND TO; ALL THREE THE RESPONDENTS

**Served at the office of the State Advocate Cape
Town**

**IN THE HIGH COURT OF SOUTH AFRICA
(WESTERN CAPE DIVISION)**

CASE NO:

In the Matter between:

RICARDO MAARMAN

Applicant

And

THE MINISTER OF CO-OPERATIVE
GOVERNANCE AND TRADITIONAL
AFFAIRS

Respondent

FOUNDING AFFIDAVIT

I, the undersigned

**RICARDO MAARMAN
820531 5257 086**

Hereby state under oath:

1. The facts set out within this affidavit are within my personal knowledge and expertise with reference. To the best of my knowledge, all the facts are correct. In certain aspects, I have relied on documentary evidence, of which relevant portions are attached as annexures, whilst others are easily obtainable from our very own government websites.

THE PARTIES.

2. The Applicant is an adult male, Ricardo Maarman, who holds an MA International Politics obtained at the University of Leicester in the UK. he specialized in the Post-Cold War World Order, International Security, Intelligence and Security and US Foreign Policy, his service address for the purposes of this application is Rob Green Attorneys, Room 305 Benzal House, 3 Barrack Street, Cape Town, as the address at which the Applicant will accept service of all process in these proceedings.

3. The Respondent is the Minister of Cooperative Governance and Traditional Affairs who is cited herein in her official capacity as the Minister mandated in terms of the provisions of the Disaster Management Act, 57 of 2002 ("the DMA") and whose Cape Town office is situated at the State Attorney 4th Floor, 22 Long Street, Cape Town, and whose full and further details are unknown to me.

NATURE OF THE APPLICATION.

This is an application for an order as follows.

4. That this Application is heard as a matter of urgency and that the Applicant's failure to comply with the time limits imposed by the Rules of this Honourable Court be condoned in terms of Rule 6 (12).
5. That the respondent produces the isolated and purified physical SARS-CoV-2-virus (not a culture isolate or any mixture within in which the supposed virus is, nor a photograph or the RNA-sequence only), to the applicant at the place of his choice and under the security measures as preferred by the respondent, within 14 days.

6. Further or alternative relief.

7. Cost of the application if opposed.

URGENCY.

8. I respectfully submit that this matter cannot wait to be dealt with in the ordinary course, as such I ask the Court to dispense with the forms and service provided for in the Rules and to indulge in my non-adherence with the normal rules of procedure as set out in Rule 6.

9. This matter is of such urgency that it simply cannot wait for the normal procedures to be complied with.

10. I respectfully submit that this Application should be heard other than in the normal course, otherwise the relief which we seek will be rendered ineffective.

DETAIL OF THE CIRCUMSTANCES WHICH MAKE THE MATTER URGENT.

11. Currently the Entire State is under Lockdown level one, which is a serious violation of the citizens Fundamental rights.

12. There is a massive nationwide roll out of a vaccine claimed by the respondent that must be used in the prevention of being infected by the alleged virus.

13. This vaccine-roll-out has begun in other countries and it has resulted in deaths and vaccine injuries, **RM1**.

14. The national disaster has been declared and is in ongoing for almost a year affecting the entire nation with dire consequences.

15. There is no end in sight in the foreseeable future to this pandemic.

16. It is an urgent matter of national concern.

17. The outcome of the order could very well mean a quick recovery to normal circumstances for the entire nation.

18. In South Africa, there is vast unemployment and poverty as such, the questioning of the very cause that threatens to drastically increase the already desperate circumstances must at least be thoroughly investigated and with utmost haste.

19. On 6 May 2020 Africa's Medical Media Digest reported that Pandemic Data and Analytics (Panda), a multidisciplinary initiative co-ordinated by actuary Nick Hudson reported that If South Africa's present economically restrictive lockdown measures are not discontinued immediately, they may cause 29 times more deaths than the measures aim to prevent the spread. And each week of continuing lockdown will, in the long run, cause more loss of life than the virus itself. **RM2**

REASONS WHY RELIEF CANNOT BE OBTAINED IN THE ORDINARY COURSE.

20. If this matter is heard in the normal course, the relief sought would be of no use, since it is critical for the entire nation.

21. Attached hereto and marked **RM3** is a medico legal report from.... stating that the virus has not yet been proven to exist.

HIGH DEGREE

22. I respectfully submit that this application carries a High Degree of urgency in that we are faced with the imminent impoverishment, deuteriation of the wellbeing of the entire nation and their constitutional fundamental right infringements.

TIMETABLE FOR THE FILING OF DOCUMENTS.

23. I propose the following timetable for the processes in this matter which will allow this matter to return to Court in the shortest possible time and which will also allow the respondents reasonably enough time to respond.

24. The matter to be heard on 9 April 2021.

25. Filing of respondents Heads on 6 April 2021.

26. Filing of applicants Heads on 4 April 2021.

27. Applicants replying affidavit on 1 April 2021.

28. Respondents' Notice of opposition and answering affidavit on 29 March 2021.

29. Service on respondent on 26 March 2021.

THE APPLICANT'S LOCUS STANDI

30. The applicant brings this application by virtue of section 38(a) of the Constitution by acting in his own interest and in accordance with its own objectives directed at the protection of his Constitutional Rights and financial sustainability.

31. The Applicant also brings the application in the public interest of all South Africans as a whole and in terms of section 38(d) of the Constitution, with the objective of the protection of their Constitutional Rights and financial sustainability.

THE LEGAL AND CONSTITUTIONAL PRINCIPLES INVOLVED

32. The Constitution provides that the Republic of South Africa is a sovereign, democratic state founded, inter alia, on the following values: Life, Human dignity, the achievement of equality and the advancement of human rights and freedoms and the Rule of Law.

33. The Constitution, provides that "All spheres of government and all organs of state within each sphere must be loyal to the Constitution, the Republic and its people; respect the constitutional status and not assume any power or function except those conferred on them in terms of the Constitution."

34. The Bill of Rights applies to all law, and binds the legislature, the executive, the judiciary and all organs of state.

35. Everyone has inherent dignity and the right to have their dignity respected and protected.
36. Everyone has the right to life, bodily and psychological integrity; To make decisions concerning the security and control over their body; Freedom to practice their trade, Freedom of movement, occupation and profession; Not to be treated in a cruel, inhuman or degrading way; Their right to have access to health care services; Just administrative action.
37. Every citizen has the right to administrative action that is lawful, reasonable, and procedurally fair.
38. These abovementioned rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality, and freedom, taking into account all relevant factors, including the nature of the right; the importance of the purpose of the limitation; the nature and extent of the limitation; the relation between the limitation and its purpose; and less restrictive means to achieve the purpose.
39. No law including the DMA, may limit any right entrenched in the Bill of Rights.
40. It is therefore submitted that, in so far as the Regulations or any Direction Purportedly issued pursuant thereto, that will violate the above-mentioned fundamental rights will be inconsistent with the Constitution, and therefore illegal and void if the SARS-CoV-2-virus is not proven to exist.

41. Furthermore, the rights in the Bill of Rights cannot be infringed upon or limited in any way save in terms of the provisions of section 36 or 37.

42. The national state of disaster, announced in terms of the DMA, has been called on the mere allegation of the existence of the SARS-CoV-2-virus, and the applicant stands on his Fundamental right to test whether the violation of his and the entire nation's Constitutional rights have been based on the existence of the SARS-CoV-2-virus

THE STATE MAY NOT INTERFERE WITH THOSE FREEDOMS, EXCEPT UNDER SECTION 36 OF THE CONSTITUTION.

43. My respectful submission is that until the Respondent has produced the SARS-CoV-2-virus to be tested by independent experts in the appropriate circumstances that the Limitation of the rights of the Applicant and the Nation's rights to freedom of movement is not justified in terms of Section 36. (1) of the Constitution.

44. According to Section 36. (1) The rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, taking into account all relevant factors.

45. We are not asking this honourable Court to do the Section 36 test in this matter, or to decide on the existence of the SARS-CoV-2-virus we are simply asking that the respondent produces the isolated and purified physical SARS-CoV-2-virus (not a

culture isolate or any mixture within in which the supposed virus is, nor a photograph or the RNA-sequence only), to the applicant at the place of his choice and under the security measures as preferred by the respondent, within 14 days, in order for us to test whether these extremely harsh disaster enforced on the nation is in fact based on the existence of the SARS-CoV-2-virus.

46. The nature of the rights here being limited are fundamental rights in terms of chapter two; the right to bodily and psychological integrity; The right to make decisions concerning the security and control over their own bodies; Freedom to practice their trade, freedom of movement, occupation, and profession; Not to be treated in a cruel, inhuman or degrading way; Their right to have access to health care services; the right to just administrative action.

47. These are fundamental rights that cannot be limited if there are no evidence of the existence of the SARS-CoV-2-virus.

RULE 16 A

48. A Rule 16 A notice will be issued together with the issuing of this application (**See *Attached copy of the notice marked RM4***).

BACKGROUND.

49. During January 2020, the world became aware of the so-called Corona Virus.

50. At the writing of this affidavit the reported South African statistical information of the so-called Virus are as follows; 1 404 839 cases have been reported. Attached hereto and marked **RM5**, see the latest coronavirus world report.

51. Of the 1 404 839 reported South African cases 1 217 492 have recovered.

52. Currently 150 800 people in South Africa have the so-called Virus of which namely 546 are in a serious or critical condition thus 0.31% of infected people are in a serious condition.

53. 40 574 out of 1 404 839 who contracted the so-called Virus in South Africa to date has died, namely 1.38%.

54. On 15 March 2020, Dr Mmaphaka Tau, the Head of the National Disaster Management Centre in the Department of Cooperative Governance gave notice that the Covid-19 pandemic was declared as a National Disaster.

55. Also, on 15 March 2020, the respondent issued a declaration of a National State of Disaster and published the declaration in the Government Gazette of that date and on subsequently monthly declarations continued with the declaration and publications of the regulations relating to the National disaster. Attach hereto as Annexure **RM6** a copy of the notice to that effect in the Government Gazette.

RATIONALITY

56. To pass the rational basis test, the statute or ordinance must have a legitimate state interest, and there must be a rational connection between the regulations means and goals.
57. The national lockdown severely restricts the movement and choices of people. The result is a severe disruption of business and wellbeing and freedom of movement.
58. This is done under the over broad provision in s 27(2)(n) of the DMA the question that arises is whether this disruption meets the rationality and constitutionality test in terms of South African law.
59. Some disruption of life may be necessary to save lives if we are assured beyond doubt of the existence of the SARS-CoV-2-virus on which the Restrictions are based.
60. This applicant has a reasonable suspicion about the existence of SARS-CoV-2-virus.
61. It is respectfully submitted that this Honourable Court must at least agree that the South African nation is at least entitled to know beyond any doubt that all the damages and restrictions and violations of their rights is based on a virus that is proven to exist.
62. To date it has simply been assumed that the SARS-CoV-2-virus does exist, without question.

63. The respondent has alleged that the SARS-CoV-2-virus does exist as such, she needs to prove it.
64. This can easily be done by the respondent since it should already be in possession of the SARS-CoV-2 virus.
65. The supposed existence of **SARS-CoV-2 virus** has not been established, an RNA-sequence obtained through an RNA-sequencing device RT-PCR test, a DNA or RNA-sequence, does not prove anything without a standard to measure it against, that standard can only be the physical virus.
66. If the virus has not been proven to exist then it follows that no link can be established between the supposed non-existent virus and a disease, no experiments have been presented in which the virus is isolated without any cultures or other substances, and then injected into healthy organisms producing a particular disease, and repeated, without this there can be no link between a virus and a disease.
67. If the virus does not exist, thus no link to a disease can be proven and then no reasonable and justifiable remedy or countermeasures can be devised.
68. There is no evidence existence of the SARS-CoV-2 virus.

69. There is no evidence of the existence of the SARS-Cov-2 virus, its link to Coviid-19 disease.

70. The PCR test are unreliability.

SECTION 39 OF THE CONSTITUTION AND ITS RELEVANCE TO THE FACTS PRESENTED

71. With regards to the nature of the matter, Section 39 (1)(a) and (b) respectively, have to be cited, as it is part and parcel of the fabric of our society, that this section be included here, which states that:

- (1) *When interpreting the Bill of Rights, a court, tribunal or forum-*
- (a) *must promote the values that underlie an open and democratic society Based on human dignity , equality and freedom;*
 - (b), *must consider international law; and*
 - (c), *must consider a foreign law*

72. Its relevance, that the court should in accordance with the above be open the facts presented below, which in turn sheds light on the Portuguese Judgment **(please find attached hereto marked RM7)**, The Court here concludes that:

“Any diagnostic test must be interpreted in the context of the actual possibility of the disease, which existed before its realization. For Covid-19, this decision to perform the test depends on the previous assessment of the existence of symptoms, previous medical history of Covid 19 or presence of antibodies, any potential exposure to this disease and no likelihood of another possible diagnosis.” “One of the potential reasons for presenting positive results may lie in the prolonged shedding of viral RNA, which is known to extend for weeks after recovery, in those who were previously exposed to SARS-CoV-2. However, and more relevantly, there is no scientific data to suggest that low levels of viral RNA by RT-PCR equate to infection, unless the presence of infectious viral particles have been confirmed by a laboratory. In summary, Covid-19

tests that show false positives are increasingly likely, in the current epidemiological climate panorama in the United Kingdom, with substantial personal, health and social system consequences.”

73. To prove the existence of something especially when it is mixed or incorporated with other things is to first separate or isolate it, then to measure it, to determine its parameters and to determine its qualities. An RNA or DNA sequence is not proof of existence, e.g., having the DNA sequence of a person does not mean that the person exist, to prove the person exists the DNA sequence must be matched to a DNA sequence obtained verifiably directly from the physical person.

74. Here follows explanations regarding the supposed isolation of SARS-CoV-2: as described in an article entitled ***The Genetic Sequence, Origin, Diagnosis of SARS-CoV-2***, written by Huihui Wang et al. ***RM7***

- “Confirmed cases with SARS-CoV-2 were identified as a positive result of a high-throughput sequencing or an RT-PCR assay for respiratory specimens including nasal and pharyngeal swab”
- “Airway epithelial cells from infected patients were used to isolate a novel coronavirus, temporarily named 2019-nCoV, but later, the Coronavirus Research Group of the International Committee for the Classification of viruses found that the new coronavirus is related to the SARS-virus” The International Committee for the Classification of viruses is affiliated to the International

Council of Sciences, which in turn has a formal relationship with UNESCO since 1947, which in turn is a specialised agency of the UN.

- “In addition, the World Health Organisation has named the disease caused by SARS-CoV-2 as coronavirus disease 2019 (Covid-19)”.
 - “After the SARS-CoV-2 was isolated from the lower respiratory tract specimen, a diagnostic RT-PCR test was developed. RT-PCR tests based on the RNA-dependent RNA polymerase (RdRp) gene of the ORF1ab sequence, E gene, N gene and S gene of the SARS-CoV-2 genome”
 - “The genome of coronaviruses, ranging from 26 to 32 kilobases in length, includes a variable number”
 - “The SARS-CoV-2 genome was reported to possess 14 ORF’s encoding 27 proteins”
75. From scientific article: ***SARS-CoV-2 isolation and propagation from Turkish Covid-19 patients***, as published in the Turkish journal of Biology 44 (3) 192, 2020:
- “Samples were collected from the nasopharyngeal and oropharyngeal cavity of Covid-19 positive diagnosed patients according to their real-time PRC analysis”
 - “Next, SARS-CoV-2 specific RT-PCR was performed”

76. From: CDC website in the US, **Sever Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States of America** (viewed on the 16 February 2021): **RM8**

- “We isolated virus from nasopharyngeal and oropharyngeal specimens from this patient and characterised the viral sequence, replication properties, and cell culture tropism”
- “Confirmed PCR-positive specimens were aliquoted and frozen until virus isolation was initiated”
- “we performed confirmatory testing by using real-time reverse transcription PCR (CDC) and full-genome sequencing”
- “We extracted nucleic acid from the isolates and amplified by using the 37 individual nested PCRs”
- “A nearly full-length viral contig obtained in each sample had 100% identity to the 2019-nCoV/USA-WA1/2020 strain (GeneBank accession no. MN985325.1)”

77. From the Australian claim of isolation of the virus, **Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia**, we get the following telling statement: **RM8**

- “In consultation with the World Health Organization, the viral isolate was shared with domestic and international reference laboratories within 24 hours, and lodgement with major North American and European culture collections for further distribution is underway”.

78. These claims of isolation at best are based on the matching of one sequence of RNA with another sequence, without producing the actual virus. The NCID of SA on its website has a picture of what it calls the virus, “culture isolate” this is highly deceptive wording, a culture is a soup or a mixture of biological material, they admit it is green monkey cells, within which the virus supposedly is mixed, yet they claim a photo of the virus “culture isolate”. It is the responsibility of those who make the claim to produce the proof, the government claims the existence of the SARS-CoV-2 virus, there is reasonable suspicion of this claim, therefore it is reasonable that they be ordered to provide adequate proof.

A REASONABLE SUSPICION THAT THE VIRUS CANNOT BE LINKED TO THE DISEASE

79. To link the virus to the disease, the virus must first be shown to exist, then it must be purified from other elements and then introduced to a healthy organism and it must be shown to cause a disease or illness. This experiment must be conducted several times over a period of time. Lastly, these experiments must be independently reviewed, only then can it be said that a link has been established between a virus and a disease.

80. This is the timeline of events, source, article **SARS-CoV-2: an Emerging coronavirus that causes a global threat**, by Zeng, published on 2020/03/15, in the *International Journal of Biological Sciences:RM9*

- a. 29th December 2019 the first cases linked to the Huanan Seafood marketplace emerge.
- b. 30th December 2019 China CDC was reported to about the pneumonia of unknown ethology.
- c. 31st December 2019 WHO CDC was informed of the pneumonia of unknown ethology by China CDC.
- d. 6th January 2020 Chinese CDC activated Level 2 emergency response.
- e. 7th January 2020, SARS-CoV-2 was isolated by China.
- f. 10th January 2020, first genome sequence of SARS-CoV-2 was released.
- g. 23rd January 2020 Wuhan City was locked down.
- h. 30th January 2020, WHO declared a “public health emergency of international concern”.

81. The entire processes of isolating the virus, linking the virus to a disease and then imposing countermeasures occurred within one month and the World Health Organisation was instrumental and co-ordinating matters from the very beginning of the process, even before the Chinese supposedly isolated the virus. The processes of linking the virus to the disease has not been

demonstrated by the Chinese and by WHO, in fact the Chinese say it is WHO that linked the SARS-CoV-2 with the Covid-19 disease.

82. It is generally known that the symptoms of Covid-19 are virtually indistinguishable from cold and or flu symptoms, which is another cause for concern.

83. It can be argued that reasonable suspicion persists whether the SARS-CoV-2 virus can be linked to the Covid-19 disease, those who make the claim must produce the proof. The Court should therefore grant the order, that would compel the government to provide such proof to the satisfaction of the Court.

THE SUSPICIOUS AND FLAWED EPIDEMIOLOGICAL-MATHEMATICAL MODELS, INFECTION RATES AND DEATHS ATTRIBUTED TO COVID-19

84. The epidemiological models have been challenged and proven to be inaccurate and had to be revised, modelling in itself cannot form the cornerstone of any reasonable decision to impose such harsh and devastating measures such as the lockdown, especially not in the case of a novel virus and new disease, for which there would not exist much data to do adequate modelling.

85. The infection rates were determined purely by a NON-VALIDATED RT-PCR test which selects a particular RNA-sequence amongst many that appear.

86. Higher test frequency would inevitably also lead to higher positive tests thus increase in cases.

87. The policy that all people testing positive and subsequently dying, should be classified as death as a result of Covid-19, without conducting autopsies is also wrong and completely unreliable, in addition the media reports these deaths, as “deaths due to Covid related complications” which is meaningless. This even in cases where there exist co-morbidities. This would not have been possible if public health officials, the Executive and the Legislature did not allow and put through such changes in protocol.

88. The PCR tests is at the heart of the reasoning and justification of the Lockdown and there is ample clear proof that these tests are unreliable. Modelling has been a great part of the reasoning and justifications to impose the Lockdown measures as well, even though not much previous data exists, the models have been refuted and modelling is inherently flawed and cannot be the sole arbiter of reasonable justification.

SARS-COV-2 IS SUPPOSEDLY A NOVEL VIRUS AND COVID-19 A NOVEL DISEASE

89. In the face of a novel virus and a novel disease sufficient time should have been allowed to isolate the virus, link it to a disease, to conduct experimentations to determine effective treatments and cures. There is no proof that this has been done.

90. Without the abovementioned having been done over a reasonable time period and with independent reviews, any treatment is nothing other than a medical experiment, the difference is that these experiments are being conducted on the entire human-race.

91. This request should be easily accomplished considering that there are over a million reported Covid-19 cases and a new variant in South Africa.

92. Lockdowns have never been done in the history of South Africa and by extension never in the entire globe, it is unprecedented, hence a bio-medical experiment.

93. It amounts to an unconscionable experiment with human life, if the virus has never been isolated and linked to a disease, and therefore no treatment related to the disease can be claimed, except as a mass scientific fraud.

94. This arguably presents clear evidence of the conduct of a bio-medical experiment upon the entire population of South Africa.

THE LOCKDOWN MEASURES ARE UNREASONABLE, HARMFUL AND DEADLY

95. If there is no virus and no link to a disease, then these measures are unreasonable, unjustifiable, and extremely dangerous.

96. Declaring the pandemic itself is traumatizing and greatly imposes on the rights and freedoms of people.
97. The restrictions on trade and movement, is devastating to the economy, to social life, education et cetera.
98. In the absence of a physically verifiable virus, there is no way to determine the effectiveness of the mandatory masks policies, there is a vast body of science that proves that masks are not effective and that they are potentially deadly.
99. The policy of not treating “non-urgent” matters in public health facilities and prioritising Covid-19, is potentially fatal.
100. The policy of prescribing diagnostic techniques to medical professionals and then a subsequent treatment protocol from which they cannot veer, is potentially deadly, as misdiagnosis and wrong treatments could be fatal.
100. The Lockdown measures whether reasonable and justified or not, pose an existential threat and harm to the entire nation of South Africa.

THE WEARING OF CLOTH FACE-MASKS ARE PARTICULARLY HARMFUL

101. The following is extracted from a book written by Dr Vernon Coleman MB ChB DSc FRSA (Title: ***Proof That Face Masks Do More Harm Than Good***) **RM10**
102. Wearing a mask for hours at a time could cause pulmonary fibrosis.
103. People who cough and sneeze into their mask increase the risk of a build-up of fungi and bacteria – which can lead to dangerous chest infections.
104. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection as a precautionary measure, cloth masks should not be recommended for health care workers, particularly in high-risk situation.

British Medical Journal published a paper entitled, *A Cluster Randomised Trial of Cloth Masks Compared with Medical Masks in Healthcare Workers*, 2015

105. Pregnant women should not wear a mask, this is risky both to not themselves and to their unborn child. There is a real risk that the baby will be stillborn or in some way damaged or poorly developed at birth.
106. According to a dentist, Marc Sclafani, (told the New York Post) 'gum disease, or periodontal disease, will eventually lead to strokes and an increased risk of heart attacks.' The fact that face coverings increase mouth dryness and contribute to a build-up of bad bacteria as people tend to breath through their mouth instead of nose when wearing a mask.
107. A man suffered a collapsed lung after running 2.5 miles while wearing a face mask due to high pressure in his lungs.
108. Wearing masks reduce oxygen levels and increase levels of carbon dioxide. The side effects of excess carbon dioxide (hypercapnia) are headaches, dizziness, drowsiness, nausea, vomiting and a tight feeling in the chest.
109. According to Dr Margarite Griesz-Brisson MD PhD is a leading European neurologist and neurophysiologist, masks causes brain damage due to lower oxygen levels. When the oxygen deprivation becomes chronic, the symptoms disappear because the body gets used to them. However, efficiency remains impaired and the damage to the brain continues.

110. In March 2020, Dr Jenny Harries, Deputy Chief Medical Officer in the UK, warned that it is possible to trap the virus in a mask and start breathing it in. She said that wearing a mask was not a good idea.
111. Face mask use was found not to be protective against the common cold. *Use of surgical face masks to reduce the incidence of the common cold among health workers in Japan: a randomized clinical trial* was published in the *American Journal of Infection Control* in June 2009.
112. Neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients'. *Annals Internal Medicine* 2020. The title of their paper was, *Effectiveness of surgical and cotton masks in blocking SARS CoV 2: A controlled comparison in 4 patients*.
113. It is likely that anyone who wears a face mask for long periods will have a damaged immune system – and be more susceptible to infection.
114. There is increase in dry eye symptoms among mask wearers. *Ophthalmology and Therapy* (published in September 2020), written by Majid Moshirfar, William B. West Jr and Douglas P. Marx .
115. The World Health Organisation recommends that disposable masks should be discarded after one use. However few people can afford this, so masks are frequently worn more than once. This massively increases the risk of a chest infection developing.
116. Reports are suggesting that the bacterial pneumonias are on the rise due to face masks. Dr James Meehan.

117. If mask wearing were a science, the rules would be constant – but they are not. It is clear, therefore, that there is no science behind mask wearing.
118. Small children are more likely to develop a weakened immune system if they wear a mask. I would strongly advise parents not to use any form of face covering for their baby,' said Dr Rebecca Fletcher, chair of Bury, Rochdale and Oldham Child Death Overview Panel.
119. Masks have no significant preventative impact against any known pathogenic microbes, specifically, regarding covid-19, we have shown...that mask use is not correlated with lower death rates nor with lower positive PCR tests. Masks have also been demonstrated historically to contribute to increased infections within the respiratory tract' ...'the use of face masks will contribute to far more morbidity and mortality than has occurred due to covid-19.' *Masks, false safety and real dangers, Part 2: Microbial challenges from masks.* Boris Borovoy, Colleen Huber and Maris Crisler.
120. The wearing of cloth-masks over the mouth and nose, is extremely harmful and even deadly.

THE SUPPOSED COVID-19 VACCINES

121. If the virus has not been isolated nor a link established to a disease, then there can't be any remedy, much less a vaccine.
122. Not only has multiple vaccines been developed in the absence of proving the above-mentioned but these vaccines have been developed in unprecedented short period of time, even skipping animal trials.

123. These vaccines possess so-called new vaccine technology that have never been tried on humans before and some of them contain foetal tissue and chimpanzee cells, which many people would find objectionable.
124. Not only are these vaccines unprecedented but the idea of vaccinating the entire human-race has also never been done.
125. The early rollouts of vaccines in other countries have not only seen fatalities and injuries, but the process has not been stopped at all.
126. The CDC website cites a number of vaccine recipients who have reported some adverse reactions within 0 to 7 days of having been **RM11** vaccinated. Reactions and Adverse Events of the Pfizer-BioNTech COVID-19 Vaccine | CDC and <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html>
127. In the United Kingdom, various Covid 19 Vaccine Adverse Reactions per type of vaccine (e.g. Pfizer, Astrazeneca etc) are recorded in the weekly report Coronavirus vaccine - weekly summary of Yellow Card reporting . They include Blindness, Lymphadenopathy, Death, Diarrhoea, Pyrexia, Hepatic, Myalgia Bell's palsy etc. Vaccine Analysis Profile - Pfizer/BioNTech Vaccine Analysis Profile - Oxford University/AstraZeneca Vaccine Analytics Profile - brand unspecified
128. The vaccines have never been developed at such a fast pace, some of these technologies are new untested, never before have we vaccinated the greater part of our entire population with such a new technology, the vaccines contain objectionable ingredients and many injuries and deaths have already been reported linked to these new vaccines. Arguably this constitutes, bio-

medical experimentation on an entire population, using a harmful bio-chemical compound with known risks to health and life.

PRIMA FACIE RIGHT.

129. The applicant, and the public have the following undisputable prima facie rights.

- a. To Human dignity.
- b. Life.
- c. Bodily and psychological integrity.
- d. To make decisions concerning the security and control over their body.
- e. Freedom to practice their trade, occupation and profession.
- f. Not to be treated in a cruel, inhuman or degrading way.
- g. The right to have access to health care services.
- h. Freedom of movement.
- i. Just administrative action.

130. Not to have limitations imposed on their rights entrenched in the Bill of Rights and if so that it must be restrictively interpreted, so as to impose a minimum limitation on those rights, in accordance with section 36 of the Constitution.

131. That the Bill of Rights be applied to all law including the DMA.

132. The Applicant has a right to access to information in terms of Section 32 of our Constitution, and that is what he is essentially requesting here.

133. From the above it is clear that a strong case has been made by the applicant and those it is acting on behalf of, have at least one prima facie right.

REASONABLE APPREHENSION OF IRREPARABLE AND IMMINENT HARM.

134. I submit that harm is apparent in this instance, as set out throughout this founding affidavit.

135. Without the relief sought to prevent further harm the applicant and the rest of South Africa will continue to suffer irreparable financial, material, physical and psychological harm.

136. The public further stands to be severely prejudiced with the arbitrary infringements of their fundamental rights should the respondents continue to ignore their rights.

137. At the current rate the South African Government will run out of money to pay the salaries of state employees, it is submitted that If South Africa's present economically restrictive lockdown measures are not discontinued immediately, the respondents may cause 29 times more deaths with the measures aim to prevent the spread than the virus itself.

138. From the above it is clear that a strong case has been made by the applicant and those it is acting on behalf of the existence of the reasonable apprehension of irreparable and imminent harm.

BALANCE OF CONVENIENCE.

139. The balance of convenience favours the granting of the interdict.
140. I submit that on weighing up the consequences of the prejudice that each party would suffer if this Interdict is not granted, it would be immeasurably more detrimental towards the applicant than it would be for the respondent if it is not granted.

RESPONDENTS PERCEIVED PREJUDICE.

141. None, I am simply asking that the respondents produce to me on its terms something that it has in its possession, in order for me to verify its existence.

IS IT TOO RISKY?

142. The respondent is welcome to provide the purified physical SARS-CoV-2-virus to me for verification under whatever security measures they prefer, and I am willing to indemnify them from any damages or risk during the period of verification.

NO OTHER REMEDY.

142. We have written to the respondent in this regard which has simply been ignored. (**See Annexure RM12**).
143. At this stage in time the public has no other adequate remedy available, to prevent imminent and irreparable harm befalling them.

IN THESE PREMISES, I respectfully pray for an Order in terms of the Notice of Motion prefixed hereto.

D E P O N E N T

RICARDO MAARMAN

820531 5257 086

I CERTIFY that the deponent has acknowledged that he knows and understands the contents of this affidavit which was signed and sworn to before me at Cape Town on this the _____ day of March 2021.

COMMISSIONER OF OATHS

FULL NAMES:

BUSINESS ADDRESS:

DESIGNATION: