IN THE HIGH COURT OF SOUTH AFRICA

(GAUTENG DIVISION, PRETORIA)

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Case number:

In the matter between:

THE AFRICAN CHRISTIAN DEMOCRATIC PARTY (THE ACDP)	First applicant
FREE THE CHILDREN - SAVE THE NATION NPC	Second applicant
CARING HEALTHCARE WORKERS COALITION NPC	Third applicant
COVID CARE ALLIANCE NPC	Fourth applicant
and	
THE MINISTER OF THE NATIONAL DEPARTMENT OF HEALTH (DoH) DR M PHAALA	First respondent
THE ACTING DIRECTOR OF THE NATIONAL DEPARTMENT OF HEALTH DR N CRISP	Second respondent
THE SOUTH AFRICAN HEALTH PRODUCTS REGULATORY AUTHORITY (SAHPRA)	Third respondent

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SUPPORTING AFFIDAVIT

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I, the undersigned,

DR CLARE CRAIG

do hereby declare as follows: -

1. I am an adult, qualified medical practitioner with a speciality in diagnostic pathology, residing in the United Kingdom.

2. I depose to this affidavit on behalf of the applicants. I have not been paid by anyone to provide this opinion. I am providing this declaration as I have serious, grave concerns for children and the public-at-large.

3. The facts herein contained are, save where otherwise stated or appears to the contrary, within my personal knowledge and both true and correct.

EXPERTISE

4. Attached to this affidavit as **EXHIBIT "CC1"** is my *Curriculum Vitae*. I obtained my medical qualifications from Pembroke College, Cambridge University and University of Oxford, Green College. I was awarded a BMBCh from the University of Oxford Clinical School in 2000, which permitted me to practice as a medical doctor. Thereafter I specialized in pathology, 2008 I was granted a Fellowship of the Royal College of Pathologists, which means that I am a specialist pathologist.

5. From 2002 to 2009, I was a Clinical Academic Training Fellow in Histopathology at

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the Royal Free Hospital, University College London and North Middlesex. From 2009 to 2015 I was a Consultant Pathologist at Imperial College Healthcare NHS Trust.

6. From 2016 until 2019 I was the Clinical Lead for Pathology on the cancer arm of 100,000 Genomes Project: Genomics England Ltd, London. In this position, I led the cancer arm of the design of a software solution for a national genetic test ordering system alongside our IT team. I also led the creation of a digital library of cancer pathology images to sit alongside the genomic and clinical data.

7. From 2017 until 2019 I was a Member of the National Cancer Research Institute's CM-Path Technology and Informatics group. This has allowed me to contribute to this initiative to bring together pathologists and experts in other fields to boost the UK's research activity in cellular molecular pathology. I have helped run workshops and publish papers to improve the implementation of emerging technologies in diagnostic pathology in the UK.

8. From September 2019 to May 2020, I held the position of Head of Pathology Panakeia at Technologies Ltd ("Panakeia"). Panakeia seeks to develop clinically useful artificial intelligence algorithms to assist pathologists by accelerating diagnosis and providing additional diagnostic information. As the only clinician on the team, I provided expertise on diagnostic pathology; digital pathology; cancer diagnostics; NHS cancer data sources and their complexity; ethics; as well as on the NHS.

9. Since September 2020 I have carried out independent, autonomous, and unpaid

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research into SARS-Cov-2 and Covid-19 (hereinafter 'Covid'). I am co-chair of the Health Advisory and Recovery Team ("HART") a body of professionals who focus on research into the best approaches and strategies to deal with the Covid outbreak.

10. As is evident from my *Curriculum Vitae*, I have been published in numerous peer reviewed articles in medical journals. I am an expert in data driven medicine and research.

11. I have formed my opinions in close communications with many medical researchers and clinicians around the world based on, in part, the collective clinical experience with acute and convalescent COVID-19 cases as well as closely following the preprint and published literature on the outbreak. I have specifically reviewed key data issued by the health and statistical agencies of the United Kingdom, Canada, and the United States of America. See my *Curriculum Vitae* attached.

AS TO MY EXPERT OPINION

12. In April 2021 in the United States of America, Covid vaccines were approved for those between 16 and 18. Shortly after the commencement of the vaccination of this age group, anecdotal reports emerged that several of those who had been vaccinated in this age group, had suffered vaccine injuries. The most common vaccine injury observed was myocarditis among males. This accorded with similar evidence which has emerged of similar vaccine injuries among those who had been vaccinated, but especially males, below 18 years of age in Israel.

13. In order to put into perspective, the data I will set out below, regarding the likely

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impact of vaccinations on the 12- to 17-year-old age group, it is important to understand the impact of Covid on the mortality of this age group since the onset of the pandemic to date.

14. There is little or almost no risk of death among those younger than 18, from Covid. The first Covid infections in the UK occurred in the middle of February 2020. According to statistics kept by the Office of National Statistics, which are in the public domain.[1]

15. According to these statistics, there were 12 deaths among children between 10 and 14 in the United Kingdom from the onset of the pandemic, who were Covid positive until 15th October 2021. This is a period of 83 weeks.

16. According to statistics, there were 38 deaths among children between 15 and 19 in the United Kingdom from the onset of the pandemic who were SARS-Cov-2 or Covid-19 positive. The breakdown of this figure along gender lines is that 23 of those who passed away were male and 15 were female.

17. According to the Paediatric Intensive Care Audit Network ("Picanet"), most if not all of those children who were admitted to intensive care with a positive Covid test or tested positive for Covid after admission, who then passed away, had significant comorbidities. The underlying cause of death for any of the children that died was not clearly Covid with other conditions, including the pre-existing co-morbidities, playing a critical role.

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales

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18. In a report put out by Picanet, the conclusion they drew from these deaths was that

> *"It is not possible to say that any of the deaths on PICU were as a direct result of COVID-19, merely that these children had a COVID-19 positive test prior to or during their PIC admission or at post mortem."*[2]

19. For those children who have had a COVID infection, their risk of a subsequent infection is 27 times lower than in the double vaccinated.[3]

20. The Joint Committee on Vaccination and Immunisation ("JCVI") are the Government appointed body of scientists and healthcare professionals that advise on vaccination. On 4th August 2021 the JCVI recommended that 16- to 17-year-olds receive a single dose of Pfizer vaccine after noting that the risk from myocarditis was substantially higher after two doses.[4]

21. On 3rd September 2021 the JCVI wrote[5]:

> *"JCVI has consistently held that the main focus of its decision should be the benefit to children and young people themselves, weighed against any potential harms from vaccination to children and young people. In providing its advice, JCVI also recognises that in relation to childhood immunisation programmes, the UK public places a higher relative value on safety compared to benefits.*
> *The available evidence indicates that the individual health benefits from COVID-19 vaccination are small in those aged 12 to 15 years who do not have underlying health conditions which put them at risk of severe COVID-19. The potential risks from vaccination are also*

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2 https://www.picanet.org.uk/wp-content/uploads/sites/25/2021/07/PICANet_COVID_report_2021-06-21_final.pdf
3 https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full.pdf
4 https://www.gov.uk/government/publications/jcvi-statement-august-2021-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-4-august-2021
5 https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021

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*small, with reports of post-vaccination myocarditis being very rare, but potentially serious and still in the process of being described. Given the rarity of these events and the limited follow-up time of children and young people with post-vaccination myocarditis, **substantial uncertainty remains regarding the health risks associated with these adverse events.** Overall, the committee is of the opinion that the benefits from vaccination are marginally greater than the potential known harms (tables 1 to 4) but acknowledges that there is **considerable uncertainty regarding the magnitude of the potential harms.** The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. Such data may not be available for several months."*

22. Despite this lack of recommendation from JCVI, the four Chief Medical Officers approved vaccination of 12- to 15-year-olds with a single dose of the Pfizer vaccine on 13th September 2021. Approval had already been given for children aged 12 to 15 to be vaccinated if they were thought to be at risk due to other health issues. Vaccination of 12- to 15-year-olds had begun at the beginning of August 2021 but accelerated from mid-September 2021. As set out above, I had deep concerns that the trend of vaccine injury and death, that had been observed in the United States and Israel, would also occur in the UK, so I kept track of the emerging data.

23. I prepared a graph which shows vaccination doses given for those under 20 years of age in the UK against a timeline. This indicates when the various age groups in the UK started getting vaccinated. It is clear that vaccination had begun prior to the

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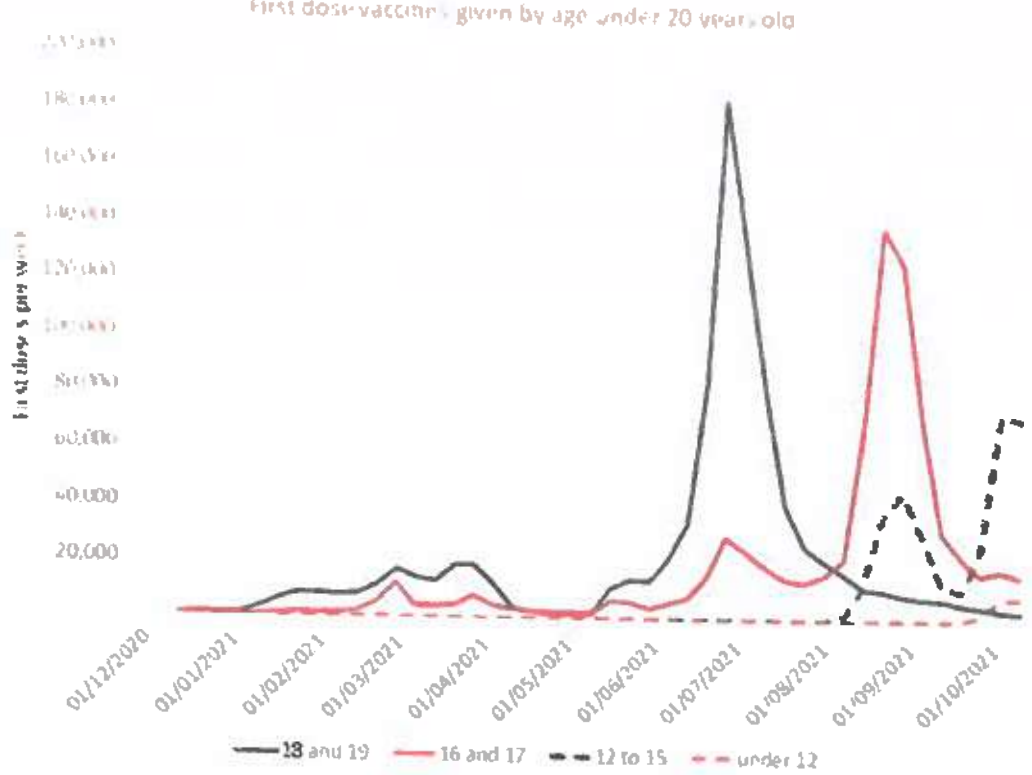
approval dates from JCVI or the Chief Medical Officers.



24. It soon became clear that an excess death trend among males between 15 and 19 years of age had begun to emerge. This trend correlated with the commencement of the vaccine rollout to this age group (starting in May 2021 with vaccination of the 16–19-year-old age group) and was most pronounced among males.

25. I have set this data out in charts to assist the Court as it best illustrates the trend that has emerged.

26. The first chart I prepared, illustrates the trend showing excess deaths among 15- to

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19-year-old males. The red line plots the number of non-Covid deaths in this age group against the cumulative non-Covid deaths in this age group during 2020. I also plotted the cumulative average number of non-Covid deaths for this age group for 2015 and 2019. Several important conclusions can be drawn from this graph. They are:

- That the cumulative non Covid deaths recorded among males aged 15 to 19 during 2021 is significantly higher than during 2020;
- That 95 more males aged 15 to 19 have died in 2021 than in 2020 in the first 41 weeks of the year;
- The cumulative non-Covid deaths recorded among males aged 15 to 19 during 2021 is significantly higher than the average deaths recorded between 2015 and 2019;
- That 61 more males aged 15 to 19 have died in the first 41 weeks of 2021 than in the cumulative average death rate during a comparable period between 2015 and 2019;
- That the death rate among this age group tracked closely with the death rate of 2020 and the average of 2015 to 2019 until the commencement of the vaccine roll out in May 2021 and its acceleration in June 2021, whereafter it has diverged significantly; and
- That this divergence from the trend lines in 2020 and for 2015 to 2019 has

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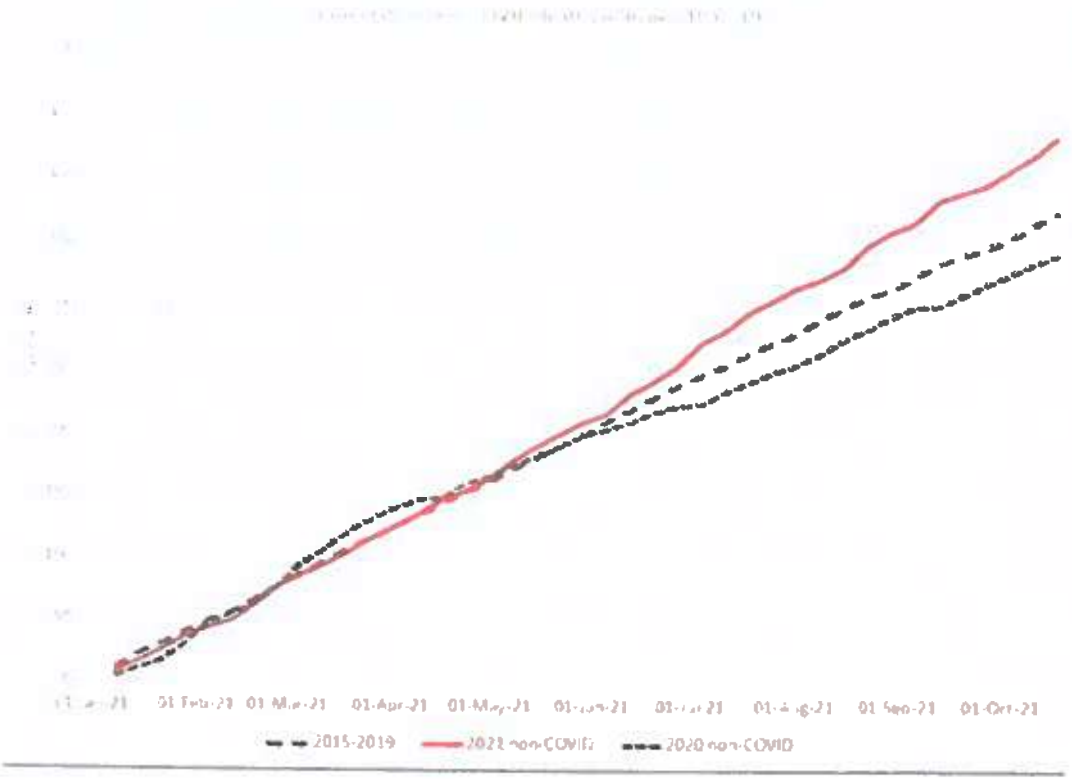
increased as the year has continued.

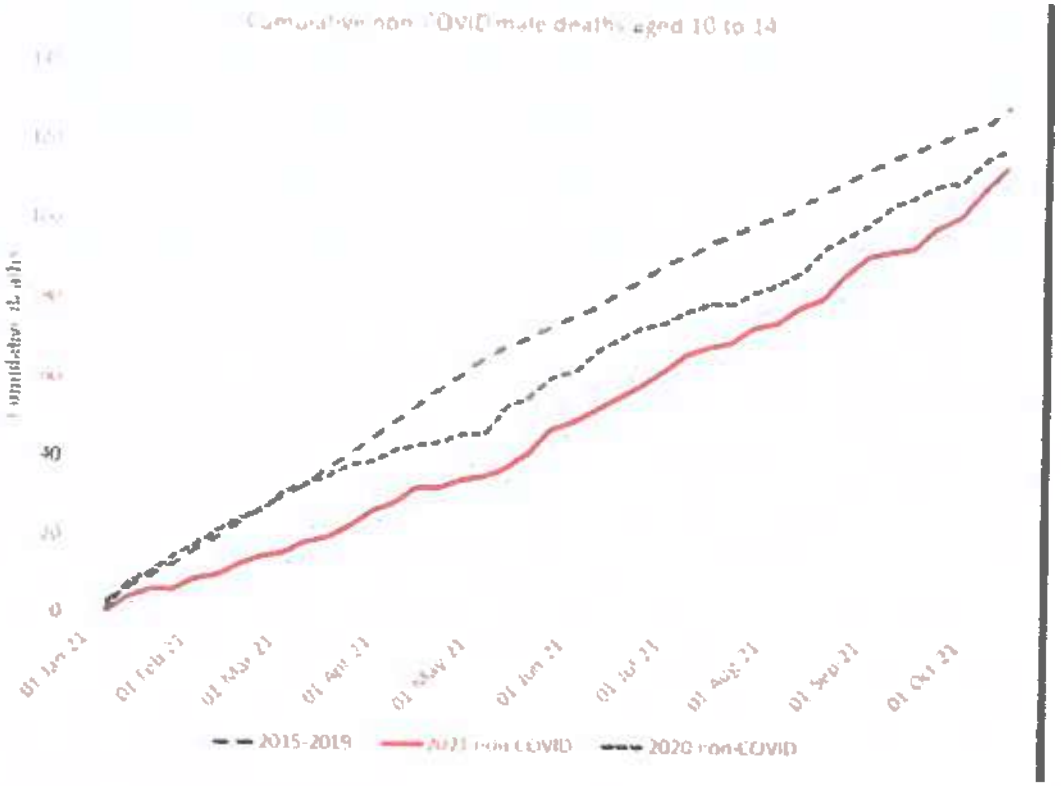


27. I prepared similar graphs for males between 10 and 14 years old as a comparator to the above graph. If this graph is compared to the above graph the following conclusions can be drawn:

- The number of deaths among males between 10 to 14 years of age during 2021 is significantly lower than the non-Covid deaths during 2020 and the average cumulative deaths in 2015 to 2019; and

- From August vaccinations began in the age group 12 to 15 years old and there is a suggestion of a correlation with a closing of the gap between the

baseline rates since that time;



28. As further comparators, I prepared graphs for the cumulative non-Covid deaths for females aged 15 to 19 years of age and 10 to 14 years of age respectively and plotted them against cumulative non-Covid deaths for 2020 and the average cumulative deaths from 2015 to 2020. The following conclusions can be drawn from this data:

- That the cumulative non-Covid deaths for females between 15 and 19 years of age is clearly lower than the average death rate for this group between 2015 and 2019;

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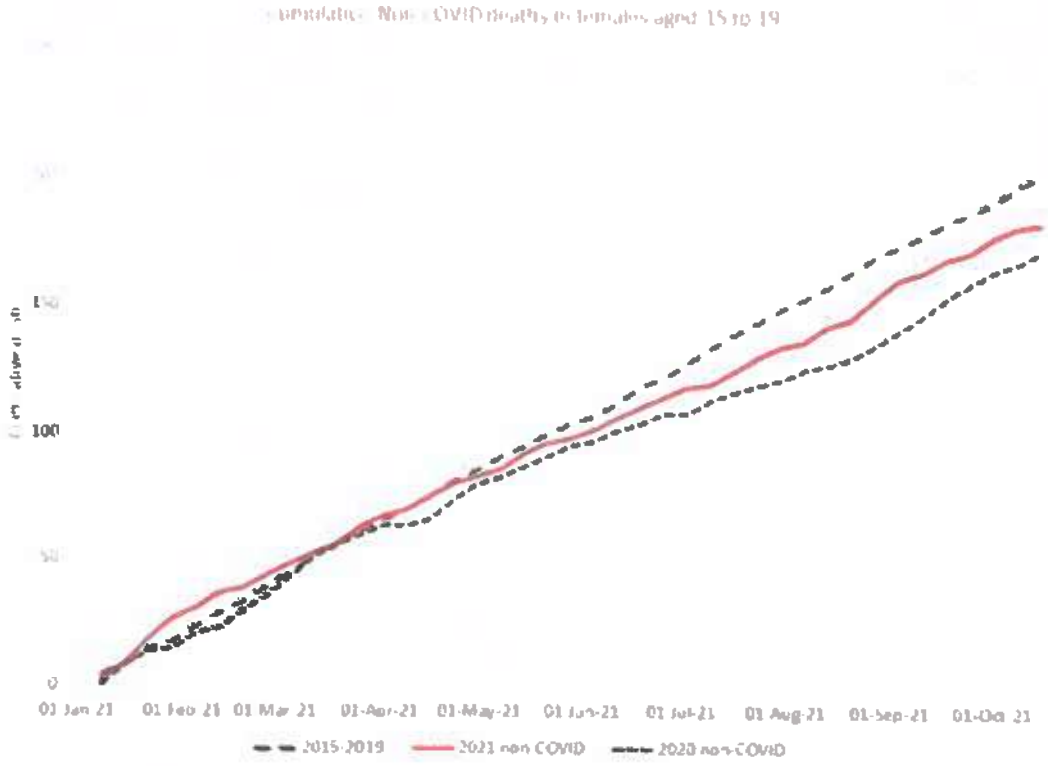
- That the cumulative non-Covid death rate among females in the age group between 15 and 19 is slightly higher than in 2020 and that this divergence also correlates to when the vaccine rollout to this age group began;

- **That the cumulative non-Covid death rate for females between 10 and 14 years of age largely tracks with the death rates for 2020 and for the period between 2015 and 2019.**



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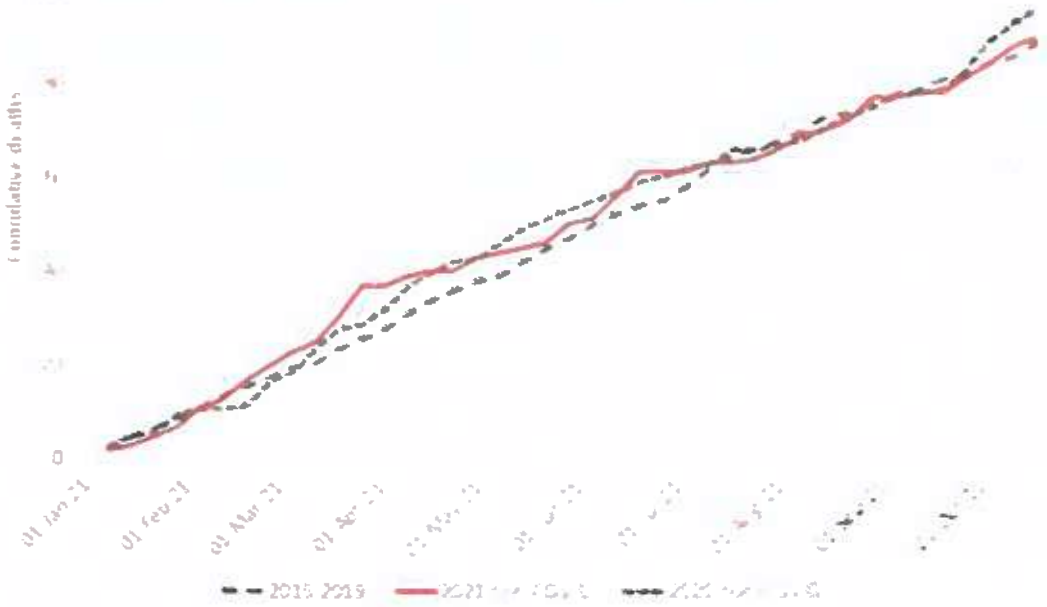

29. I do not know yet definitively what the causes for the excess deaths I have recorded in these graphs are, but there is a strong correlation between the increase in excess deaths for males between 15 and 19 since the administration of the single dose of the Pfizer vaccine for his age group. Administration of the vaccine to this group was documented, in other jurisdictions, to cause myocarditis, particularly in young males, along with other vaccine injuries. The fact that the excess deaths have been seen disproportionately in males, coincidental with the administration of the vaccine to this group, makes vaccination the most obvious explanation as to the cause of these excess deaths.

30. It will take additional time and research to confirm that the vaccine is the cause, but

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the patterns and trends which I have been able to identify is more than enough reason to pause the vaccine rollout until it can be confirmed what the causes of increased death in this age group is. The death rate among the age group 12 to 17 years old from Covid is negligible. It is highly likely that if the single dose of the Pfizer vaccine is the cause of these excess deaths, then the risks of administering a single dose of the Pfizer vaccine far outweigh the benefits and that many boys will die who would not have succumbed to Covid if left unvaccinated.

31. It is important to note that the Covid vaccines cannot really prevent Covid infections. This is because of the mechanism of the vaccines. The body defends against respiratory illness through filtering in the nasal passages and airways, trapping with mucous and, ultimately, with a type of antibody, called IgA, that is produced by mucosal surfaces to prevent infectious agents entering cells. These IgA antibodies act in concert with the immune system to prevent viruses entering respiratory cells, causing an infection.

32. The Covid vaccines are injected directly into the blood stream and any antibodies created by the Covid vaccines will be IgG antibodies which are found in the blood stream. This means that these antibodies can only respond when they encounter a Covid infection when it reaches the blood stream, by which time the person is already infected with Covid. This means that the Covid vaccines can do little to stop the spread of Covid. In England, we have seen similar rates of infections, per 100,000 vaccinated and unvaccinated people but hospitalisations and deaths are lower in the vaccinated.[6] Protection therefore benefits the individual not the wider

[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1023840/Vaccine_surveillance_report_-_week_40.pdf

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community.

33. Once a vaccinated person is infected they have the same amount of virus in their respiratory tract as the unvaccinated, implying that they are just as infectious to others.[7]

34. To better illustrate my point: The Covid vaccines are the equivalent of stationing a goalie in a football or hockey game behind the net instead of in front of the goal line.

35. This is one of the reasons why the influenza vaccine does not reduce transmission although it does reduce symptoms.[8] There is research currently underway into designing Covid vaccines so that they can be administered by nasal inhalation.[9] These vaccines would cause IgA antibodies to develop in the nasal passages and lungs, which would be considerably more effective. Such nasally inhaled vaccines are used in children to reduce influenza infections.[10] It is because of the known lack of effectiveness of injected vaccines in preventing infections that this research is being undertaken.

CONCLUSION

36. In my expert medical opinion, the data which I have set out above is sufficient to give any regulator pause on the rollout of Covid vaccines to people who are younger than 18 years of age, especially boys. It is highly likely that the rollout of

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7 https://www.medrxiv.org/content/10.1101/2021.09.28.21264082v1.full.pdf

8 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6491184/pdf/CD001269.pdf

9 https://www.imperial.ac.uk/news/229653/landmark-coronavirus-study-trial-inhaled-imperial/

10 https://www.gov.uk/government/publications/flu-vaccination-in-schools/flu-vaccination-programme-2021-to-2022-briefing-for-schools

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the single dose of the Pfizer vaccine is the cause of the increase in deaths of males in the UK, especially as it accords with data that has emerged from the United States and Israel. It must be kept in mind that even *if* someone who gets myocarditis does not die from it immediately, it can cause long term heart damage and in due course death as a result of heart failure.

37. It is imperative that the emerging evidence that links myocarditis and other injuries to the administration of the Covid vaccines, to those under 18 years of age, be given urgent attention by regulators across the world, including South Africa. I would advocate that the Covid vaccine rollout to 12- to 17-year-olds be suspended immediately until it can be definitively determined that these vaccines are not responsible for excess deaths.

DEPONENT

THUS SIGNED AND SWORN TO AT Gallan **ON THIS** 28th **DAY OF OCTOBER 2021, THE DEPONENT HAVING ACKNOWLEDGED THAT HE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, THAT IT IS BOTH TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THAT HE HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH AND THAT THE PRESCRIBED OATH WILL BE BINDING ON HIS CONSCIENCE.**

Margaretha Wilhelmina van Dyk
Practicing Attorney, VDMS Inc
15 Orchard Road, Bordeaux,
Randburg, South Africa
Commissioner of Oaths ex officio

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