

”IT’S NOT A MANDATE, IT’S A CHOICE!”

By Guest Writer

Over the past two years, institutions of higher learning have, to varying degrees, reeled under the competing pressures to protect staff and students from the risks of Covid-19 infection, and the societal obligation to ensure the supply of competent and appropriately trained graduates to the South African labour market. The ‘positives’ of the response have included an unprecedented adoption of online teaching and learning practices, a marked upskilling of staff and students in rapidly evolving online technologies, and ever-increasing ease and facility with ‘blended’ learning as a pedagogical norm. Of critical importance too, have been the ‘negatives’. Institutions, again to varying degrees, have wrestled with the challenges of ensuring effective teaching and learning experiences, the integrity of assessments, and the absolute certainty that students are as competent as their (mostly) online results suggest.

After almost two years of ‘chaos’, it appears that the ‘threat’ of Covid-19 infection has abated considerably. To be fair, it was never really much of a threat to students of university-going-age, but academics are typically more long-in-the-tooth! Add to this the even higher levels of seropositivity reported ahead of the recent ‘omicron’ wave, and even higher levels after, suggesting considerable protection at the levels of community and society

against severe infection and death, and evidently poor protection by vaccines against both infection and transmission. The time is right for an ‘opening up’ of social restrictions imposed in the earlier stages of the pandemic. Indeed, we are clearly at the point at which we need to accept that we will ‘need to live with’ SARS-CoV-2, as are an increasing numbers of countries that are recognizing and acting upon it.

Enter the illogical madness that is the lockstep imposition of vaccine mandates across almost all of South Africa’s universities!

The more ‘draconian’ policies based on firm mandates (with the possibility of exemption on medical, religious and/or constitutional grounds) are premised on a highly contestable notion of ‘ensuring the safety of staff and students’ under overt pressure to return to a more ‘normal’ teaching and learning context – one in which the nuances of face-to-face teaching and learning are restored and the integrity of assessment is ensured - and the ‘protections’ of almost universal vaccination and negative PCR tests will prevent, or mitigate, risks to staff and students

To be fair, face-to-face contact and assessment were recognised as critical in some fields of study (e.g. in health sciences training) as early as June 2020, when the Department of Higher Education and Training (DHET) allowed for the staged return of students in need of clinical and laboratory-based training to return to campus. In step with reducing level of lockdown, first 33%, then 66%, then 100% of students were able to return to campuses across the country. No vaccines, no approved treatment protocols, and no particularly noteworthy outbreaks.

The more ‘libertarian’ permutation of the mandatory vaccination policy adopted by most South African universities is the ‘policy of choices’ currently adopted by the Durban University of Technology. The official narrative is that the policy does not mandate vaccination, but provides three choices: 1) be fully vaccinated and have free access to the campus; 2) choose not to be vaccinated, but produce a negative PCR test no more than 48 hours old; or 3) conduct all your activities online. Of course you live with your choice!



The ‘truthfulness’ of such a policy, however, is only real to the extent to which the ‘options’ are realistic and accessible:

- 1) I am a student from a rural village who needs to live in a DUT residence – ‘you can access the residence system upon providing proof of vaccination’ (even if the jab was received this morning!)
- 2) I have poor WiFi coverage where I live – ‘you can come onto campus if you provide proof of vaccination’
- 3) I have always wanted to enrol for a health sciences programme that has regular and frequent face-to-face teaching and laboratory work – ‘you can come onto campus if you provide proof of vaccination’
- 4) I have recently had a lab-verified SARS-CoV-2 infection, and have produced a demonstrable immune response – ‘you can come onto campus when you provide proof of vaccination’
- 5) I am a member of the public wishing to access one of the public training clinics on campus – ‘you can come to the clinic if you can provide proof of vaccination, or a recent negative PCR test’

Ah, yes! The negative PCR test: It’s not a mandate, it’s a choice! Indeed, regular application of a test producing frequent false positives, is possible – even if the Department of Health (DoH) advises against PCR testing of asymptomatic people, and non-isolation of asymptomatic ‘positives’. The logic of the argument unravels at this point: the vast majority of students at DUT are NSFAS-funded and from disadvantaged backgrounds; they can’t afford to do testing every 2 days; the DoH advises against testing of the asymptomatic; if an asymptomatic member of the DUT community produces a ‘positive’ PCR test, they can’t come onto campus, but they are still free to shop at Spar and dine at their favourite restaurant. Even more incomprehensibly, the vaccinated member of the DUT community, symptomatic, but untested (because they don’t need to), is free to roam the campus – infected, infectious, and inviolable.

It appears that we have it all wrong! Perhaps ‘it’s not a mandate, it’s a choice’ is pointing in the wrong direction. Students have a right to education – and to pursue a career path that is not restricted by their vaccination status or capacity to fund unnecessary testing. We come from a past that sought to divide our society; we should be fighting any semblance of such arbitrary judgement of each other at all costs. And the science does not support the Universities’ argument.

It would seem the pressures are being exerted from elsewhere. But surely it’s not a mandate? It’s a choice! It’s time for University Executive Managements to make the choice: Your students have a right to pursue their education; the damage wrought by arbitrary and ill-conceived ‘mandates’ are not protecting anyone; and you have a responsibility to ‘do the right thing’. Look around you. Think it through. Does what you’re doing make any sense? Sure(ly) it’s not a mandate? It’s a choice!



VUKA NEWS



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NO JAB ... FIRED !

By Sula van Lelyveld



People worldwide are facing a choice between taking “the jab” or losing their ability to earn a living. The bioethics go beyond coercion and for the reluctant, this is an unconscionable violation. Parallels to rape are not far-fetched. Many workers, such as retail shelf packers and cleaners, have been told that without proof of “vaccination” their contracts will not be renewed. They are particularly vulnerable.

A current case is the dismissal of three workers from Isikhwama Manufacturing in Montague Gardens, Cape Town, on 18 February 2022. In December 2021, the company sent out letters demanding that from the new year staff be vaccinated, and that those who choose not to do this be subjected to PCR tests every two weeks at their own cost. It is understood that initially 50 workers were not comfortable with these demands. When the company re-opened on the 10th of January 2022 after the year-end closure, all staff returned to work and continued to work as before. However, on the 24th of January, ten staff members who refused to comply were locked out, the remaining 40 staff members who were initially unhappy presumably all deciding that they would accept the requirement for vaccination or testing. After being locked out, the workers did not leave the site despite a request from their manager who told them that within 5 days they would be issued with letters of abscondment. On the morning of the 25th of January, 8 out of the 10 returned to the site and again sat outside the company gates hoping of gaining entry. It was subsequently discovered that letters of dismissal had been sent to the homes of the two who did not return. On the 26th of January, five of the remaining eight caved in and agreed to be tested. The remaining three locked out members of staff continued returning to the premises for the rest of the week and one worker even pleaded to be given a broom to sweep outside since she could not work on the property. On the 28th of January letters of dismissal were issued to these three workers, two of whom are single parents.

The workers opted to forgo representation from their unions since both Nulaw and SACTWU indicated that they are in favour of vaccine mandates. They are now challenging the company's policy and hence their dismissal on the grounds that: That the company and the unions failed to conclude a collective agreement allowing for amendment of the conditions of employment and that the unilateral change of employment conditions by the company is thus unlawful.

All vaccines are currently still in the trial phase and only have Section 21 SAPHRA approval. The company failed to fully meet the requirements regarding employee engagement in terms of their vaccination policy.

In most cases, companies appear to assume that employees will not push back and that they are unaware of constitutional and other rights. Effective censorship across almost all mediums has resulted in employees not having access to balanced information about risks associated with “vaccination”, and additionally not understanding their basic rights. This combined with the fear of losing their livelihoods, has them on the back foot.

There is, however, hope. Increasingly those who engage legal help are retaining their jobs and mandates are being delayed or scrapped. On the 22nd of February, Mediclinic announced that they are delaying implementing compulsory vaccination for 6 months. The reasons for this are unclear. Several lawyers and organisations are offering free, downloadable letters for employees that provide a legal/constitutional response to mandates. The VUKA website will soon be online with direction to legal paths which can be followed. The Vuka SA group on Telegram is a space where these issues are being explored.

MESSAGE ON A BOTTLE



Water is life! It carries memory and information from the mountains to the seas. It feeds, nourishes, cleanses, flows, bubbles, trickles and floods. It oils the molecular machinery of growth. It is the elixir of life.

That is why we at VUKA SA chose water to spread our message of hope, awareness and positivity!

Your donation to our “message on a bottle” project can help spread this hope. Let's flood the world with hope and positivity - together.

Download these water bottle labels from our website & paste on water bottles and distribute in your neighbourhood. Or simply ..



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Peaceful march at NWU By Vuka News Team

A peaceful, well -organized, and well controlled protest march took place in Potchefstroom today. There were around 200 people, with many students attending classes that could not join. The march started at Cachet Park and ended there as well. A short route was followed on the Bult area where the NWU Potch campus is situated. A memorandum was handed over and was accepted by officials from the university. ACDP, Hope4Humanity and Vuka SA supported the march. Advocate Pearl Kupe delivered a strong and inspiring message at the end. The NWU remains firm on the "non-mandatory" position, but the limitations must still be made clear before judgment can be made on the actual impact of said limitations. Local police and NWU Protection Services were in attendance. “Good spirits and generally a good Friday”, said one of the locals.

In other news, the three students that were arrested last week Friday after the protest march in Bloemfontein, were released on Monday afternoon. All charges were dropped.

DID YOU KNOW ..

Knowledge is Power & The Truth will set you Free are two pillars of VUKA SA. We aim to share verified stories that are otherwise hidden. Vuka SA has laid the foundation to be THE Hub of resources where people can be directed to the information and help that they are seeking. Vuka is open to collaborate with other like-minded groups on certain projects. We are a Pro Choice NPO working smart to build a brighter future together. Become a Vuka SA Ambassador now - join our telegram group @VukaSouthAfrica email - info@vukasa.org.za

The latest Government Gazette - Review

By Sula van Lelyveld

Between mainstream media and propaganda a concerted effort has been made to discourage critical thinking. Finding grains of pure truth and sense while sifting through the chaff of information overload is a challenge. It is easier to stop thinking, a win for politicians and thought police.

The 1 Febraury 2022 South African Government gazette amended some regulations around quarantine and isolation. In an open letter to Dr Nkosazana Dlamini Zuma, Dr Kathrada raises important questions pertaining to what criteria define a symptomatic case of Covid-19. The potential for abuse of power in detaining people is quite chilling. Dr Kathrada highlights the right to informed consent, refusal of treatment and the right to safe and effective treatment.

The dramatic shift to disregard asymptomatic positive Covid-19 tests, has been ignored by mainstream media. This has momentous knock on effects. No thread of logic can tie forced tests on healthy people to any punitive measures. Dr Herman Edeling points out that there is no rational basis for testing asymptomatic people when a positive test on a healthy person is no longer an indication for quarantine or isolation. He also points out that nonsensical workplace and university mandates for frequent testing of asymptomatic persons is in conflict with the current directives.

On analysis of the government gazette Dr Edeling reasons that in light of the post Omicron landscape, recommendations for vaccination against SARS-CoV2 should be reconsidered. He also highlights the fact that the vaccines in current use in South Africa are the wrong vaccines for the current virus, rendering them obsolete.

In these changing times it is imperative that governments employ flexibility when presented with new data and refrain from harmful over reach.

PCR vs Rapid Antigen Test

By Vuka Medical Team

In a recent report by Fahrie Hassan he explains that neither the PCR test nor the rapid antigen tests are ideal for testing for Sars Cov-2. 'A clear and direct admission by the WHO that the SARS-coV-2 RT-PCR Test produces a high degree of false positives, and is therefore meaningless as a diagnostic tool', explains Hassan after explaining that the problem of false positives in the Sars-coV-2 RT-PCR has been acknowledged by both the World Health Organisation (WHO) and Food and Drug Administration (FDA). On 21st July 2021, the FDA announced that Centre for Disease Control and Prevention (CDC) Sars-coV-2 multiplex qPCR Test kit had failed its full review. The major finding was that it couldn't distinguish between the detection of Sars-coV-2 and Influenza A and B virus. Such a result would hence be considered a false positive. In response the CDC announced that as of 31st December 2021 they would withdraw the aforementioned test as a diagnostic tool for Sars-coV-2 viral detection.

Since then the Covid Rapid Antigen Test has become more popular, due to it being less-expensive, non-invasive and shorter result turnaround time. Unlike the gene-base PCR technology, the Antigen Test is based on the enzyme-linked immuno-absorbent assay, otherwise known as the ELIZA test. The test is designed to detect viral proteins. Hassan explains in his report, 'The major limitations of the Rapid Antigen tests around specificity and sensitivity have been well-documented. Originally, the WHO recommended against the use of the Rapid Antigen Tests citing low sensitivity as the major weakness, leading to many false-negative responses. Only to back track a few months later recommending its use in October 2021 despite several publications reporting major concerns around test validation, variability in test sensitivity, specificity, sample quality etc.' In fact, a science journal publication in May 2020, offers the warning, "Coronavirus antigen tests: quick and cheap, but too often, wrong."

The FDA even did a Class 1 recall of the Innova Rapid tests after it was found that it correctly identified infected people only 30% of the time.

With so much uncertainty and controversy surrounding these tests, even directly from mainstream "trusted" sources, it is concerning that so many South African universities and businesses are asking for staff, employees and students to be tested weekly if they have exercised their constitutional right not to get injected. In addition, employees and students, most times are laible for the cost of these controversial and flawed tests. According to a reputable employers union, the cost of these tests need to be paid for by the employer. The Occupational Health and Safety act puts the onus of creating a safe work environment onto the employer. This means that any and all costs incurred from policies that the employer puts in place should be paid for by the employer and not they employee.

This weeks Vuka News articles edited by Rieks Swart

Vuka View Points

By Vuke News Team

Get this. If a Covid-19 patient is admitted to hospital the core treatment administered includes a drug called Remdesivir. Why? This is the WHO officially mandated treatment. A charming little number it is. In case you don't know the 2018 Remdesivir trials in West Africa had to be stopped because the death rate exceeded 50%. Read all about it [here](#)

No thanks, my current ID card is just fine! Some smart people recently got shouted down for saying that vaccine passports will be your digital ID. They never made that up but the World Economic Forum did. See for [yourself](#).

Show me the money, show me the virus. Kary Mullis, Nobel Prize winner and inventor of the PCR test said it wasn't a diagnostic tool for COVID-19. So even if you are well and asymptomatic the chances of a false positive can be as high as 90%. Have a [look here](#) to see why. Thankfully the CDC have [stopped using](#) it. Wake up South Africa!

Did you know? Which companies have paid some of the largest criminal fines in history? Some of the biggest vaccine manufacturers, that's who! Relax, you can trust them, it was just for medical fraud resulting in the demise of thousands of patients. 63,75% of all statistics are made up on the spot! Just kidding. But if you really want to know how many people have gone blind, are in wheel chairs or have had a limb amputated due to the vaccine, don't ask us, ask the WHO themselves. Go to www.vigiaccess.org, type in Covid-19 vaccine. It's horrific, abhoric, disgusting and unforgivable and if anyone thinks a vaccine is a good idea after looking at those stats they are insane and should be locked away. If that doesn't convince you read this study: [US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity"](#)

Small Victory for Awaken India Movement

By Vuka Legal Team

On Monday, 21st February, Awaken India Movement claimed a small victory in thr Mumbai High Court in a case against mandatory vaccination. In a country with the worlds second largest population, this small victory for the people of Maharashtra is a flame of hope. Coercion to get injected is rife in India. The working class, which makes up the largest sector of the population, relies heavily on public transportation. Jab certificates are needed to ride trains and buses. This leaves most without much of a choice. Despite the court order the Maharashtra government hasn't taken back the mandates. "The only clear thing is that the government passed these mandates illegally. They did not follow due process." said a member of Awaken India Movement. We will know more on the 28th of February.

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Our Jab Story

My dearest mother-in-law believed in getting the vaccine and even though our family tried to convince her otherwise, her own convictions and external pressures eventually saw her going for her first jab 10 days after her 75th birthday.

Peta had co-morbidities, yes. She had emphysema for a few years and was on oxygen for a about 20 hours a day, but she was a **SPIRITED, FEISTY AND OTHERWISE HEALTHY** individual, who lived life to the full and enjoyed going out and spending time with her family.

Immediately after having the jab, Peta started **FEELING VERY UNWELL**, and she took to her bed for two days. By the end of the second day she was rushed to hospital because she struggled to breathe properly and soon after was put on a **VENTILATOR**

We prayed long and hard and our Peta kept fighting and within 14 days she was taken off the ventilator and was again able to breathe by herself. The doctors confirmed that she had **SUFFERED ADVERSE EFFECTS** from the vaccine.

Peta started regaining her strength and we were filled with hope that she would make a full recovery. Her sense of humour had returned and the complaints about the hospital food and bad coffee convinced us that she returning to her old self. Her strength and tenacity through this whole ordeal were truly inspiring.

A week and half later Peta was moved to a normal ward and the **HOSPITAL** insisted she get a Covid test, the results of which were, as we expected, negative. This negative result did not appease the Doctors though and that afternoon they claimed she needed a second test. The next morning she was advised that her first **COVID** test was in fact **POSITIVE** and that she would need to be moved to the Covid ward.

Peta started deteriorating quickly at this point. Instead of being surrounded by her family, who enveloped her in love, she had to endure the last three days of her life, traumatized, in a ward surrounded by severely ill and dying patients. On the 3rd of July she gave up the fight and closed her eyes forever, supposedly having **DIED** of "Natural Causes".

We are angry! Peta died alone and she died because she got this "vaccine" that was apparently supposed to save her life!! We sincerely hope that Peta's story will help **CREATE AWARENESS**

R.I.P Peta