

# Universal Health Organisation (UHO)

## Weekly Newsletter – 15 Sep 2023



*The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.*

### **India Born Stanford Professor Jayanta Bhattacharya wins legal victory against US Government**

Professor Jayanta Bhattacharya, one of the proponents of The Great Barrington Declaration, which recommended focused protection of the vulnerable during the pandemic while the young could carry on with educational and business activities, has achieved a landmark legal [victory](#) in US courts. He was also a strong critic of unscientific lockdowns and other draconian measures. Because of his views, which were based on sound scientific principles, he along with other scientists were censored and marginalized, both from the social media and the scientific community. The courts slapped the Biden administration for networking with social media companies to launch widespread pressure campaigns suppressing the opinions of researchers who criticized the unscientific policies of the government. The US Courts indicted the White House, the Surgeon General, the CDC, and the FBI. In a statement Dr Bhattacharya said, “Our government is not immune to authoritarian impulse. I have learned the hard way that it is only we, the people, who must hold an overreaching government accountable for violating our most sacred rights. Without our vigilance, we will lose them. It is encouraging to note a somewhat similar statement by our Chief Justice DY Chandrachud, who [said](#) , “State can spread lies, but citizens must be vigilant.”

### **Stanford stonewalled Prof Bhattacharya’s research as it went against the mainstream narrative.**

Dr Jaya Bhattacharya [recounted](#) that his own prestigious institution, the Stanford University, resorted to personal attacks on him, his coworkers, and family as his research challenged the propaganda of high lethality of the novel coronavirus. Commercial interests influenced the science at Stanford. He concludes that early in the pandemic, in April 2020, when the results from his studies established the low lethality of the virus, an open-minded acceptance of the research by the scientific government bureaucrats, could have averted the immense harm from the unscientific mitigation policies.

### **In early 2021, Dr Bhattacharya had warned that mass vaccination can cause harm as the majority of the Indian population had acquired natural immunity.**

In a [statement](#) supported by evidence, Prof Bhattacharya had conveyed that for recovered Covid patients vaccines do not provide any additional benefit but can cause harm so it is unethical to vaccinate them. At the beginning of the year 2021, the majority of the population in India had developed natural immunity so the mass vaccination rollout at huge cost to the exchequer was uncalled for.

When his own University, Stanford, did not take his research seriously, is it any wonder that the Indian government did not heed his advice? The information war driven by commercial and political interests did not even spare the world’s apex centers of academia and research. Science suffered during the pandemic years and has yet to recover fully.

### **Health Agenda during G20 – are we going to repeat the same mistakes, this time with a digital push?**

The G20 deliberations on health paid cursory lip service to the real health challenges faced by the country, such as strengthening primary health care, health workforce and essential health services to better than pre-pandemic levels. In addition to focusing on epidemics such as tuberculosis and AIDS, the G-20 stressed research on “long COVID.” Policy makers the world over seem to be reluctant to let go of milking the holy Covid cow. This is reflected in jargons like “long COVID.” We do not hear terms like “long TB,” “long typhoid,” “long chikungunya” and so on, even though these and many other conditions give rise to long term sequelae in few cases.

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With a passing mention to the above public health burdens, the G20 declaration on health defined three health priorities giving them a digital push, reads one newspaper [headline](#). These are:

- Building resilient systems for health emergency prevention, preparedness and response.
- Strengthening cooperation in the pharmaceutical sector with focus on ensuring equitable availability and access to vaccines, diagnostics, and therapeutics during a pandemic.
- Creating a platform for sharing digital health innovations and solutions to ensure better and universal health coverage, like CoWin and e-Sanjeevani and building an interim network till a legally binding pandemic treaty can be agreed upon.

UHO is concerned that all these three priorities stress on fire-fighting measures with stress on vaccines, diagnostics and pharmaceuticals without specifying against which disease. More ominous is the phrase, "... building an interim network...till a legally binding pandemic treaty can be agreed upon."

If the policy makers have a one track group-think, than they are likely to repeat the blunders committed almost globally during the last pandemic. It is a well known epidemiological principle that rolling out mass vaccination during an ongoing pandemic is a futile exercise. Besides facilitating mutations due to selection pressure, vaccines can never catch up with the evolving mutants similar to the experience of [chasing a deer in the forest](#).

One of the biggest public health [blunders](#) in the pandemic was spending Rs 35,000 crores on mass vaccination for a disease which has over 99% survival for all age groups with a vaccine which did not confer reliable immunity, while, during the same period, allocating only Rupees 20,000 crores for hygiene, sanitation and water supply the lack of which contribute to deaths of over 2000 Indian children daily. Besides the cost it was a superfluous exercise duplicating nature's work, as the majority of the Indian population had recovered from natural infection which confers more robust immunity.

All the three health priorities deliberated during G20 focus on such knee jerk reactions instead of tackling the main health issues. More sinister are the digital platforms for health which can be intrusive and pave the way for vaccine passports already under [consideration](#) by the WHO and the European Union. The Covid-19 vaccine fiasco has not dampened the zeal it seems. According to the WHO these platforms will be scaled up to a Global Digital Health Certificate. With the proposed Pandemic Treaty, the introduction of Global Vaccine Passports and Global Digital Health Certificates, the ambition of the WHO to take on the role of an extra-constitutional seat of power aided by subservient world governments is becoming evident. All the digital jargons are reminiscent of newspeak in Orwell's 1984, and seem to be targeted to the tech savvy middle class.

After preparing the pitch in this manner, the WHO would be eagerly trigger happy to declare the next pandemic. And given such misplaced health priorities, world governments would readily repeat the blunders committed in the Covid-19 pandemic, perhaps with greater force & harm to the common people.

An important omission was [nutritional problems](#) . While African and Asian countries struggle with severe under-nutrition, particularly among children, the West is facing a pandemic of obesity. Both under-nutrition and over-nutrition are important causes of high death rates increasing the vulnerability from infections. This was evident in the covid pandemic where the Western countries had ten to twenty times higher mortality compared to the leaner Asian and African countries. The rapidly expanding middle class in the East are also falling into this obesity trap due to influence of market forces.

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