

Universal Health Organisation (UHO)

Weekly Newsletter – 10 Nov 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.

Announcement: Membership & endorsements to the UHO invited: <https://uho.org.in/member.php>

Yet another Covid-19 variant worries scientists: fear is the key to promote vaccines & other interventions

The Covid-19 story is becoming a modern day epic. No efforts are being spared by the mainstream media and scientists who have a skin in the game to keep the panic of the virus alive. There are [reports](#) of a new Covid-19 variant. The variant has been named JN.1 which was first identified in Luxembourg in August 2023 and subsequently in England, Iceland, France and the US. Scientists are emphasizing on the higher number of mutations than earlier variants. The variant, according to researchers, has the potential to evade immunity conferred by the current vaccines. It is also believed to be more infectious.

In the early months of the pandemic, in March 2020, Professor John Ioannidis, of Stanford University, had [said](#), “If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to ‘influenza-like-illness’ would not seem unusual this year.” No one heeded these sane words from one of the leading researchers in the world who is [called](#) the Stephen Hawking of medicine. The SARS-CoV-2 was projected as a highly lethal virus ignoring the evidence from the field. Serosurveys has established that up to the age of 69 years the [infection fatality rate](#) from Covid-19 is around 0.05%, hardly warranting the draconian control measures unprecedented in public health history.

UHO expresses its concerns that the same tactics of spreading fear by announcing newer and yet newer variants are continuing. According to Darwin’s law of natural selection, mutants [are not monsters](#) but adapt by being milder to the benefit of both the human host as well as the virus in a win-win situation. Virulent mutants will kill the host and perish with it leading to a dead end, so it cannot go far and infect large numbers of people.

Unfortunately, this basic principle is overlooked and instead sensational news in media fetches attention and ensures huge grants for career scientists working on genomic sequencing. The generated fear also offers market forces to promote newer vaccines for ever emerging variants. Opportunistic bureaucrats and politicians playing to the gallery jump on the bandwagon as saviors of the people by declaring “free vaccination campaigns”.

By explaining these dynamics of the “web of vested interests” the UHO aims to empower the people to enable them to come out of the panic of pandemics and take rational decisions and ask the correct questions of their elected representatives and policy makers. They should demand that public money should instead be used for positive health, like nutrition and hygiene instead of diverting on wasteful expenditure like vaccines of dubious efficacy against eternally mutating viruses of low virulence.

Legal proceedings against “defective” AstraZeneca (Covishield) in the UK High Court

A landmark legal case in the UK High Court claims that the AstraZeneca (Covishield in India), vaccine against Covid-19 is [defective](#). The libel states that the claims of efficacy of the vaccine are highly overrated. The test case concerns one of the victims, Mr. Jamie Scott who suffered from permanent injury to the brain due to bleeding vessels. He was vaccinated in April 2021 and developed a clot in the brain after that. The case is being contested under the British Consumer Protection Act of 1987. The litigants, Mr. & Mrs. Scott, claimed that they were told by the Government that the vaccine was safe & effective but the adverse effect has devastated their lives. AstraZeneca cannot continue to ignore the fact that their vaccines are causing devastating injury & loss.

The second case against AstraZeneca in the UK court concerns Mrs. Alpa Tailor a 35 year old who died due to adverse effects of the vaccine. The inquest in this case confirmed that death was due to the vaccine. This case has been brought to court by her husband. Similar [litigations](#) are also pending in Indian courts where deaths have occurred due to the Covishield vaccine the Indian name for the AstraZeneca manufactured by Serum

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Institute of India. In fact the first such [lawsuit](#) was filed in India.

The BMJ exposes cozy relationship between drug regulatory agencies and the pharmaceutical industry

One of the leading medical journals, the British Medical Journal (BMJ), has exposed the [revolving door culture](#) between government agencies and the pharma industry. Peter Doshi, a senior editor of the BMJ, has reported how two regulators with the US Food and Drug Administration (FDA) who were responsible for policies on Covid-19 and approving the mRNA vaccines, took up appointments with Moderna after leaving the FDA.

There are serious concerns about this “revolving door” phenomenon of top scientists shuffling between government and private sectors as this can influence important policy decisions. Those in the public sector should act in the public interest. Those who eye “greener pastures” after leaving the public sector have conflicts of interests while taking decisions which may favor the private players.

While the West may have “revolving door” we have “bridges” in the name of public-private partnership

The Indian scenario is more concerning. Under the pretext of public-private partnership in healthcare, there are “bridges” rather than “revolving doors” which makes doing business so much easier for the private players; the pharma and vaccine industry.

The Indian Council of Medical Research (ICMR), [partnered](#) with Bharat Biotech in production of Covaxin involving sharing of royalties. The ICMR also signed a ["Declaration of Intent"](#) with the Bill and Melinda Gates Foundation to build on ongoing research and training capacity. The Gates Foundation also heavily [funds](#) the Serum Institute of India the manufacturer of the Covishield vaccine in India. In spite of being under dark shadows of these “conflicts of interest” the ICMR has been [tasked](#) to study the association of Covid-19 vaccines and heart attacks. One need not be an astrologer to predict the results of this study!

More disconcerting is the fact that the Public Health Foundation of India (PHFI) is playing an increasing role in framing the country’s public health policies. The Bill and Melinda Gates Foundation had a major [role](#) in setting up the PHFI in 2006. During the pandemic the senior office bearers of the PHFI were members of the Covid Task Force at Centre and State levels [directing](#) government policies.

Four joint [statements](#) on managing the pandemic brought out jointly by Indian Association of Epidemiologists, Indian Public Health Association and the Indian Association of Preventive and Social Medicine, were [ignored](#) by the government. These statements were based on sound epidemiological and public health principles and had they been adopted the collateral harm due to the draconian measures would have been minimal.

UHO is of the view that these “bridges” between the public and private sector under the pretext of “public-private” partnership compromises public health by yielding to commercial and career interests promoting the pharma industry instead of public health.

The soil for more such conflicts of interest to thrive is being prepared by the proposed WHO [Pandemic Treaty](#) and amendments to the International Health Regulations (IHR). No wonder, Adar Poonawallah, the leading vaccine manufacturer in India strongly [seconded](#) the Pandemic Treaty.

The UHO would like to raise important questions against the background of serious conflicts of interest in the US FDA and influential Indian bodies like the ICMR and the PHFI which have close ties with the private sector. Firstly, do not such conflicts of interest disqualify them from making unbiased public health policies? Secondly, shouldn’t we doubt the vested interests behind the WHO Treaty? They openly advocate funding of private players to manufacture pandemic related products and thus acknowledging that the private players will be the beneficiaries! UHO strongly recommends that the production of health related products cannot be left to the private sector. It has to be in public sector without any profit motive where the people have the right to have scrutiny. This will curb the role of vested interests declaring pandemics for trivial reasons in order to push useless and potentially harmful drugs and other interventions.

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