

# Universal Health Organisation (UHO)

## Weekly Newsletter – 01 Dec 2023



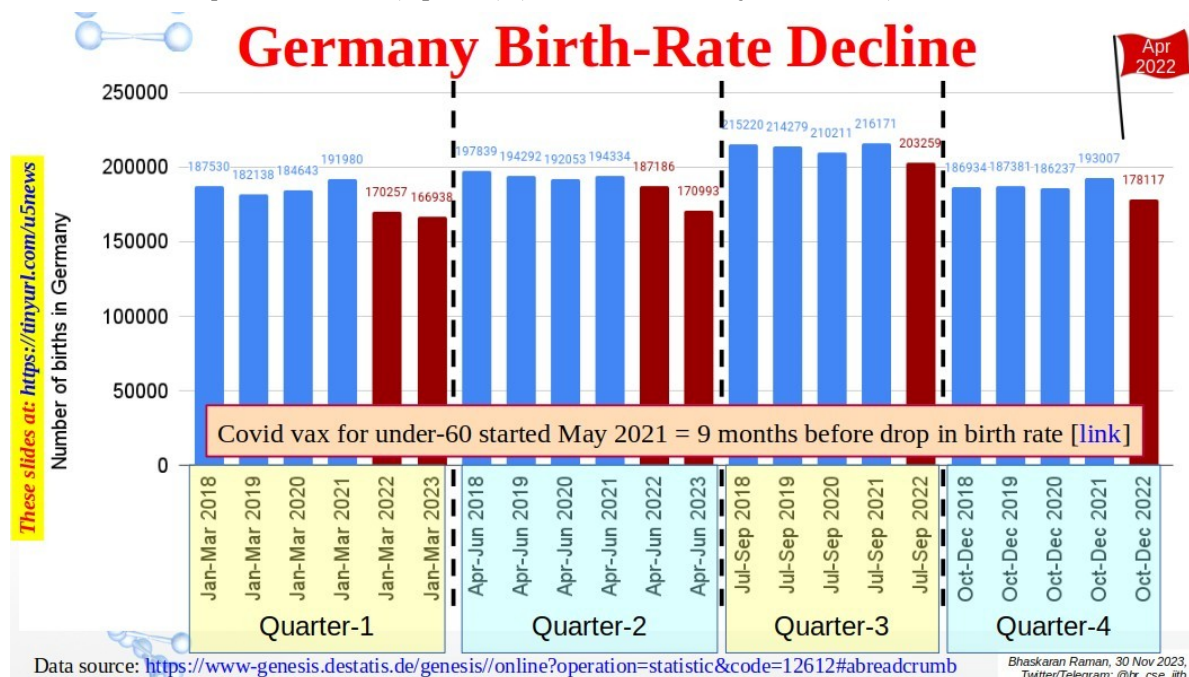
The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.

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

### Germany’s birth rate drop continues: started 9 months from “vaccine” rollout

Germany’s birth rate data is available from its [Federal Statistics Office of Germany](#). On plotting the monthly birth rate, we can find that there is variation across seasons, but a marked pattern which repeats yearly. If we break-up the year into four quarters, we can find that from one year to the next, each quarter *had* almost the same birth rate. However, there has been a significant decline in the birth rate, which started in the first quarter of 2022 (Jan-Mar 2022).

Highly concerning is the timing of the drop. Mass “vaccination” for Covid-19 for the under-60 age-group started in May 2021 [\[link\]](#). The decline in birth rate started nine months from this! More concerning, the decline has continued so far. The graph below plots the quarter-wise birth statistics until the second quarter of 2023 (Apr-Jun) (further data is not yet available).



While time-correlation is not causation, it is to be noted that there is *no completed* randomised controlled trial (RCT) results for any of the Covid-19 “vaccine” candidates. Further, in all of Europe, there was no statistically significant excess death in 2020 among under-45 (those of child-bearing age) [\[link\]](#). Therefore the mass “vaccination” program was unwarranted in the first place, and these products must certainly be pulled off the market and the serious red flags probed with independent and high-quality studies. While conceding that this time-correlation in drop in birth rates does not

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Shramjeevan Building, Gala No. 409, 4th Floor, Near Indian Petrol Pump, Wadala Truck Terminal, Antophill, Wadala, Mumbai 400037

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establish causation, same can be said about the efficacy of the Covid-19 vaccines, which is not based on hard data. On the other hand, paradoxically, Covid-19 cases and deaths [peaked](#) in many countries after rollout of mass vaccination.

### **WHO spokesperson says China's spike in childhood pneumonia cases not as high as Pre-Covid-19 rates**

There is reassuring news from China. According to the WHO spokesperson, no new or unusual pathogens have been detected in the outbreak of respiratory illnesses including pneumonia which is predominantly affecting children in China. The organisms responsible for the outbreak in China are influenza and SARS-Cov-2 viruses and the mycoplasma which is a bacterium. Maria Van Kerkhove, acting director of the WHO's epidemic wing, [said](#) the increase is likely due to children coming in contact with common viruses and bacteria which they avoided during the Covid-19 restrictions.

Children as they grow up, suffer from repeated infections which in the healthy child stimulate their immune system giving rise to robust natural immunity. Due to lockdowns and physical distancing during the pandemic years many children were deprived of this opportunity to develop a strong immune system. Another lesson learnt in this pandemic is that pandemics or Public Health Emergencies of International Concern (PHEIC) should not be declared without due deliberations on the impact on populations, both by the infecting pathogen, and more importantly, by the interventions. UHO also recommends that there should be consensus statement on the definition of a pandemic which at present is very subjective. Only if the emergency causes excessive disease and deaths in the young and the healthy a pandemic should be declared.

In the recent ill defined pandemic, the ham-handed interventions caused more collateral harm than lives saved, if any. The virus was very mild on children and the healthy and elicited natural immunity faster and stronger than the mass vaccination rollout could achieve. This well established phenomenon was ignored and the young and healthy, the group least vulnerable, were also administered vaccine by mandates or coercion globally. While the fall in birth rates in some countries like Germany as mentioned above is concerning, another perhaps more serious concern is reports of [excess deaths](#) in the young and healthy from highly vaccinated countries globally.

Even in normal times, childhood respiratory illness and pneumonia is a major public health problem in developing countries including India. It is [estimated](#) that around 4,00,000 children die every year from these infections in India, i.e. over 1,000 children every day. Most children who succumb are malnourished and live in poor housing. According to the National Family Health Survey – 5 (NFHS – 5), 32% under five children in India are under weight. This level of child malnutrition is one of the highest in the world. The under nourished child is more vulnerable to all infections.

The media usually does not cover the daily deaths of 1000 children in India from respiratory infections occurring day after day, year after year. If they start counting & reporting the panic level will rise and the government will swing into action giving an “illusion of control.” The media hype on [preparations](#) to meet the “crisis” has started.

These preparations are certainly desirable. But, the UHO feels, that these should not come as a “knee-

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“jerk” reaction to some outbreak in another part of the world. Due to lack of basic public health facilities, poor sanitation and child malnutrition we are day in and day out losing children to respiratory infections which may be perhaps higher than deaths in children in any part of the world. UHO, with the help of these statistics would like to put things in perspective. One has to visit any government health facility and witness the long queues and lack of adequate beds which the poor and marginalized face in the country even in normal times. We are having a perpetual pandemic of far greater magnitude which is going unnoticed by the media and our policy makers. These problems are not amenable to piecemeal and knee-jerk solutions but require overall improvement in economy, living conditions and access to basic health facilities.

Restrictive measures such as closure of schools, which adversely affected child nutrition due to lack of mid-day meals given in many schools, closure of small businesses, brought [millions](#) below the poverty line. Consequently the silent unreported pandemic of malnutrition, infections and deaths of despair continue unreported & uncared for in poor countries.

### **Members of Estonian Parliament reject the WHO Pandemic treaty and the amendments to the International Health Regulations**

Last week, 22 members of the parliament of Estonia, wrote to the WHO to [reject](#) the proposed international agreement on pandemic preparation, prevention and response, also known as the Pandemic Treaty. The letter also rejects the amendments to the International Health Regulations (IHR), which would give absolute powers to the WHO to declare a pandemic and assume authoritarian powers over the member states.

Similarly, some senators in the Australian parliament have [raised concerns](#) over the “power grab” by the WHO under the guise of a Pandemic Treaty and Amendments to the IHR.

### **Concerned Citizens in India appeal to the WHO and the Health Minister to reject the Pandemic Treaty and amendments to the IHR**

While members of parliaments from small democracies like Estonia and Australia have raised alarms on the Treaty and the Amendments, surprisingly, the parliamentarians from the largest democracy in the world are silent. This does not auger well for democracy and humanity. As the deadline to reject the Treaty drew close, some concerned Indian citizens, and organizations (including the UHO), have [written](#) to the WHO and the Health Minister of India to reject [reject](#) the Pandemic Treaty and the amendments to the IHR. UHO feels this is too little, too late. Our parliamentarians have disappointed us.

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