

# Universal Health Organisation (UHO)

## Weekly Newsletter – 02 Feb 2024



*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>

### **Landmark ruling in Australia**

In a [landmark ruling](#) in Australia, the South Australian Employment tribunal, agreed to pay weekly compensation and medical bills to a vaccine injured worker. The 44 year old employer, Daniel Shepherd, developed pericarditis after taking the Covid-19 vaccine. His damaged heart now has the functional capacity of a 90 year old heart. Even after feeling unwell after two jabs, he had to take a third jab due to government mandate. Immediately after a booster shot he had to be rushed to the hospital. Even after discharge from the hospital he has not fully regained his capacity to work. He experiences constant fatigue and cannot exert even to play with his five year old child.

Shepherd filed a compensation claim against the government. The treating doctors unanimously blamed the vaccine for his deteriorated condition but the government kept defending its stance of emergency laws supporting mandates.

Encouraging for similar cases around the world, the Employment Tribunal ruled in favor of the vaccine injury victim granting him compensation.

### **First established vaccine related death was due to AstraZeneca (Covishield in India)**

Last week we crossed the third death anniversary of Dr Stephen Wright, who was the [first victim](#) of Covid-19 vaccine related deaths three years ago. Guess the vaccine? It was AstraZeneca which is marketed as Covishield which is promoted as a “safe and effective” vaccine by our “experts” who give statements more appropriate for “parrots” rather than real experts.

Dr Wright died from vaccine-induced thrombosis (blood clots) and thrombocytopenia on 26 January 2021 following vaccination with AstraZeneca on 21 January 2021. His family and others similarly bereaved or affected by the Covid-19 vaccine have been fighting for justice for these past three years. Surprisingly the UK government in spite of this first death from AstraZeneca in their country kept on [reassuring the public](#) that the AstraZeneca vaccine is safe and effective.

Many European countries, on the other hand, suspended the use of AstraZeneca (Covishield) following similar unfortunate incidences.

UHO is concerned that many deaths from this vaccine which is marketed as Covishield in India could have gone unreported due to our poor adverse effects following immunization (AEFI) system. Only an odd litigation against this vaccine is [pending](#) in Indian courts.

### **Aggressive promotion of HPV vaccine for prevention of cervical cancer by the WHO**

WHO has taken to the social media to aggressively promote Human Papilloma Virus (HPV) vaccine this time around starting with Africa. In a [tweet](#) it has set targets to ensure that 90% of girls get the HPV vaccine in the WHO African Region by the year 2030.

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Top corporate hospitals in India are also [promoting the HPV vaccine](#) with claims of efficacy beyond the published evidence. A peer reviewed independent [study](#) without any funding or conflicts of interest in a reputed Medical Journal has brought out many uncertainties of the efficacy of the HPV vaccine in preventing cervical cancer. The authors of this study which appraised the available evidence found many gaps in it. They mention that the endpoints to appraise the efficacy of the HPV vaccine against cervical cancer did not take the disease, which takes decades to develop, as the endpoint, but clearance of the virus and of surrogate lesions which do not necessary progress to cancer. They concluded that there are too few data to clearly conclude that HPV vaccine prevents cervical cancer. They also mention that most of the trials may have overestimated the efficacy of the vaccine as some of the surrogate lesions resolve spontaneously without any vaccine.

UHO recommends that when there are such uncertainties, the HPV vaccine should not be introduced into the universal immunization program at the National level. The vaccine may be offered in the market on individual choice and cost. However, including it in the mass immunization program with uncertain evidence has two drawbacks. Firstly, investing tax-payers money on a vaccine with unknown efficacy is wasteful. Secondly, with mass vaccination we will lose an important control group of unvaccinated people who can be compared with the vaccinated for efficacy as well as adverse effects, if any.

In this context, it is pertinent to note that a [recent paper](#) revealed that the incidence and deaths from cervical cancer during the last three decades have fallen drastically in the country. This may be due to better living standards enabling better hygiene, awareness of the risk factors of cervical cancer among the population such as multiple sexual partners and unprotected sex and poor genital hygiene. It is also important to keep in mind that there are over 200 serotypes of HPV and vaccine is protecting against only a few of them. Vaccine pressure can cause other serotypes to come up. All these add to the already existing uncertainties and it would not be a rational decision to invest huge expenditure to launch a mass vaccination program against HPV in the country before more evidence is available.

The past history of HPV in India also raises concerns. Unethical trials were conducted among vulnerable tribal girls in Gujarat and Andhra Pradesh during 2009-2010, in which some of the participants died due to adverse effects of the HPV vaccine. A Joint Parliamentary Committee indicted the Gates Foundation and the ICMR for [gross irregularities](#) and negligence.

Given this poor track record it would certainly be unwise to rush for mass vaccination of girls with the HPV vaccine until all the uncertainties surrounding the efficacy and safety have been resolved.

### **AEFI reporting system in India is primitive and unsatisfactory**

Early during the mass covid-19 vaccine rollout, the co-convenor of the All India Drug Action Network, Ms Malini Aisola, said that the Adverse Effect Following Immunization (AEFI) reporting system is extremely [weak and unresponsive](#). She recounted instances of many people who faced difficulties while reporting AEFI and getting medical support from the vaccination program in case of AEFI in spite there being a provision for medical management in the protocols. She added that the quality of gathering evidence while investigating adverse events is sloppy at the local level with many

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events being brushed aside as unrelated to vaccination even before any serious attempt is made to investigate.

UHO emphasizes that given our poor public health infrastructure and understaffed health centres, there is lack of well trained personnel in sufficient numbers commensurate with our large population to correctly identify AEFI at the district and more peripheral levels up to the primary health centres and subcentres in the villages. Consequently, the reporting of AEFI is slow and inaccurate. There is gross underreporting. This undermines the confidence of the people in our AEFI reporting system which is supposed to ensure patient safety.

Given such resource constraints, launching newer vaccines like the HPV in unholy haste, would be like launching newer fast trains on old rickety tracks. There is likely to be mishaps. And most of them will go unnoticed and unreported. At stake are human lives.

### **Canada's Federal Court rules Trudeau Government's use of Emergency Act 2022 to crush the Truckers Movement ultra vires**

In a historic verdict, the [Canadian Federal Court ruled](#) that the harsh measures to crush the Truckers Movement by Prime Minister Trudeau amounted to violation of several articles of the Canadian Charter of Rights and Freedom.

The Freedom Convoys by the truck drivers was a protest against the harsh and draconian Covid-19 control measures including vaccine mandates for truckers entering Canada. The truck drivers resorted to peaceful non-compliance that triggered a cascade effect that dissolved the mental enslavement by the government behaving like a tyrant.

Invoking the Emergencies Act the Canadian government deployed an enormous force of police officers to arrest the peaceful protestors. It also froze their bank accounts.

The court ruled that there was no national emergency to invoke the Emergencies Act and the decision to do so was therefore unreasonable and ultra vires.

UHO is of the opinion that this ruling would be deterrence for future governments around the world contemplating draconian and harsh mandates in case of future pandemics. It should also be a trigger for world governments to reconsider signing the WHO pandemic treaty which would give extraordinary powers to implement such measures by unelected and unrepresentative office bearers of the WHO.

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