

Universal Health Organisation (UHO)

Weekly Newsletter – 19 Apr 2024



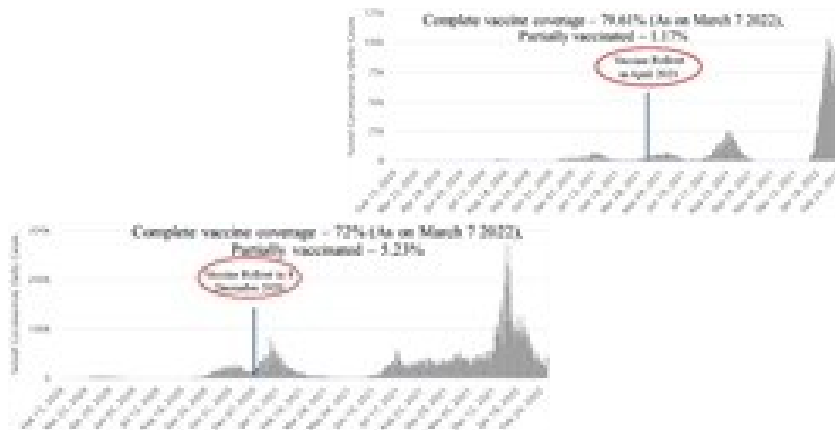
The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.

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

Massive crowd takes part in anti-WHO Pandemic Treaty rallies in Japan

Massive crowds consisting of tens of thousands of citizens [protested](#) against the WHO Pandemic Treaty across multiple locations in Japan on 13 April 2024. The protestors highlighted serious concerns around “infectious diseases” and “public health” becoming a pretext to push unprecedented and repressive measures towards a totalitarian surveillance society encroaching on human rights of the common citizen. The protestors demanded answers regarding the stark increase in excess deaths and lack of transparency on the adverse effects following vaccination.

UHO would like to present the following graphs showing the trends of Covid-19 cases and Covid-19 deaths before and after the rollout of mass vaccination in Japan. The red oblong indicates the timeline of the rollout of the mass vaccination. The left side of this oblong in the first figure shows the cases before, and the right side after the vaccine rollout. The second figure shows the corresponding figures for Covid-19 deaths before and after vaccine rollout. Any high school student with common sense will readily grasp from the figures that both the cases and deaths increased after vaccine roll out. Similar graphs are [available](#) for a number of countries.



A peer reviewed study from Japan indicates an increase in cancers after taking Covid-19 vaccines

A [peer reviewed study](#) by researchers from Japan shows an increase in incidence in various forms of cancers. A significant increase in deaths of all cancers and some specific types of malignancies, namely, ovarian cancer, leukemia, prostate, lip/oral/pharyngeal, pancreatic, and breast cancers, were observed in 2022 after two-thirds of the Japanese population had received the third or later dose of the covid vaccines. All the data for this study is available in the public domain and can be cross-checked by independent researchers.

UHO expresses deep concerns on this red signal and recommends thorough investigation instead of denial of possible side effects of the experimental covid vaccines which has been the official trend so far.

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Family members of victims who died due to the Covid-19 vaccines have initiated legal action against the Government of Japan

The mass movement in Japan against the WHO pandemic treaty and research by Japanese scientists raising concerns about the adverse effects of the Covid-19 vaccines seems to have a trickledown effect. Family members of victims who died after taking the vaccine have started initiating legal action against the Japanese Government. What is encouraging is that such proceedings are being covered [by the mainstream media](#) which hitherto was silent on adverse effects of the jabs.

Dr Aseem Malhotra, a leading cardiologist from UK, gives testimony in a court in Helsinki, Finland

Dr Aseem Malhotra, top cardiologist from UK [testified](#) in the district court at Helsinki under oath on 12 April 2024, with the understanding that any deviation from the truth would constitute perjury. The court is investigating the acts of omissions and commissions by various parties during the Covid-19 pandemic.

In the testimony he narrated how with emerging reports of adverse events related to the vaccines against Covid-19, he transformed from a promoter of Covid-19 vaccines to one of its strongest critics. As a cardiologist he brings weight to the testimony particularly on the cumulative evidence linking the vaccines with myocarditis (inflammation of heart muscles) and blocking of blood vessels to the heart due to blood clots. He also brought out the conflicts of interests of various stakeholders like the pharmaceutical industry and the Gates Foundation. Inputs from his other cardiologist colleagues pointing towards the link between the covid vaccine and heart conditions were also disclosed during the testimony.

UHO feels that this testimony given under oath is a vital record. It can be used as evidence by anyone in any country, wishing to move a public interest litigation against the Covid-19 experimental jabs.

The Lancet continues to cast shadows on the accuracy of India's health statistics: A move towards Data Imperialism and manipulating the metrics

A recent [editorial](#) in The Lancet, titled, "India's elections: why data transparency matter," published on 13 April 2024 says that India is poised to become the third largest economy in the world within 3 years. In the same breath, it comments on the poor state of health and health statistics and data transparency in the country.

It sermonizes that accurate and up-to-date data are essential for health policy, planning, and management. No one is contesting this. It also reports that the Director of the International Institute of Population Sciences (IIPS), at Mumbai, was sacked since the results of the latest National Family Health Survey (NFHS-5), one of the most robust sources of health statistics in the country, were unfavourable to the Government. Yes, K S James the Director of IIPS resigned. Nevertheless, the results of NFHS-5 were not suppressed and are in the [public domain](#).

The editorial harps on the issue of deaths of Covid-19 in India. In a [previous paper](#), The Lancet had claimed that while India reported around 0.5 million Covid-19 deaths in India, the estimates from big data (based on mathematical models), is six to eight times higher. In an op-ed in the Counterview, this highly inflated estimate from mathematical models was [rebutted](#) based on calculations from robust field level data.

Indians can look around in their neighbourhoods, workplace, among close relatives, and make a "quick and dirty" count on how many have succumbed to the Covid-19 virus in the pandemic years, and roughly

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estimate whether an unusually high number in their close circles have died compared to non-pandemic years. Do we believe real world data or estimates of fancy models based on big data made by “experts” sitting at the other end of the world?

Similarly a [paper in The Lancet](#) based on mathematical modelling which was partly funded by Bill and Melinda Gates Foundation, estimated that around 20 million deaths from Covid-19 were prevented by the vaccines, while [real world data](#) shows spike in cases and deaths from Covid-19 in many countries, after mass vaccination.

Do we still attribute any credibility to The Lancet which is making such outlandish “wild guesses” beneath the cloak of big data and mathematical models? How to explain a top tier journal like the Lancet giving out amateurish viewpoints and wide off the mark estimates with condescending admonishments about our national health statistics?

UHO is of the opinion that The Lancet has an ulterior motive to repeatedly cast doubts on our country’s health statistics. The journal publishes regularly the Global Burden of Disease (GBD) which is generated by the comparatively recent Institute of Health Metrics and Evaluation (IHME) located at Washington University and supported by the Gates Foundation. The IHME also awarded the Editor in Chief of The Lancet, [Richard Horton the prestigious \\$100,000 Roux Prize](#).

The problem with the GBD data compiled by IHME is that most estimates on health statistics particularly of poor countries are not based on hard field level data but on models and at best are “educated guesses.” The systematic absence of good data from poor countries raises the issue whether the estimates produced by the model are accurate and representative of the [real ground situation](#). Moreover there are [criticisms and concerns](#) that most of the models on which the estimates are based are like black-boxes without access to the raw data. The IHME’s shoddy work coupled with condescending criticism by The Lancet of India’s health statistics, effectively translates into [“Data Imperialism.”](#) The journal commenting on the shortcomings of Indian data amounts to the kettle calling the pot black.

Knowledge is power. Modern day knowledge is big data. Transparent debates on these can be organized on local scientific and media platforms instead of relying on external agencies doling out non-robust data or giving unsolicited reviews on data collected by our institutions and scientists. This encourages external stakeholders with conflicts of interest influencing our health policies to suit their agenda. Digital Imperialism will lead to manipulation of the metrics to suit the narratives of such stakeholders.

UHO recommends that given our data dividend and large number of trained data and computer scientists and field workers, our country should generate authentic reports on our national burden of disease and not depend on the inaccurate GBD for planning our health policies and priorities.

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