

# Universal Health Organisation (UHO)

## Weekly Newsletter – 26 Jul 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>

### **Indian Journal of Medical Ethics Editorial calls for compensation for Covid-19 vaccine injuries**

The latest issue of the Indian Journal of Medical Ethics carries a scathing [editorial](#) indicting the hurried roll out of mass vaccination and recommends that the injuries and deaths following Covid-19 vaccination should get across the board compensation on ethical and legal grounds.

The editorial chronicles the serious adverse events associated with the AstraZeneca vaccine (manufactured and marketed as Covishield in India), as it was rolled out in different countries. As a consequence, several countries in Europe suspended the use of this vaccine, while others delayed start of their vaccination program, pending investigation. Early on, it was [established](#) that the risk of severe adverse event, “thrombosis with thrombocytopenia syndrome,” (TTS), leading to blood clots, was higher in younger people. Besides other serious adverse events like Guillain-Barre Syndrome (paralysis), and cerebral venous sinus thrombosis (clots in brain), was also associated with use of this vaccine. In spite of these serious signals, the editorial notes, the WHO, the European Medicines Agency, and many world governments stated that the benefit of the vaccine (to the individual) outweighed the risk of rare serious adverse events.

The authors, an advocate and a journalist, make a strong case for a “no-fault vaccine injury compensation program” to reduce the burden on individuals who are harmed or injured from the vaccine citing examples of this arrangement from other countries. They justify this on grounds that compensation should not be limited to cases in which a clear link can be shown between the vaccine and the injury. They explain that not only was Adverse Events following Immunization (AEFI) reporting was incomplete in India, the data gathered for causality assessment was of poor quality and the subject expert committee’s conclusions were vague in most cases. Moreover, they state, that the government vaccine policy has been coercive with non-disclosure of the risks and the vaccines were administered without proper informed consents. Against this background, the benefit of doubt in case of adverse events should go to the victim.

The UHO concurs with the views in this editorial and would also like to add that using Covishield predominantly for our mass vaccination drive, when the same vaccine was suspended in many countries for vaccinating young people due to higher incidence of adverse events in the young from this vaccine was an act of grave irresponsibility. We have a predominantly young population and most of them had recovered from natural infection as revealed by serosurveys. There was no requirement to administer the vaccine to this group and the risk-benefit does not work out in favor of benefit as the young were least vulnerable to the virus and more likely to suffer the adverse events from the vaccine.

### **Covid-19 vaccine serious adverse effects & deaths: Are we connecting the dots globally?**

Any death is a tragedy, but there is no bigger tragedy than a death in the young and healthy. Post

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mass vaccine rollout, the trends of [sudden deaths in the young worldwide](#) has been disturbing and a cause for concern. While big data sets tell a story convincingly and objectively, they confine themselves to dry statistics and do not attract public attention. Individual case studies, which are many, convey the poignancy of unnecessary deaths with greater impact.

One such case study is that of a [23 year old Trent Lieftring who received two doses of the Covid-19 vaccine](#), against his parents' wishes. He was motivated to take the vaccine by his Biology teacher who told the class that one must take the vaccine to protect others. After taking the vaccine, all appeared well with him for some time, but for a headache after taking the second jab, as stated by his girlfriend. But eight to nine months later, Trent began to have serious adverse effects. One particular night, he had to go several times to the bathroom and felt miserable in the morning. Before he could be taken to hospital he passed out due to cardiac arrest. The paramedics revived him with great effort but he suffered brain damage. Subsequently he spent months on ventilator support and led almost a vegetative life till he passed off peacefully at home surrounded by family and friends when his family decided to withdraw life support. The death certificate included the Covid-19 vaccine as one of the causes for his death. UHO is concerned many such cases around the world go unreported. There is a need to connect the dots and activists, lawyers and concerned citizens should raise the concerns through their elected representatives. We feel that not much is happening by way of this. Spirited parliamentarians like Mr Andrew Bridgen of the UK who used to raise the issue of sudden deaths in the parliament lost the election. How long our decision making will continue to remain under the pressure of pharmaceuticals and never holds them responsible for anything?

### **Cough syrups again fail quality test with some have the dreaded diethyl glycol (DEC) responsible for deaths of children recently in Gambia and Uzbekistan**

In spite of recent wake up calls when cough syrups manufactured in India were attributed in deaths of innocent children in [Gambia](#) and [Uzbekistan](#), cough syrups manufactured in India again failed the quality test. Cough syrup samples collected from over [100 pharmaceutical units in the country failed quality tests](#) according to a government report. More concerning, some contained traces of Diethyl Glycol (DEC) the dreaded toxin for child deaths in Gambia and Uzbekistan, recently, and also responsible for many [deaths in the country in the past](#).

UHO expresses deep concern on the poor quality of drugs manufactured in India endangering human lives. Child deaths may be just the tip of the iceberg, as children being more vulnerable succumb more readily to poor quality drugs. Adults may be facing undetected harms due to substandard drugs in the long run.

### **Dr Soumya Swaminathan, the Principle Adviser to Union Health Ministry, responds to one Nipah Virus death by calling for “One Health Approach” UHO Expresses concerns with this approach**

Responding to one unfortunate death of a teenager due to Nipah virus in Kerala, and also in the background of few cases of Zika virus in Pune, the Principal Adviser to Union Health Ministry has called for [promoting the “One Health Approach”](#) by all state governments. Under this approach,

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environmental health, animal health, fisheries, as well as human health must be seen as “one health.” While this simplistic approach looks good and sound on paper, the ground realities are quite different. The slogan, “One World, One Health,” has become groupthink among health policy makers around the world. UHO has reservations on the “One Health” approach for the following reasons.

The “One Health Approach” demands that health of animals, INSECTS environment and humans is to be seen together. There is nothing wrong in principle but then going after animals for surveillance, vaccination of animals as is being considered for cows in case of Birdflu, quietly selling testkits and vaccines is the problem. Also people will never know that the milk they are taking is from m-RNA vaxed cow. Also more stringent environment restrictions by WHO in the name of health.

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According to the WHO’s own definition of health, “...health is a state...” that means not static, be it at individual level or population level. A person in perfect health today may be sicker tomorrow and vice versa. His or her needs during perfect health would be different than his needs during sickness.

Similar fluctuations will be at the population levels, across countries. Just as all individuals at a given time will not have the same level of health (some may be healthy, while others may be sick and have different grades like mild, moderate or severely ill states), nations vary in their levels of health. Not only health, the determinants of health such as per capita income, housing, population density, social inequalities, age structure and various other known and unknown factors having a bearing on health and will differ across nations. If we look from this perspective, “One World, One Health” is an oxymoron."

How long do we follow the instruction of WHO which is mainly pharma funded and takes decisions in their interests? Dr Soumya Swaminathan by her statement promoting “One World, One Health,” has revealed that she is still carrying the baggage of her former affiliation with the WHO.

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