Universal Health Organisation (UHO) Weekly Newsletter – 02 Aug 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: <u>https://uho.org.in/member.php</u>

Fanatic vaccine scientist, Peter Hotez calls for the Military and the Police to fight vaccinehesitancy!

Dr Peter Hotez, the leading voice in vaccine science, epitomizes the concern that science is turning to faith and dogma. In a <u>recent interview</u>, Peter Hotez, a leading vaccine researcher with strong ties with GAVI (the global vaccine alliance) and the Gates Foundation, implored the Biden administration to call in the Security Forces, the Commerce Department and Justice Department to fight "vaccine-hesitancy." He also mentioned discussing the issue of vaccine-hesitancy with the WHO Director General, Dr Tedros to take help of other United Nations Agencies such as the NATO to fight "anti-vaccine aggression." According to Hotez, anyone who questions the safety and efficacy of a vaccine is "anti-science."

According to UHO, it is Peter Hotez, who is the greatest proponent of "anti-science," and not those citizens and scientists who have reasonable questions on the safety and efficacy of any vaccine. The jargon <u>"vaccine-hesitancy," which is floated by the WHO</u> and other organizations is a tool to stigmatize those who express doubts about the safety and efficacy of any vaccine.

True science is always open- ended and never settled. Debate and disagreements strengthen science. Censorship kills science. Bringing in the military and the police to stifle debate in science is reminiscent of the Nazi era and a sign that we are regressing back to the dark ages. The pandemic, by stifling scientific discussion and debate, seems to have augured in neo-Nazism. Peter Hotez, by his statement asking for the Military and Police to censor vaccine-hesitancy has reveled himself as the face of the neo-Nazi scientist.

A prelude to Vaccine Passports: five European countries to start a pilot project of "Vaccination Card."

Five European countries, Belgium, Germany, Greece, Latvia and Portugal, will start a pilot project in September 2024, to test a new <u>vaccination card</u> in a variety of formats including digital to capture the vaccination updates of citizens. The promotion of this pilot project is accompanied by proper propaganda – this ostensibly in public interest, by empowering citizens by consolidating all their vaccination data in one easily accessible location. This vaccine passport project is based on the WHO's Global Digital Health Certification Network (GDHCN).

UHO is concerned that with the backing of the WHO which is leaving no efforts to bring in the WHO Pandemic Treaty and amendments to the International Health Regulations (IHR) all world governments will follow suit. Fanatic vaccine scientists like Peter Hotez are all collaborators in this grand design. All these developments taken together pose a direct threat to personal freedom and national sovereignty. They reflect an effort to enslave people on pretext of public health benefits, by

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Managing Committee: Dr Amitav Banerjee (Chairperson), Dr. Arvind Singh Kushwaha, Mr. Ashutosh Pathak, Mr. Prakash Pohare, Dr Veena Raghava (Treasurer), Prof Bhaskaran Raman (Secretary), Dr. Praveen K Saxena, Dr. Mava Valecha

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forcing compliance on all.

Study on possible causes of excess mortality globally during the period 2020-2023.

An <u>exhaustive analysis</u> of excess deaths around the world (125 countries), during the period 2020-2023, suggest the following possible reasons for excess mortality.

- Biological and psychological stress from mandates such as lockdowns, and associated socioeconomic changes including loss of livelihoods.
- Non-Covid-19 vaccine interventions such as mechanical ventilators, and toxic drugs like remedesvir and withholding easily available drugs such as antibiotics, ivermectin and hydroxychloroquine (HCQ).
- Covid-19 vaccine injection rollouts, including repeated boosters.

The study explored all cause mortality in 125 countries (excluding India), starting several years prior to the declared pandemic, and for up to and more than three years of the Covid-19 period (2020-2023). The study included six continents comprising 35% of the global population (2.7 billion).

Qdenga, a vaccine for dengue in the pipeline: will it overcome challenges of earlier dengue vaccines?

Dengue virus (DENV), is the mosquito borne virus of greatest human concern. There are four serotypes of DENV, 1, 2, 3 & 4 that co-circulate in endemic areas. Each serotype is capable of causing the full spectrum of the illness, from asymptomatic, self limiting to the more severe forms which can be life-threatening, i.e. Dengue Hemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS). One in four who get infected get ill. Roughly 1 in 20 who develop illness can progress to DHF or DSS.

While serosurveys has revealed almost <u>50% of Indians having been exposed</u> to DENV in the past, this does not contribute to a reasonable degree of herd immunity. This is due to the fact that infection with one serotype does not confer cross immunity if during the next instance the person gets infected with another serotype – rather this increases the chances of severe dengue including DHF and DSS. Infection with a previous serotype sensitizes the person, while the second infection with another serotype seems to precipitate immunological catastrophe leading to severe dengue.

These tussle between the different serotypes leading to antibody dependent enhancement (ADE) which can lead to severe dengue instead of protecting, also <u>pose a challenge to vaccine development</u> in dengue. This has led to repeated failures to develop an effective vaccine against dengue.

Sanofi Pasteur's Dengvaxia is the first and the only commercially licensed vaccine for dengue, currently being recommended in 20 countries. Dengvaxia completed phase 3 trials with mixed results. It showed poor efficacy in children younger than 9 years of age and in others it showed varying efficacy against different serotypes. It also did not reduce hospitalization rates appreciably.

More concerning, when this vaccine was administered to children in the Philippines, there are reports that around <u>600 children died</u> due to severe adverse effects. Consequently, the dengue vaccine was banned in the Philippines.

Dr. Maya Valecha

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Against this background, the news that a vaccine against dengue with Japanese collaboration is in the pipeline in India should be taken with guarded optimism. Takeda Biopharmaceuticals India, Pvt, Ltd has announced that <u>Qdenga, a vaccine against dengue</u> is currently under regulatory review. The candidate vaccine is under development for more than a decade, underscoring the challenges of vaccine development against a virus with 4 serotypes pulling in different directions (like a coalition government!).

After the misadventure of hurried push of the Covid-19 vaccines in unholy haste, we hope that the regulatory bodies will be more meticulous and careful in approving a vaccine for mass scale administration. UHO would also recommend that there is complete transparency regarding the phase 3 trials of Qdenga and raw data should be accessible to the public for scrutiny. We also recommend that there should be robust Adverse Events Following Immunization (AEFI) monitoring system in place before any vaccination campaign is contemplated.

Centre to introduce Bill amending the Disaster Management Act: hope human rights are preserved.

Home Minister Mr Amit Shah expressed the need for <u>amending the Disaster Management Act</u>, first enacted in 2005, to mainstream Disaster Management in the development plans, aligning with the recommendations of the Finance Commission.

While Disaster Planning in advance is a sound practice, we should be able to debate any provisions in the Bill which endangers human rights and personal autonomy. The experience of harsh measures during the Covid-19 pandemic leading to human misery and loss of livelihoods, should not be forgotten and forgiven.

UHO is particularly concerned about a new Section 60A proposed to be introduced in the Bill. This amendment would empower the Central and State Governments to direct any person to take any action or refrain from taking any action for reducing the impact of a disaster and to enforce a penalty of Rs 10,000/- We recommend that such provisions encroaching on personal autonomy on pretext of disaster should be debated and discussed before passing the Bill.

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