

# Universal Health Organisation (UHO)

## Weekly Newsletter – 11 Oct 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>

### **No recorded evidence of role of masking children for prevention of Covid-19 and other viral infections**

A [paper](#) in the peer reviewed journal published by Elsevier, has reported that there is no evidence that masks work in children as protective from Covid-19 and other viral respiratory infections. The authors have also assessed the benefits and harms from masks in children and concluded that the harms far outweigh the benefits for which there is lack of any evidence. The largest studies, the authors note, have failed to find any benefit of masks in children. The mechanistic studies in the lab, some on [hamsters separated by a surgical mask partition](#), which showed some effect, did not translate in real world effectiveness.

On the other hand, the identified harms from masks in children are many such as negative impact on communication, and components of speech and language, ability to learn and comprehend, emotional and trust development, physical discomfort and reduction in time and intensity of physical exercise. In parts of the USA children as young as 2 years were required to wear a mask.

UHO concurs with the view of the authors that large scale interventions should be supported by robust evidence as well as harm-benefit evaluation. Regret this was not done either before passing mask mandates or recommending six feet physical distance. Even [Anthony Fauci admitted](#) during senate hearings in the USA that they just made up the recommendation of six feet distance “sort of just appeared” and wasn’t based on data!

UHO fears that the damage done from these blunt measures defying science, will take a long time to fully measure, if at all there is an attempt.

### **A meeting at Stanford University of top academicians and epidemiologists put on record the harms from draconian and unscientific interventions during the pandemic**

Dr Vinay Prasad, Professor of Epidemiology and Biostatistics, at University of California, has reported the [deliberations on the Covid-19 pandemic](#) during a day long conference organized by Prof Jay Bhattacharya at Stanford University last week.

The conference included people with diverse views including some who supported vaccine mandates, school closures and mask use. They in retrospect defend themselves by confessing that they did the best they could given the limited information about the novel virus available at that point of time. Dr Vinay Prasad rebuts this excuse.

There was evidence even early in the pandemic of the risk groups and low mortality of the virus among the young and healthy. He also regretted that there was no effort to test the ongoing policies like repeated boosters and annual masking recommendations. He feels that if public health does not follow the science, people lose trust in the authorities who make policies which are not based on

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scientific evidence. Some of the other take home messages were as follows:

- Some believed that short term school closure was a sound policy, but Anders Tegnell, the epidemiologist from Sweden, knew better and did not follow the groupthink. Sweden kept its schools open and there were no excess morbidity or mortality among the school children or the teachers, nor did it trigger community outbreaks. Closing schools, even for a short while, was a bad strategy.
- Though most believe now that school closure was bad, they evade responsibility for their silence even those who focus on early child development and equity. Dr Vinay feels that many people are not good at resisting groupthink.

While some introspection is being done in other countries on the benefits and harm following drastic interventions during the so called pandemic caused by a virus with limited impact on the healthy, UHO regrets that such an exercise is not being undertaken in India. On the other hand recently [Niti Ayog issued a report advocating](#) for stricter measures during the first 100 days in future pandemics and enactment of special Public Health Act in case of a pandemic.

UHO has put on record its [serious reservations](#) on this report.

### **Narratives in advance? Swaminathan warns pandemic like situations to occur frequently in future**

The “pandemic is over, long live the pandemic” seems to be the slogan of our health planners if we go by the views of Dr Soumya Swaminathan, [Former Chief Scientist at the WHO expressed](#) while chairing a session at the Health Leaders Summit, which was sponsored by a number food and pharmaceutical industries, corporate hospitals, and cloud based software giants. The sponsors included Takeda Pharmaceuticals as the presenting partner in association with Salesforce; Food and Nutrition partner Medirest; Google Cloud, Marengo Asia Hospitals, Care Hospitals and Novo Nordisk as Associate partners and many other industry giants.

Through a video message Dr Soumya Swaminathan highlighted that pandemic like phenomenon is likely to occur more frequently in the future and the shocks we are experiencing due to climate change will aggravate matters by impacting our health directly or indirectly. She stressed on equity and the importance of a resilient health system.

UHO is concerned that senior scientists like Soumya Swaminathan who are at an advisory level to the Government are stoking the panic of impending pandemics and implicating climate change for many health issues which can be tackled by investing in basic health infrastructure, good nutrition, education, water supply and sanitation. If adequate investments are made for these there will be no pandemic, if not, no knee jerk last minute misdirected measures will mitigate the effects of future pandemics, that is, if they occur at all. UHO holds the view that Covid-19 with its infection fatality rate of less than 0.05% below the age of 70 years cannot be labeled as a true pandemic. All our endemic communicable diseases such as tuberculosis, typhoid, malaria, and others have far higher fatality rates and most of them go unreported.

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Tuberculosis alone [kills 1400 Indians](#) every day. Recently there was [stock out of anti-tuberculosis drugs](#) for months on end. This interrupted the treatment of many TB patients which can have severe consequences as this increases the risk of mortality as well as give rise to drug resistant and [extra drug resistant](#) tuberculosis which has a mortality rate of over 10% even after treatment. As an adviser to Government of India, and with her background of having worked in tuberculosis we should expect her to address such real emergencies in the present instead of speculating on future pandemics.

Similarly, Dr Swaminathan with her pediatrics background should address another acute public health emergency in the present, in India over [4000 children die daily](#) from preventable diseases. Shouldn't TB and child deaths be declared a bigger public health challenge in India than imaginary future pandemics?

### **Doctors are passé, even patient groups influenced by pharma generating conflicts of interest**

A [feature in the British Medical Journal](#) (BMJ), dated 26 September 2024 reports that drug companies gave €110m to patient organizations in Europe in the year 2022. These pharmaceutical companies included global manufacturing giants like Pfizer, Novo Nordisk, and AstraZeneca (manufacturer of the infamous Covidshield vaccine). Between them they made 11,000 payments to to 3,000 patient groups in the year 2022. These donations help pharmaceutical companies to achieve their aims of increasing profit with health of the people as secondary consideration. High pressure marketing by the drug companies through patient lobbies influence demand for specific drugs or procedures from the medical establishment, which may or may not be scientifically indicated. Doctors are under pressure to comply with the patient's often misdirected demands under influence of such lobbying and under compulsion may tend to deviate from best clinical practice lest they lose their patients.

UHO recommends that similar to the embargo for doctors for accepting gifts and hospitality from pharmaceutical companies, they should be some restrictions on patient organizations enjoying the hospitalization and gifts from the industry.

### **Australia sees a rise in mpox cases**

In response to [rise of mpox](#) cases, Australia has lifted the restrictions of mpox vaccination allowing all ages at risk to receive the mpox jab. The Australian media reports the low vaccination against the mpox is driving a spike outside the cities. So far this year the country has reported 736 cases, compared to 24 cases last year and 144 in 2022. All the cases in Australia are due to the less virulent Clade 2b. While the media hypes it as likely to be deadly, there has been not a single death due to mpox in the country so far.

We feel that more information on the cases, the risk factors, and the demographic details of the cases should be studied before raising the panic levels and rolling out mass vaccination in unholy haste. It has been well established that outside the African continent mpox is behaving like a sexually transmitted infection. For all practical purposes safe sex practices such as avoiding promiscuity, use of condoms when indulging in sex with an unknown partner, control of other STDs and HIV will check the spread of mpox outside the African continent where there are no natural reservoirs beyond humans. Vaccination should be a last option and the advantages and disadvantages including the

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many unknowns should be considered.

### **Australian MP writes to the Prime Minister to halt the Covid-19 vaccines due to concerns about DNA integrating in the human cells**

Member of the Australian parliament [Mr Russell Broadbent has written an open letter](#) on 25 September 2024, asking for immediate suspension of the Covid-19 vaccines due to reports of significant synthetic DNA contamination which can integrate in human cells and has the potential of causing long term harms. He has based his appeal on the testimonies of leading world experts and scientists. An earlier similar appeal addressed the PM was signed by a number of these experts. The letter states that there is compelling evidence that excessive synthetic foreign DNA encapsulated in lipid nanoparticles can integrate into human cells, potentially leading to genomic instability, cancers, immune system dysfunction, and adverse hereditary effects. It has called for thorough investigation and research of the experimental Covid-19 vaccines by independent scientists and experts and in the interim pause their use.

UHO is optimistic that the Australian PM will not be able to ignore this caution and hopes for detailed research of these experimental vaccines on the potential short and long term adverse effects. Hopefully influencers in other countries may be able to push for similar research.

### **Winds of change in the offing: Changing views on Covid-19 vaccines in the medical literature**

The tipping point may come sooner than later if we go by the medical literature. A [peer reviewed paper](#) in the Polish Annals of Medicine, reports that the literature has gone from claiming that there are definitely no serious adverse events (SAE) following vaccination in the period 2020-2021; to an acknowledgement of a significant number of various SAEs in the period 2023-2024; including but not limited to neurological complications, myocarditis, pericarditis and thrombosis. The paper sums up well stating that the early scientific literature was biased, so as not to report SAEs, due to social and political concerns and overwhelming corporate greed. Only recently have scientists been able to publish articles that acknowledge a high number of SAEs linked to the Covid-19 vaccines. This should act as a warning that science should be completely objective while evaluating health risks, but can often be influenced by social and economic considerations.

UHO concurs with the view of the authors. At stake are human lives.

### **Not only pharmaceuticals are rushed through without complete evidence of benefits and risks, but also fortified food**

There is disturbing news of huge expenditure on distribution of fortified rice at a cost of Rs 17,082 crores to the exchequer. The Union Cabinet, led by PM Modi, has approved the extension of [universal fortified rice supply](#) across all government schemes, including the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY), and other welfare initiatives. This rollout is to continue for four years from Dec 2024 to Dec 2028, ostensibly to combat widespread nutritional deficiencies among the vulnerable population.

Scientists have expressed serious concerns about the benefits and possible risks of mass rollout of

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fortified rice. None of the pilot projects showed convincing results. Currently, there is no firm scientific evidence to justify micronutrient fortification of rice on a large scale. Even the Department of Expenditure, under the [Finance Ministry in an Office Memorandum had warned](#) in 2019 that fortified rice supply without first studying the outcome of the pilot projects is premature.

What can explain the Government going against the advice of its own counsel? The answer perhaps lies in serious conflicts of interest both political as well as commercial.

According to [reports by investigative journalists](#), six international organizations influenced the government to open the Indian market to global suppliers and manufacturers of premixes that are used to prepare the artificial fortified rice kernel. The launch of the program assured an annual profit of 1,800 crores to the manufacturers. All the six organizations are linked to one company based in The Netherlands. Royal DSM NV, one of the world's most prominent producers of fortified rice premixes. The government used 'science' generated by these organizations to justify mandatory supply of fortified rice in India. The government guidelines on fortification were developed by copying parts verbatim from toolkits developed by some of these organizations.

Yet another partner of the resource centre with indirect links to DSM is the international consortium called Global Alliance for Improved Nutrition (GAIN). Its primary donor is the Bill and Melinda Gates Foundation.

On 15 August 2021, the Prime Minister announced that fortified rice would be supplied through the country's PDS by 2024. Three days after the announcement, officials at the NITI Aayog began drawing up a plan to universalize rice fortification.

For this, they decided to rely on GAIN. A file noting, dated 18 August 2021, by Vedeika Shekhar, an Associate at the Niti Aayog, said, "A detailed implementation action plan will be developed for the pan India expansion of rice fortification with GAIN. GAIN has been chosen as the development partner because it has been chosen as the focal point for all the development partners by BMGF (Bill and Melinda Gates Foundation)."

The UHO had [expressed its serious concern](#) over these developments more than a year ago, in its newsletter dated, 09 June 2023. Alas, under the heady influence of profit and politics, no heed is being paid to science and sane counsel.

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