

Universal Health Organisation (UHO)

Weekly Newsletter – 28 Jul 2023



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.

Musk creates flutter by linking cardiac arrest of NBC basketball star's son with the Covid-19 Vaccine

Musk created a flutter when he claimed that Covid vaccine may have caused Bronny James' cardiac arrest. Bronny James is basketball superstar LeBron James son. Bronny, who is 18 years old, was rushed to hospital after suffering a cardiac arrest after a basketball workout on 24 July 23. He is stable now. Musk [tweeted](#), "We cannot ascribe everything to the vaccine, but, by the same token, we cannot ascribe nothing, myocarditis is a known side-effect. The only question is whether it is rare or common." Elon Musk was trolled for this statement with allegation that he is spreading conspiracy theories.

One in 35 is the rate of heart injury in those who had taken Covid-19 boosters

One in 35 or 2.8% of those who took Covid-19 booster doses suffered from myocardial (heart muscle) injury after taking Covid-19 vaccine booster a peer reviewed [study](#) from Switzerland has reported. This was a prospective active surveillance study carried out by the Department of Cardiology and Cardiovascular Research Institute Basel. The study has been peer reviewed and accepted for publication in the European Journal of Heart Failure. The study carries more credibility since the research was not sponsored by industry. The study concluded that Covid-19 vaccine injury to the myocardium is not as rare as previously thought, echoing Elon Musk's concerns on the cardiac arrest of the basketball star's 18 year old son.

One wonders how long our ICMR will take to publish the results of the study they have undertaken to explore the association between Covid-19 vaccine and sudden cardiac deaths in young people. The Health Ministry has already passed [judgement](#) before the completion of the study that there is no evidence to confirm the causes of these sudden deaths, ignoring the increasing evidence from around the world of heart injuries following the vaccines. Absence of evidence due to sloppy studies should not be taken as evidence of absence. If the will to study the association of adverse events and vaccines was genuine, the much touted digital vaccine platform could have been used to discern any pattern of unusual events following vaccination.

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Covid-19 vaccine coercion in India: results of a survey

While the Indian Government in its affidavit in the Supreme Court [declared](#) that the vaccination against Covid-19 was totally voluntary implying there was no coercion, the ground reality was that directly or indirectly most citizens were coerced to take the vaccine. A [study](#) which is available in preprint and yet to be peer-reviewed found a high proportion of coercion to take the vaccine. The study was carried out among various college students and also among non-student adult citizens in Mumbai. Around 22% of both students and the common citizen were coerced to get vaccinated against Covid-19. Coercion was in the form requirement of vaccination certificate for travel, work, and education and so on. There is many a gap (deliberate?) between preaching and practicing on part of policy makers and advisers to the government.

Government removes “anemia” as health indicator from NFHS-6

The [National Family Health Surveys](#), (NFHS) are large scale, multi-round surveys conducted in representative samples of households throughout India. It collects vital information on the health status of the population. The last survey, NFHS-5 had [revealed](#) that over 57% of women and 67% of the children suffer from anemia in our country. This is a major public health problem by any standards. Anemia has wide implications for good health. It reduces working capacity and has negative effects on overall health and quality of life.

In this context the recent decision of the government to drop this parameter from the next NFHS survey is inexplicable. The reason given is the inaccuracy of the method of measuring anemia. This is like throwing the baby out with the bathwater. In public health crude estimates are good enough to study trends since previous measures also used the same methods of estimating anemia. Refinement of measures in public health is called for to detect marginal and narrow differences. When well over 50% of women and children in our country were found anemic in previous surveys it indicates a serious public health issue even if the measurements were a little inaccurate. Removing this indicator is pushing the problem under the carpet. Moreover, statistical methods can adjust for inaccuracies in the measurement of anemia. The timing of this move is disconcerting. The Government is in an unholy haste to introduce iron-fortified-rice to eliminate anemia, without having any sound evidence of its impact. The UHO has concerns that removing anemia from NFHS will deprive us of any tool to measure the impact of the large scale population rollout of iron-fortified-rice at great cost to the taxpayer and huge profits to industry. It will be like launching a ship on uncharted waters without a compass.