

# Universal Health Organisation (UHO)

## Weekly Newsletter – 10 May 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>

### **AstraZeneca admits in UK court that TTS is related to the vaccine & withdraws it – shockwaves in India**

The [admission](#) by AstraZeneca in an UK court that their vaccine, which is marketed as Covishield in India, could, in “rare” instances cause “thrombocytopenia thrombosis syndrome” or TTS sent shockwaves across India. TTS causes platelets in the blood to clump and form clots blocking blood supplies to the heart (causing heart attacks) or the brain (leading to stroke). Over 100 crores Indians have received this vaccine. Throughout the course of the pandemic we have led the world in committing blunders. First, we had the largest lockdown in the world which had no impact on transmission of the virus, and now we have the dubious distinction of holding the record for the largest immunization campaign with a dubious vaccine having serious side effects and questionable benefits particularly in the young and those having naturally acquired immunity. We do qualify for the Ig Nobel Prize, along with Bill Gates and the WHO both having commended India on the twin achievement!

While still coping with this disturbing news, a further aftershock was the announcement a few days later by AstraZeneca that it is [recalling](#) this vaccine. The news sparked panic on social media that their product was being withdrawn because of serious concerns about health risks. The manufacturer of the vaccine on the other hand reiterated that the withdrawal of their product was entirely due to commercial considerations because of steep decline of demand for this vaccine.

### **AstraZeneca vaccine was the parcel in “passing the parcel game” during the pandemic**

The vaccine was never approved in the USA. Was it due to mishaps during the AstraZeneca vaccine trials? A participant in one of the trial centres in the USA, Brianne Dressen had an [harrowing experience](#) after taking the jab. A former rock climber, she was severely incapacitated after taking the vaccine. Her vision and hearing were distorted, she had severe heart rate fluctuations, severe muscle weakness, and she had a sensation of internal electric shocks. She had to spend most of her time in a darkened room, unable to brush her teeth, or tolerate the touch of her children. She also found other people who had never suffered from Covid-19 but experienced serious and long-lasting health problems after taking the coronavirus vaccine.

Researchers at the trial site were unsympathetic. While conceding that her injury could be due to the vaccine, they fell short of accepting a “cause-effect” relationship. What hurt the sufferers of these symptoms post-vaccination was the lack of transparency and accountability as by late 2021 all communications dwindled. UHO questions whether such mishaps during the trials in the USA could be the reason for the AstraZeneca being not being approved in the USA.

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Other developed countries also cold shouldered the AstraZeneca vaccine developed by Oxford University in the UK, with Swedish collaboration. A [peer reviewed paper](#) in the journal Vaccines, established from real world data that the Odds of developing TTS or blood clots was 4 to 6 times more with the AstraZeneca vaccine compared to Pfizer vaccine and 4 to 10 times more compared to the Moderna vaccine. In March 2021, in response to spontaneous reports of blood clots among individuals who received the Oxford-AstraZeneca vaccine, several [European countries halted](#) the administration of this vaccine.

While the West was treating the vaccine like hot potatoes due to mishaps during the trials and real world data emerging from the European continent, AstraZeneca entered into partnership with Serum Institute of India, Pune to scale up production of this vaccine, marketed as Covishield in India. The parcel was passed from USA to Europe which passed it on to India and then the music stopped!

As in the USA, there was a serious mishap during the trial of Covishield conducted by SII in India. A participant from Chennai suffered serious adverse events from the jab and sued SII for Rs 5 crores. SII instead of investigating further added insult to injury and filed a Rs 100 crores defamation case against the victim. This silencing and suppressing was even [reported](#) by the mainstream media. Regrettably, unlike in the USA which did not approve the vaccine India went ahead full steam promoting the vaccine while at the same time willfully ignoring uncomfortable truths about its side-effects.

### **The Indian Irony: youths with higher risk of blood clots and little risk from Covid-19 were coerced to take the vaccine on a mass scale**

Trials and real world data in the West had established that such serious events from the AstraZeneca were more common among the young. In response, the UK [restricted](#) its use in people below 40. India, sadly, succumbed to the promotion of the vaccine.

India is a young country. Around three-fourths of Indians are [below 40 years](#) of age. A [paper](#) in the Journal of Medical Ethics states that administering Covid-19 vaccines to the young is not ethical as it may result in a net harm.

As a ballpark estimate we have administered the Covishield vaccine to around 80 crores young people with minimum risk from the Covid-19 and at some risk, howsoever rare, of adverse events. Early in the pandemic it was established that the infection fatality rate of the novel coronavirus was in the range of [0.00% to 0.05%](#) among people below 70 years, tending towards zero among the youth. Moreover, by the time vaccine was rolled out in our country, [serosurveys](#) revealed that over 80% of the young had recovered from natural infection adding to their already robust immunity.

The great Indian Irony is that our policy makers got it right early on. Dr N K Arora, Head, National Technical Advisory Group on Immunization wrote an [opinion piece dated April 12, 2021](#), in the Times of India, titled, "Opening up vaccines for younger adults (18 to 45 years) right now will be a gamble with lives." However, they lost the way as political and commercial pressures piled up.

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### Is Covaxin safer than Covishield?

Grabbing the opportunity to promote Covaxin which contributed less than 20% to the Indian mass vaccination program, its manufacturer Bharat Biotech issued a [statement](#) implying that their vaccine is safer. A quick review of the published literature by UHO members is not reassuring and raises concerns about the safety of this vaccine as well. A peer reviewed paper published in Indian Heart Journal [reported](#) that both Covishield and Covaxin were associated with serious thromboembolic (clotting) events.

Besides there are a number of scattered reports of instances of serious side effects from Covaxin ranging from [myocarditis](#) (inflammation of heart muscle), [deep vein thrombosis affecting the brain](#) to [central retinal artery occlusion](#) (leading to blindness), [aggravation of psoriasis](#), among [others](#).

### An estimate of the vaccine injuries in our country and difficulties faced by victims in reporting them

Andrew Bridgen an UK parliamentarian recently summarized the incidence of serious injuries from the covid-19 vaccines as [1 in 800](#). So even on a conservative estimate if we take that 100 crores Indians were given the Covid-19 vaccine, around 1,250,000 of our citizens, mostly young, might have suffered from serious adverse events, including deaths, most of them going unnoticed and unreported. With our dismal Adverse Events Following Immunization (AEFI) reporting, we are unable to capture even a fraction of the adverse events. According to a peer reviewed [paper](#) only 1% of the deaths due to the Covid-19 jabs get reported.

The safety of the Covid-19 vaccines was promoted with such force that even leading experts in vaccine science have [difficulty in reporting vaccine injury](#), according to New York Times. Dr Gregory Poland, 68, Editor-in-Chief of the journal, Vaccine, said that a loud whooshing sound in his ears had accompanied every moment since his first shot, but that his entreaties to colleagues at the Center for Disease Control and Prevention to explore the phenomenon, tinnitus, has led nowhere. He received polite responses to his many emails, but “I just don’t get any sense of movement,” he said. “If they have done studies, those studies should be published,” Dr Poland added. In despair that he might “never hear silence again.” He has sought solace in meditation and his religious faith! If this is his fate, one can imagine the fate of a common citizen facing vaccine injury in our country.

### Meanwhile, the chant by “experts” that the benefits outweigh the risks continues

In spite of overwhelming evidence on the contrary, our experts continue to chant that while adverse events including deaths are rare, the benefits of the vaccine [outweigh](#) the miniscule risk. These claims are based on [mathematical model studies](#) sponsored by the Gates Foundation among others with serious conflicts of interest. On the other hand [real world studies](#) show no correlation between vaccination coverage and incidence of Covid-19, while [data in public domain](#) show rise in cases as well as deaths from Covid-19 after the introduction of mass vaccination. For illustration the cases and deaths before and after mass vaccination are illustrated below for Australia and Taiwan. Similar phenomenon has been observed in country after country. A [presentation](#) on this paradox was made a

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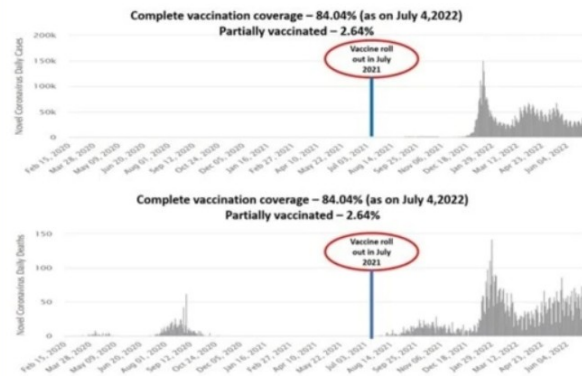
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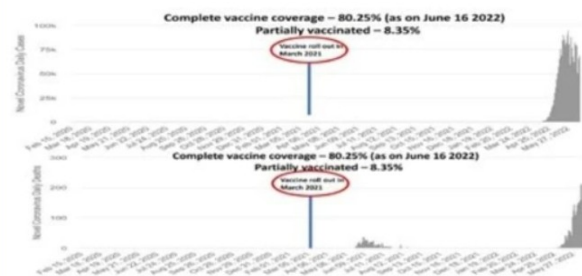
couple of months ago in a session hosted by AIIMS.

The UHO leaves it to the reader to decide whether the benefit from the jab outweighs the risk. We encourage people to do their own research, apply critical thinking and empower themselves.

## THE AUSTRALIA PARADOX



## THE TAIWAN PARADOX



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