

# Universal Health Organisation (UHO)

## Weekly Newsletter – 31 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>

### **WHO Pandemic Treaty stalled as nations do not reach a consensus**

The global treaty proposed by the WHO to fight pandemics has been stalled after two years of negotiations as member countries failed to reach a consensus. UHO members have been strongly opposing the proposed WHO Pandemic Treaty (Accord) and the amendments to the International Health Regulations (IHR) both at national and a number of international platforms.

The treaty and the amendments to the IHR are a thinly disguised drive for power grab by the WHO. Both have many provisions which will violate human rights and enslave humanity on the pretext of pandemics.

The deadline for ratifying the treaty by the World Health Assembly was 27 May 2024. While we can heave a sigh of relief at this stalemate we cannot afford to be complacent.

The WHO works while the world sleeps. Towards this end, we can expect them to circumvent the setback. We have to continuously spread awareness among the citizens of all countries about not only the Treaty but also its companion document i.e. the amendments to the International Health Regulations (IHR) 2005.

The IHR 2005 is a 75 pages document, in which the WHO has recommended 300 amendments. This will give an idea to the volume of tampering being resorted to which will change the IHR altogether and enable power grab by the WHO in collusion with the state players of signatory countries. This possibility becomes ominous in view of the statement by the Director General of WHO Dr Tedros, in which he mentioned that countries “in principle” have agreed to the IHR amendments.

Here are 10 reasons why the citizens of the world should reject the IHR amendments for the following provisions which violate human rights or endanger public health:

1. It will lead to fear mongering consequent to declaration of a pandemic on the whims and fancies of the WHO
2. Quarantine
3. Documents required for travel
4. Vaccine mandates on recommendations of the WHO
5. Making non state actors comply with Public Health Measures
6. Surveillance
7. Proliferation of pathogens with pandemic potential endangering human health.
8. National IHR authority
9. Disclosure of personal data
10. Censorship

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Mr. Prakash Pohare, Dr Veena Raghava (Treasurer), Prof Bhaskaran Raman (Secretary), Dr. Praveen K Saxena,  
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People should also be aware of the [ten reasons](#) why the WHO Pandemic Treaty (Accord) should be rejected due to clauses which will give immense powers to WHO without any accountability and increase profits to big pharma without any liability. These are:

1. Framework conventions and unaccountable bureaucracy.
2. Billions of dollars will be invested which will generate profits for big pharma.
3. Massive expansion of the list of Public Health Emergency of International Concern (PHIEC), e.g. monkey pox.
4. One Health Surveillance
5. Pathogen Access Benefit Sharing System.
6. WHO coordinated Laboratory Network.
7. Speeding up regulatory approval of drugs
8. Global supply chain and logistics network
9. Failure to hold big pharma for harms.
10. Censorship.

### **According to the WHO Covid-19 Pandemic has wiped out a decade of health gains**

The WHO Director General Dr Tedros said that the Covid-19 pandemic has [wiped out a decade](#) of health gains bringing down life expectancy. More concerning, he gave this the reason to push for the “Pandemic Treaty” to deal with future pandemics.

UHO is of the opinion while most [economists remained silent on the issue](#), this setback is not due to the novel virus but to the draconian and unscientific measures unprecedented in public health history such as lockdowns, mask mandates, closure of businesses and schools, and propaganda fueling public panic. These measures have been found to be ineffective in various studies or were implemented without supporting evidence. Even Anthony Fauci the lead adviser to the White House during the pandemic [testified](#) that some of these measures were just made up without any evidence. The WHO is diverting attention from its lapses and perilously inching towards the Pandemic Treaty to repeat the same blunders in future pandemics.

### **Chinese scientists engineer a deadly virus which can kill in 3 days**

Chinese researchers have [synthesized](#) a deadly virus which can kill in three days, using components of the Ebola virus. This research was undertaken at Hebei Medical University, China. The study, describing the advantages and disadvantages of such studies was published in Science Direct. The study was carried out in hamsters to generate an animal model for Ebola virus which would circumvent the need for high levels of resource intensive biosafety laboratories.

UHO is of the opinion that while this may be a valid reason to carry out such research, it raises ethical and safety concerns due to the potential of accidental release or misuse. We recommend moratoriums on such hazardous research.

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### **Covid-19 vaccine deals across countries were opaque and arbitrary**

Documents related to the Covid-19 vaccine contracts, secured on orders from the South African Supreme court by the efforts of activist Fatima Hassan has [revealed](#) many irregularities to extort maximum profit by the vaccine manufacturers during the global health emergency. The offenders include the Indian vaccine manufacturer, the Serum Institute of India, Pune.

Countries around the world were held to strict confidentiality clauses to ensure that the terms, prices and the details of the negotiations are kept secret for a decade. While South Africa was also a signatory to these terms, the Supreme Court of the country overturned the clause and the parties were forced to reveal the details. In Belgium, on the other hand, the budget secretary spilled the beans inadvertently breaking the confidentiality clause in a tweet leading to consternation and embarrassment among the stakeholders.

According to our view, such underhand dealings are the clearest illustration and indictment of private players calling the shots in public health emergencies.

Against this background, it is surprising that some countries, e.g. UK had reservations on the clause in the proposed WHO pandemic treaty which had provision for equitable distribution of resources and sharing of intellectual property rights in a public health emergency. Hardly any country objected to the actual clauses of concern in the treaty such as lockdowns, quarantine, movement restrictions, vaccine mandates and vaccine passports, etc which seriously violate human right principles and sovereignty of nations.

So while we can heave a sigh of relief that the Treaty has been stalled for the time being, we should be concerned that this has been for the wrong reasons.

### **H5N1 Bird Flu: Alarming headlines on mainstream media – is it to stoke the panic of the next pandemic?**

To sustain the panic of pandemics among the people, scary headlines around H5N1 avian “bird flu” are currently rampant in main stream media. Researchers say they are working on a new mRNA vaccine to fight it. H5N1 was [first identified in 1997](#). Since then it has infected just 900 humans with a 50% lethality. It is noteworthy that all the handful of human infections with the latest circulating strains have been [non-fatal](#).

Notwithstanding this, the vaccine manufacturers and health advisers have gone into overdrive promoting research and development of vaccines against the bird flu. Officials in the USA are moving bulk vaccine into finished jabs that could provide [4.8 million doses](#) of the vaccine.

While bird flu primarily infects birds, there have been accidental human cases in poultry workers. In March US researchers reported the first cases of bird flu in dairy cattle and a couple of dairy workers got infected. Both survived. There was no evidence of human to human transmission. The USA FDA has estimated that 20% of the milk supply shows signs of the virus indicating wider spread. However, no overt clusters of human cases have been reported.

A few odd cases in humans have raised speculations that the virus can mutate and adapt for human to

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human spread. While some experts advocate that poultry and dairy workers should be vaccinated, we feel that at present there is not enough evidence to support vaccination on a mass scale. We hope that there is no knee-jerk reaction and the blunders committed during the Covid-19 pandemic repeated.

### **Recent report on efficacy of aggressive interventions for management of transgender teenagers raises doubts**

“A [transgender](#) person is someone whose gender identity differs from that typically associated with the sex they were assigned at birth. Those who opt for medical assistance to transition from one sex to another identify as transsexual.”

While in some countries like the USA, gender affirming model is the norm which involves “puberty blocking” drugs and surgery to enable transition to the other sex, there are recent concerns on such aggressive interventions. A review undertaken by the former President of the Royal College of Pediatrics and Child Health, Dr Hilary Cass revealed cracks in medical consensus on such interventions. The study was sponsored by the National Health Service (NHS), UK and its report has been [published](#) in the British Medical Journal (BMJ). The final report concluded, “...the reality is that we have no good evidence on the long term outcomes of interventions to manage gender related distress.”

[Reports](#) indicate that transgender issues are prevalent in our country as well as interventions and surgery for gender change. Our medical fraternity should refrain from blindly following the USA protocol without proper counseling and psychotherapy in view of the latest report of lack of evidence and consensus regarding aggressive intervention in the young transgender.

### **Andhra Pradesh serves notice to 70 doctors not honoring the bond of service after post graduation**

Andhra Pradesh serves notice to 70 doctors for not serving in government hospitals after completing their post graduation as “in service” candidates. Working for five years in government hospital is mandatory for such candidates.

We fear that this may be just the tip of the iceberg and many doctors across the country may be violating this clause as some of the defaulters were tracked after a gap of seven years. Such doctors and their accomplices in the government machinery should be held accountable and suitable penalty imposed as their postgraduate training at government expense incurs huge burden on the public exchequer. The taxpaying citizens who finance their study are deprived of the services of doctors dodging the bond of working in government hospitals. Our soft state is more tolerant than private banks who charge penalty to customers for withdrawing their own money before the investment period.

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