

# **Slaying of Fundamental Rights**

## on the pretext of public health

- Gautam Das

### **Prelude to Fear Campaign**

Two and half years ago, an unprecedented campaign of fear was ushered in with the clapping and *thali* banging that set the backdrop tune. We were acquainted with a hitherto unknown way of grinding the public life to a halt. It was called *Janta Curfew* meaning self-imposed curfew of masses. On 24 March, 2020 the lockdown was imposed all over the country barely with four hours' notice **[1]**. We were so perplexed by the spate of outlandish events unfolding at stunning pace that we forgot to invoke our common sense to ask a very fundamental question - What was the scientific logic that warranted locking up 138 crore people to contain a disease that until then, had killed only 12 and infected 500 people. **[2]**

Barring a few big corporations, when the entire economy nosedived precariously and badly-bruised health care systems were causing higher number of avoidable deaths from other serious illnesses, we failed to ask a legitimate question, why had there been mindless measures like shutting down an entire tertiary grade hospital or postponing urgent procedures and operations with the detection of a so-called confirmed case?

How could we remain unmindful of the following facts that had already plagued our public health system?

- Nearly 2000 children die every day in our country due to infectious diseases mostly contributed by malnutrition **[3]**
- Despite having the definitive treatment, 1400 people every day, i.e., 4.8 lakhs die from TB every year.**[4]**
- Road accidents claim 415 lives every day or 1.5 lakhs lives are lost annually -which is highest among the world.**[5]** Did we ever close our roads and let our public transport system come to a screeching halt? Never. But, our PM, while pronouncing the decision of lockdown displayed a poster to make us understand the real meaning of corona- *Koi Road par Na nikale* (No one should come out in the roads) **[6]**

Those who critically looked at the events raised uncomfortable questions. There was a tiny section of individuals who had already been aware of the golden triangle connecting regulatory authorities, politically powerful men and the corporates especially the big pharma companies. Though they had enough reasons to be sceptical of various covid mandates, they were unfairly vilified. As opposed to blind faith and unquestioned compliance, dispassionate criticism and reasoned scepticism remains the bedrock of a democratic society which is alive. But the exponents of lockdown had the sole aim of undermining and demonizing this vital condition. It has been made amply clear in the lockstep chapter **[7]** of *The Scenarios for The Future* published by Rockefeller Foundation way back in 2010. In the wake of fake H1N1 pandemic of 2009, **[8,9]** they dealt in detail describing how a pandemic induces the citizens to surrender sovereignty to the ruler. They also proved that a sustained effort spanning almost a decade paid them off and enabled them to enforce a repressive administrative model on the pretext of a pandemic.

Whoever raised questions on the origin of pandemic, the real fatality rate, forcible masking of asymptomatic people and sending them to quarantine on the basis of a dubious test and the perils of giving untested or poorly tested vaccine – were smeared as anti-science, or even as anti-national by some fanatic media. Incessant fear campaign unleashed by mainstream media sparked so much panic and mass hysteria that raising simple pertinent questions were regarded by many as blasphemous. Pointing to the deceptive facts and number theatrics that has attributed almost all fatal clinical outcomes to the unknown virus, perturbed many learned minds so much so that it was conveniently denigrated as a conspiracy theory. The self-proclaimed experts appearing in TV and social media resorted to rubbishing and trivializing the emerging truths in internationally recognized journals. Such a pointed question that would probably haunt our public health strategists for many years to come, was this: on what factual basis and under whose instance had our govt. taken the most cruel and harsh measure called lockdown? It was more so because such a public health measure has been completely unknown and untested. Even, lockdown has no mention in medical or epidemiological parlance. It has no scientific foundation either.

### **Principles of public health turned upside down**

There was ostensibly no liability to answer this question because a purported war was then afoot against an invisible virus. That the war was, in fact, waged against the poorer section, against the true science, reason and the mankind itself, became evident in no time. About 1000 migrant workers, weary and hungry with parched throat walked to death while trudging up hundreds of miles.[10] Apart from common people and benevolent

organizations, no glorified warriors came to their rescue. Flower petals were showered on the frontline medics at the cost of taxpayers money.**[11]** By then doctors were instructed to follow regimented treatment strategy. Ever changing protocols **[12]** in conjunction with untested, experimental and off-label drugs were touted to be the ostensible weapons against the virus. As regards any other war, many undesirable deaths were attributed to collateral damage in the fight against corona. But, even today, the question that refuses to die down is - Who did improvise these protocols and authorize the experimental medicines and on what scientific basis? Who empowered them to practice public health quackery and bungle the setting of treatment strategy that sometimes turned out to be worse than the disease?

The mayhem and mindless restrictions that ensued basically hinged on a single test method called rt-PCR. Christian Drosten, the German scientist claimed to have led the research that invented rt-PCR in order to detect 2019-nCoV. The controversial Drosten research paper published in European Surveillance was vitiated with conflict of interest and deception of highest standard. **[13]** A group of acclaimed European doctors, researchers and scientists demanded the paper be retracted **[15]** suggesting that it was the biggest scientific fraud ever seen in history. Not surprisingly, CDC and WHO authorized in lightning speed this unreliable and apparently non-peer reviewed test method. Countless asymptomatic individuals were forced to undergo this test and some times more than once. Probably, for the first time in the history of medical science, asymptomatic people were counted as a case on the basis of a dubious test. Finally, CDC notified to all the laboratories and individuals involved with rt-PCR test that they would withdraw their request to FDA on emergency approval of rt-PCR test method from 31 Dec, 2021 and suggested to adopt other FDA recommended test method that would be effective in differentiating Covid and influenza.**[14]** It was a veritable admission on the part of CDC

that rt-PCR test has so far failed to effectively differentiate between Covid and influenza. Therefore, the question that refuses to fade away is – why and at whose instance have the principles of clinical medicine and epidemiology been turned upside down?

Mainstream media went overboard piling up the numbers of covid death in order to perpetuate fear psychosis and social disruption. But what aided them to perpetrate such unethical and irresponsible act? It was revised classification of cause of death by WHO under ICD-10 category. They invented a new sub-class called U07.2 **[16]** that allowed or induced the concerned physicians to attribute any death to Covid even when the virus was not identified, it was merely a probable, suspected or epidemiologically diagnosed (a completely unknown entity) infection. This blank cheque for counting covid deaths provided infinite opportunity to reap benefits from mass fear of impending death. A pharma company touted itolizumab as off-label miracle drug which were sold at a price varying from few thousands to lakhs of rupees. They were the frontrunner **[18]** among the new 55 Indian billionaires who emerged in the wake of lockdown. The billionaires belonging to the pre-covid period increased their wealth by 35% during this time.**[17]** Crores of people even belonging to middle aspiring class were rendered jobless. The small and middle businesses collapsed while the businesses enabled by digital technology grew by few hundred times.**[19]** Oxfam report warned that in the month of December, 2020 the worldwide death due to hunger (12000/day) would surpass the peak covid death rate (10000/day) recorded in March-May 2020. **[20]** They aptly termed lockdown as hunger virus.

That lockdown was a futile and devastating public health measure has been proved by hundreds of studies **[22]** conducted by reputed researchers and published in internationally recognized journals. The most recent meta-analysis (study of the studies) came from the department of applied economics of John Hopkins

University in the month of January, 2022. They concluded in their abstract, **“lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.”** [21]

A natural question that arises here is at whose instance did our government adopt a perilous and catastrophic public health measure like lockdown? Media reports said that it was UN that advised Indian government to follow such ruinous path while their (UN) own sagacious perception was **“India is so far relatively unscathed by the pandemic, with fewer than 500 confirmed cases”** [23]. But, how is UN entitled to push a sovereign country down an uncharted slippery slope? We may be told that it was WHO that comes under the aegis of UN has actually endorsed it. Again, WHO will maintain stoic silence on why the definition of pandemic was surreptitiously changed in 2009 to declare the fake H1N1 pandemic to be a real one. The phrase “death in excess number” has been stealthily removed from the revised and “elusive” definition of pandemic. [8] [9] **WHO** has been mired in controversies and accusations of corruption over last three decades. [24] Even an article [25] published last year in BMJ pointed to the facts that have clearly showed how decision making of WHO during Covid 19 were influenced and shaped by the big pharma funders and their trusts & foundations. With the beginning of covid 19, the dubious role of WHO appeared to be even more intriguing and untrustworthy. On 21<sup>st</sup> January, 2020 the WHO reported that there was possibility of some human-to-human transmission. Within 9 days, on 30 Jan, WHO DG declared COVID 19 a PHEIC (Public Health Emergency of International Concern) when in accordance with WHO’s own estimation, till that day, total number of covid deaths were just 171 [26] and few thousands of incidences of cases. WHO’s own statistics say that seasonal flu kills 2 lakhs people annually [27]

or 16000 lives are lost every month around the world. The most pertinent question that will beg answer is, on what basis was the unwarranted alarm on corona sounded by Mr. Tedros? In the aftermath of vaccine roll out thousands of deaths, serious injuries and millions of post- vaccination adverse effects are being reported by US real time vaccine adverse effects surveillance web platform VAERS **[29]** and their European counterpart EudraVigilance.**[30]** Even in our country, the official post(covid) vaccination death toll is around 1000 and number of confirmed cases of adverse effects is 49,819. **[31]** Very recently, World Health Council has published a pharmaco-vigilance report **[28]** compiling data from world's most of the officially recognized post vaccination surveillance platforms. They revealed some stunning facts, one of such pieces of information is that from all across the world post covid vaccination adverse effect has reached a staggering figure of 3.7 million which is in far excess of any other vaccine adverse effect spanning over last 50 years. Now, WHO DG is ethically bound to answer this legitimate question; Why are the post covid vaccination deaths in thousands and health hazards in the form of adverse effects in millions not declared as public health emergency of international concern?

Unfazed and unmoved WHO DG has lately said that “pandemic is far from over” and cautioned us to brace for many such pandemics in future. Similarly, two and half years ago, he terrified the world populace by saying that the case fatality rate of Covid 19 was going to be as high as 3-4%. **[32]** Actual death rate in terms of IFR (Infection Fatality Rate) turned out to be as low as 0.23% (world average). **[33]** This extremely important revelation came from the study (published in WHO bulletin, 2021) of world-renowned epidemiological scientist prof. John P A Ioannidis. Epidemiological data of our country has shown that IFR of Covid is hovering around 0.05% **[34]** which is half the fatality of seasonal influenza (0.1%). People were mindlessly scared with a disease against which the survival rate is 99.95% across all ages.

4<sup>th</sup> round national serosurvey showed that 67% people of our country were found to have antibodies **[35]** when a tiny fraction of population (less than 10% of health care workers) were vaccinated against covid.**[35]** Such a formidable level of natural immunity pre-empted hoaxes of subsequent waves. Emergence of omicron has proved the truth of evolutionary biology that with the passage of time the virus evolves into milder and milder strain, becomes fast spreading but least lethal. In fact, the leading epidemiologists and immunologists of our country assured repeatedly that the omicron strain has actually become a natural vaccine.

With all these facts clearly visible in public domain, media went on scaring people without ever asking why the social & economic lives of majority were torn to shreds in the name of lockdown, why were healthy individuals forced to wear mask and undergo rt-PCR test? Why were countless people unwilling to take the shot removed from job or deprived from getting access to their livelihood before the supreme court order observed against mandatory vaccination? Almost one thousand people died and another fifty thousand suffered from adverse effects **[31]** while the Union govt. of India has bluntly stated that the affected people following vaccination will not be given compensation because the vaccination against covid 19 is voluntary. Therefore, the question that begs answer from the concerned authority is who is going to take the responsibility of these hapless people or their families devastated by flawed public health policy? Will the wise men of regulatory authority who emphatically endorsed the safety of these vaccines come forward owning up to their misjudgment and failure or will they emerge unscathed and redeem themselves as unblemished heroes of a lost war? Are we not entitled as citizens of a democratic nation to put these questions to the elected govt and people's representatives? Surely, we can. But the litany of questions may spark off a new kind of mass awakening that will dispel the spectre of future



lockdowns. Lockdowns were proved to be a gateway of a new treasure world to the newly born billionaires and other wealthy classes. **[17,18,19]** Will they give up such once in a life time opportunity? Or will they refrain from leading the humanity along a ruinous path that makes them even richer? Many such unknowns now dominate the public discourse. Of late, the issue of pandemic treaty based on the precept of perpetual pandemic situation has gained media attention. Many individuals as well as groups are expressing their serious concerns on the plan of unprecedented “power grab” by WHO. Instead, of course correction, why is WHO indulging in more flawed and potentially disastrous public health policies?

Dear readers, how many of you will concur that WHO is still a public health organization? If you have slightest inkling of such fanciful notion, kindly be informed that the WHO boss, Mr Tedros is decidedly peddling wild dreams of profiteering and turning world public health into a captive market. A couple of months ago, he said in the foreword of a WHO publication titled ‘**A Healthy Return,**’ *“investment in WHO will produce a high rate of economic return.”* Can you guess how much return will the intended investor reap? *“According a recent analysis, investing in WHO provides a return of US\$ 35 for every US\$1 invested.”* **[36]**

Needless to say, that the road to gain such fabulous profit will not remain unblemished. It will not be faster way of building mountains of money if poor nations are not crushed under the wheels of WHO’s newly invented profit-making machine. If 7 billion people of world are not ensnared with an insurmountable trap of public health decrees, how can a world-wide captive market be founded on the mischievous idea of One world, one health? **[47]** In this promotional booklet he reiterated on economically and politically empowering WHO to defeat the future viruses. But what is essentially the need of making WHO the most powerful supra-national body? Let’s listen to what Mr. Tedros himself has said in this book, “The world needs a strengthened, empowered and sustainably financed World Health

Organization (WHO)..... WHO has implemented far-reaching reforms over the past five years.” [36]

He went on saying, “Between January 2021 and the Seventy-fifth World Health Assembly in May 2022, the Member States’ Working Group on Sustainable Finance has been addressing the issue” [36]

And, “In 2018, I launched WHO’s first corporate investment case for investing in health and specifically WHO’s Triple Billion targets and the health Sustainable Development Goals. I take no pleasure in noting that the COVID-19 pandemic has reinforced the findings of that document; not only is health a good investment, but it is also an investment that we neglect at our peril.” [36]

Had he neglected his duty of making public health a good investment area, his coveted job would have been in peril. He would have never been able to regain his seat as DG of WHO being re-elected by a secret ballot.[42] It is probably known to everyone in this world that without having been blessed by powerful men like former US president, Bill Clinton and Czar of vaccine empire Mr. Bill Gates, it could have never been possible to secure meteoric rise on international arena from the nondescript post of Ethiopian Health Minister. [37] Enriched with the experience of working with Bill & Melinda Gates Foundation, he has been the first non-physician DG of WHO. GAVI (Global Alliance for Vaccines & Immunisations) and BMGF taken together are presently the biggest investor of WHO.[41] Is it not yet crystal clear why Mr. Tedros will never own his responsibility of leading the world to the most catastrophic and tragic public health regime? and why can’t he neglect his master’s voice to spin new stories of pandemic in order to make rapacious return quicker and healthier?

**WHO is now World Trading Centre of Public Health: Company rule Revisited?**

The overture to pandemic treaty involving 194 countries to be under the sway of the “strengthened and empowered” WHO is reminiscent of the legacy of colonial era under East India company rule. That history sometimes repeats itself along its spiral path is exemplified by what Mr. Tedros has said in the foreword of ‘A healthy Return’ published by WHO, a couple of months back. He said, *“We have a historic opportunity to safeguard and WHO’s unique expertise, global mandate, reach and legitimacy for future generations. The question before us is not whether we can afford to transform the financing of WHO. It is whether we are willing to pay the price of not doing so.”* **[36]**

Now, it is more evident why WHO boss, Mr. Tedros has said in his inaugural speech given in a purported public hearing on pandemic treaty, *“This agreement, I hope, will be a generational agreement. It could be a gamechanger”* **[38]** The question that is left unanswered is what has been the actual form of his game? Who will be deciding the rules of the game? How and why is he contemplating to mandate his new set of rules? What will be the retribution for a nation that will opt out of his game changer exercise impacting next generations?

We came to know about the intriguing “game changer” frenzy only in last December, 2021. World health assembly took decision in a special session convened on 1 Dec, *“to kickstart a global process to draft and negotiate a convention, agreement or other international instrument.”* **[39]** This “once in a generation opportunity” gave birth to an intergovernmental negotiating body (INB) **[44]** which will be drafting and negotiating the treaty/ convention and reporting their “progress” by August 2022 and finally the treaty will be tabled in 77<sup>th</sup> World Health Assembly in 2024. **[39]** But the moot point is, what is the necessity of such a sweeping treaty which will be legally binding to all member countries? Public health policy on public health emergencies of a country is largely determined by regional factors. Even in the time of outbreak of an epidemic, the pattern of morbidity, fatality and transmission depend on local socio-economic condition, public health infrastructure, immunity, living style and climate of that place. Then, what is the rationality behind the one size-fits-all

approach? Why is there hectic effort to put leash on every country and force them to conform to One world, one health formula? **[47]** All these questions may not appear very pleasant for Mr. Tedros. To cover up his real agenda, he started shedding crocodile tears for the victims of his misadventure, *“More than 6 million lives have been lost, countless livelihoods destroyed, health systems disrupted, already-vulnerable people pushed into poverty, and the global economy plunged into its deepest recession since the Second World War”* **[38]**

Again, the question that can beset Mr. Tedros donning the mantle of great savior of mankind from perpetual pandemic is What is actually responsible for such death and destruction of cataclysmic proportion? Is it the SARS-COV-2 virus whose infection fatality rate is closer to that of seasonal influenza and even in some countries like India, it (0.05%) is two times fewer than flu (0.1%)? How can all the misdeeds be attributed to a viral infection with survival rate of 99.95% across all ages? Oxfam report **[40]** has categorically said that it was hunger virus borne out of lockdown that was poised to kill more people (12000/day) than the covid virus itself (10000/day) during the peak of so-called pandemic in 2020. Lockdown has no scientific foundation and a number of studies of international standard decried its application and urged the countries to reject lockdown as a public health measure. **[21]**  
**[22]**

Mr. Tedros has clearly absolved himself of any willful breach of trust and expressed no sign of regret that he misled the people of the world by churning out false and exaggerated informations on Covid 19 and led the humanity to the path of death and destruction. On the contrary, he is flexing his supreme power to establish the fact that “pandemic is far from over” and his innovative idea of maximizing return on investment in public health was vindicated by Corona pandemic! Such a blatant display of arrogance, and dictatorial approach in public health clearly signals that more sinister crimes against humanity are waiting to happen.

Now is the time to focus more on our common senses than on the bombardment of fraudulent rhetoric like, *“COVID-19 has exposed*

*serious gaps in the global health security architecture.” [38]*

Indeed, WHO led by Mr. Tedros has seriously contributed to the creation of infinite gap between rich and the poor, public and public health and most importantly between the official narrative and reality at ground level. Common sense tells us that the failed WHO boss clandestinely supported by powerful trusts and foundations, firstly, should admit the fiasco and leave the global stage. Only then can emerge a possibility of sovereign nations coming together to forge unity respecting their own public health reality and priorities. But, here, Mr. Tedros is preoccupied with other gaps in his arsenal of economic and political tools. He regretted that 83% of African population did not receive even one shot of covid vaccine. [38] His added worries must be caused by the countries like Sweden, Belarus that never imposed lockdown. International Health Regulation (IHR) 2005 [43] enabled him to declare covid a PHEIC unilaterally like his predecessor did in case of fake H1N1 pandemic in 2009. But, IHR 2005 had no teeth to take punitive actions against the non-compliant member states. This is the real need that drove WHO to draft a pandemic treaty and start a feverish pitch to get it signed by 194 countries.

**[52,53]** As a supplementary push for legally binding international framework, the Biden govt. has sent a proposal to reform IHR, early this year. [45] Why is there two-pronged approach to meet a common goal? You can get definitive clues from the policy paper published by LSE (London School of Economics) on 30 March, 2022. Under the title, **New Pandemic Treaty: What the WHO needs to do next**, [46] they wrote,

*“A potential alternative to the treaty would be to update the IHR, as the US and European Commission are suggesting, to make them more relevant and enhance governance and compliance gaps to move beyond the current “name and shame”. However, reopening the text of the IHR for renegotiation runs the risk of losing some of what is currently there. States have clarified their expectations that any treaty must work in conjunction with IHR (2005), with legally binding enforcement mechanisms, a strong secretariat, clear metrics for monitoring and evaluation, and form part of broader WHO reform efforts.” [46]*

It is bizarre but not surprising that the institution that produced many a state leaders, noble laureates in economics and principal advisors of most of the governments world over would churn out solutions of future health emergencies. Under the shadow of pandemic, public health as has been described by Mr. Tedros has become the most lucrative field of investment that “we can neglect only at our peril”. Quite expectedly, the LSE pundits have put forth the following Wishlist to WHO.

*“The Wishlist for a pandemic treaty is long, and there are formidable obstacles to achieving it.”.... These include: [46]*

- Anchoring the treaty in human rights and addressing the principles of the right to health, equity, solidarity, transparency, trust, and accountability;
- Using a One Health approach for pandemic prevention and early detection.
- Stronger health systems information and reporting mechanisms; including a better use of digital technology for data collection and sharing.
- A reform of the WHO alarm mechanism, the public health emergency of international control (PHEIC) declaration process and travel restrictions;
- Pathogen and genomic data sharing
- Resilience to and response to pandemics, including universal access to medicines, vaccines, diagnostics, medical equipment and treatments as well as resilient supply chains, technology transfer
- Investments in health system strengthening and increased financing for pandemic preparedness and response

- Stronger international health framework with a strengthened WHO at the center and increase global coordination.
- Reinforcing legal obligations and norms of global health security and standard settings of health care systems

LSE visionaries wanted to pre-empt all possible hindrances and stamp out scepticisms against this treaty by crafting this tricky way:

*“A draft text is expected for 1 August 2022. To get there, a member state-led, transparent, inclusive and fair procedure is necessary, with full participation of all member states with meaningful inclusion of non- state actors. Nikogosian & Kickbusch (2021) recommend involving the World Bank, International Monetary Fund, World Trade Organisation and International Labour Organization for treaty negotiations. So that the treaty is not seen as an instrument pushed by high-income countries, the involvement of important regional bodies such as the African Union, ASEAN, Mercosur and others will be crucial. Without the support of civil society, a pandemic treaty will not see the light of day” [46]*

Public health experts around the world may find it amusing as well as uncomfortable to know that their traditional field of business has been usurped by myriad minded LSE thought leaders. They commented, *“IHR obligations are heavily tailored towards prevention and detection of pathogens, and very limited on response stages to prevent transmission.”*

It is not a bad thing to float various ideas on making profit. But it is certainly an abominable offence to ensure phenomenal profit by having the humanity pushed to ruinous path of border closure, restrictions on trade and travel to prevent transmission of hypothetical health emergencies. It is not just an economic proposition, rather it is a dictatorial politico-economic model camouflaged in public health strategy to prevent transmission of fictitious infections. Over last 2 years, a number of scientific studies and meta-analysis have shown that the lockdown had no impact in the transmission of infection and should be rejected as

a public health measure because it has immensely destructive nature. But the LSE pundits are unlikely to be convinced by what scientific studies say, they are more likely to be seduced by the fact that lockdown had caused “greatest wealth transfer from middle and poorer section to the extremely rich class” **[57]**

The LSE writers of policy paper came up with another innovative solution to bridge the “serious gaps in global public health architecture”. Instead of closing the economic disparity, mitigation of hunger and addressing poverty related infectious diseases afflicting the largest part of humanity, they added this fanciful demand to their wishlist given to WHO - *“Stronger health systems information and reporting mechanisms; including a better use of digital technology for data collection and sharing”***[46]**

Pushing digital technology as a panacea for all ills and as a novel way of wiping out traditional & physical economy has become an established component of pandemic management. No wonder that the great reset of WHO to prevent future pandemics, will be entwined with the strategy of digital transformation of public health. How good or how bad impact it can have, may be gauged from the fallout of digital surveillance system already undertaken by Chinese govt. People there are mandated to have their phone or digital device fitted with an app which will show your eligibility to get access to any public facility by the code of three colors; Red, green and yellow depending on your health information including vaccination status.

There is nothing to be upbeat on this gizmo, it is a monstrous overreach of the state that can take away your very basic civil rights or even curb the right to livelihood at any moment. **[48]**

One might think that, for WHO, such an grotesque idea to implement is quite far-fetched. On the contrary to your assumption, WHO has advanced this idea at unbelievable speed. Dr. Precious Matsoso, the South African doctor and public health bureaucrat is presently heading INB which is drafting WHO treaty. She wrote a book named **Covid 19: A Digital Pandemic**. She has already been in charge of WHO project of digitization of public health.**[49]**



Canadian news portal, Western Standard News reported that WHO has already inked a contract with T subsidiary of Deutsch Telecom to build digital vaccine passport. [50] A Reuters report also confirmed the veracity of this contract. [51] *“We are pleased to be able to support the WHO in the fight against the pandemic. Health is a strategic growth area for T-Systems. Winning this contract underscores our commitment to the industry,”* said the head of the company. The report says that previous national and regional vaccine certificates will be superseded by digital certificate of WHO and the gateway of this digital identification network will be located in Luxembourg by European Commission. This particular entity (EC) is composed of unelected people and supported by powerful foundation. Interestingly, they are now more passionate about a new hoax, One World, One Health [47] which considers plants, animals and human beings as potential source of infection and hence need to be controlled by a unified approach. To broaden the scope of public health emergency to the entire biosphere is a mischievous idea of overarching control on every possible source of livelihood under the pretext of protecting us from health emergency.

Coming back to the LSE policy paper we can trace the reason why WHO is being metamorphosed into the most powerful global center of control over other countries under cover of bridging gaps in the arena of public health. They also prescribed the most aggressive solution in this regard. They said, *“For this treaty to have teeth, the organization that governs it needs to have the power – either political or legal – to **enforce compliance**. In its current form, the WHO does not possess such powers. In order to enforce compliance, some commentators have recommended concluding the treaty at the United Nations level.”* [46]

Alongside enforcing compliance, there will be “financing from IMF or World Bank” .... “To encourage compliance with a pandemic treaty.” [46] Therefore both carrot and stick policy underpin their new colonizing treaty.

It has already become crystal clear that WHO boss, LSE pundits and satraps of European Commission are voicing the same plan

with strikingly similar phrases. To throw massive weight behind their no holds barred approach towards the new paradigm, the Biden govt. of US has sent WHO a set of guidelines to amend IHR 2005 in the format of proposal. **[45]**

Reading into this blatant authoritarian overture dated 20 Jan, 2022 will be so tedious to go line by line that, here, I will try to put before you some gems out of it. **[45]**

- If the DG of WHO receives information of an event that constitutes a public health emergency of international concern, he will inform the accused state party (read country) and send offer of collaboration within 24 hours. Who will give information to WHO boss? It is emergency committee that will pass information to him. But Who are the people constituting emergency committee? They will be selected by DG himself and hired from NGOs. It is not difficult to conceive which foundation and their funded NGOs will call the shots. In fact, if necessity arises, WHO boss can employ or depend on the inputs of Intergovernmental bodies, e.g., international atomic energy agency (IAEA), FAO, OIE (world body of animal health) and United Nation's Environmental Programme (UNEP). DG is also entitled to keep the source of information confidential.
- Within 48 hours of receiving collaboration offer from WHO, if the state party (read accused country) fails to accept it, their failure to do so shall constitute "rejection."
- If WHO offer is accepted there shall be financial encouragement for compliance in the form of loan or allocation from IMF or WB. If it is rejected by any country, they will be subjected to economic and political ostracization ('sanction' may be more correct word).

- Angered by rejection, WHO boss shall proactively inform the neighboring states sharing the border of accused country.  
Why?

To ensure that, border of the non-compliant country be closed and travel and trade with the rest of the world be halted.

- To ensure compliance, the accused country shall give access to WHO team for on-site assessment and in case of refusal, the country will be liable to provide the rationale for denial of access
- DG will be empowered to consult with ICAO, IMO and WTO to stop transmission. It suggests that international trade and travel through airway or maritime transport will be ordered to halt.
- Whether a state party or any national govt is complying to WHO recommended diktats will be monitored by a compliance committee. This committees will provide WHO inside information from the said country.
- Rejecting or putting reservations on the proposed recommendations of IHR have to be done within six months from the date of notification by DG. If any member nation cites their inability to adjust domestic legislative or administrative arrangement fully in line with amended IHR, they have to submit a declaration to DG within a specified period that they will “achieve the required adjustments no later than 12 months.” **[45]**

Therefore, the great people who are now at the helm of our country are left with just two choices – Submit a declaration or uphold the sovereignty.

### **Submission or Sovereignty?**

Proposed Public Health Bill undermines fundamental rights

With the WHO rushing through IHR reform and advancing simultaneously for pandemic treaty, many govts mainly belonging to poorer countries have already expressed their deep worries on the sweeping power of WHO and overarching regulatory reform. The representative of Botswana has already objected the WHO push for dictatorial reform, on behalf of 49 African countries. **[54]** Such a unified resistance from Africa has thrown a spanner in the attempt to ram through the amendments proposed by Biden administration.

It remains to be seen whether our own govt will steadfastly resist subordinating our public health system to the diktat of WHO or will they stand up defending our sovereignty and constitutional rights. The premonitory signs emanating from media reports are not reassuring, on the contrary, they are extremely disappointing and ominous.

With the early sign of buckling under the pressure of “adjusting legislative and administrative arrangement” **[45]** within a deadline of less than 12 months, attempts are afoot to table a new public health law bill in the coming monsoon session of parliament. None from the side of govt has, so far, minced a word on it. Nevertheless, the big media organizations have already started trumpeting about the proposed bill. Under the headline, *new health law draft: four-tier system, clearly defined powers*, Indian Express **[55]** (21/3/22) reported, “From establishing a four-tier health administration system with “well defined “powers to setting up a public health cadre and even defining a lockdown — officials from the Union Ministry of Health and Family Welfare and other Government departments have started the process of

finalizing various provisions of the draft Bill for a new national public health law” **[55]**

“The proposed National Public Health Act has been in the works since 2017 and, once enacted, will replace the 125-year-old Epidemic Diseases Act, 1897. It will also cover public health emergencies caused by bioterrorism, natural disasters, chemical and nuclear attacks or accidents.” **[55]**

“The draft Bill proposes a four-tier health administration architecture, with “multi sectoral” national, state, district and block-level public health authorities who will have “well defined” powers and functions to deal with “public health emergencies”. **[55]**

The Times of India and The Tribune have published similar reports. It is imperative, for the union govt. India, to put the draft bill in public domain for pre-legislative debate and discussion. But the govt. has so far maintained studied silence which is quite intriguing. Since the proposed draft bill is said to be modeled on the draft health bill, 2017, it makes sense to figure out what is going to unfold by giving reference to draft health bill of 2017. Here are some terms and entities which were defined and explained with little or no clinical or epidemiological justification.

- What is bio-terrorism?
- Loosely defined epidemic and public health emergency mimicking exactly what has been proposed in WHO treaty and IHR reform strategy.
- How any potential biological threat to any humans, animals and even plants were regarded as acts of bio terrorism or abating public health emergency.
- How any person or class of persons can be forced to undergo decontamination, quarantine, medical tests, treatment and vaccination by any official of the district or local authority.
- *“If any State govt. or UT or any district or local authority is of the opinion that a public health emergency has arisen or*

*is likely to arise*” he can detain any objects or vehicles and order detention of any person suspected of carrying any animal or plant or bio hazardous material.

- The local or state authority can authorize any person to conduct inspection of any premises

The bedrock principle of medical intervention is informed consent which is conspicuously non-existent in this legal recipe of controlling fictitious and imaginary health emergencies. One may wonder how the terms like social distancing or One world, One health could be incorporated way back in 2017 ! What kind of epidemics were visible till that time?

Things are not as elusive as it appears. If you can decipher the same words defining same ideas, same narrative and same goal among the WHO reformers, LSE pundits, European Commission’s salesmen and the legal experts drafting the proposed health bill, you will be able to unmask the real agenda of transforming public health into a fabulously lucrative investment area of digital tech giants and big pharma. But to turn vast swathes of humanity into a subservient captive market, a new set of rules are imperative to re- colonize them. These new set of rules require a sovereign nation to do away with fundamental rights in the guise of controlling epidemic, bio-terrorism and disaster. This is exactly what underpins the proposed public health bill which has no relation whatsoever with the established principles of public health. Public health is not limited only in response to epidemic, bio-terrorism and disaster. It has much wider spectrum including provision for required nutritious diet, freedom from starvation, safe drinking water, sanitation and roof over the head. It is nothing new that in a tropical country like ours, infectious and contagious diseases abound. We survived through the ages by co-habiting with a number of endemic diseases. No aggressive legislation or giving sweeping power to official with little or zero medical understanding can stop the

rampaging virus. Only a pragmatic and balanced public health approach which fits to our realities can build robust herd immunity against a given infectious disease. Unfortunately, the reverse is going to happen, thanks to great business skill of WHO boss and his promoters. Scare mongering has remained an essential component of pandemic management led by the profiteers. Here, in this proposed draft bill of 2017, [56] are plenty excuses of sounding alarm bell. Vibrio cholera, the bacteria responsible for cholera which is frequently seen in crowded places with poor sanitation was included in the list of potential bio terrorism agents. Many common and endemic diseases , for example, Chicken pox, Dengue, Typhoid, food poisoning, diarrheal diseases, influenza, malaria, measles, hepatitis etc. were placed under 1<sup>rd</sup> schedule or the list of epidemic prone diseases.

[Now, it is not difficult to envision how an innocent person or group of persons can be easily implicated by loosely defined 'acts of bioterrorism". That rampant abuse of power and anarchy in socio-political order is not impossible, is also evident from the highlights of the following articles of the draft bill, 2017.

Article 4 says, "*When at any time the Central Government is satisfied that a public health emergency has arisen or is likely to arise in the country or any part thereof "* they can direct the state government, UT, any district or local authority to implement the provisions of this act. Without any clarity on whether the executing person or persons would have enough scientific expertise to assess a given public health emergency, the article 4c bluntly says that the authority would "require or empower any person to take such measures and such a person "shall be deemed to be a public servant"(article 7). [56]

If any citizen shows indifference to the implementation of this act, he may be punished with a penalty of Rs ten thousand or Rs twenty five thousand on charge of "contravention due to negligence". Non compliance will be dealt with more harshly with a fine upto Rs fifty thousand

and upto Rs one lakh with two years imprisonment for first and subsequent “willful or intentional contravention.” (Article 5.1) respectively.

If you think you would have constitutional safeguards to challenge the arbitrary and unfair actions of the empowered person executing the act, there is stern warning for you in the articles 9, 10 and 11. They say that no suit, prosecution or legal proceedings shall be launched against those person/persons because no court shall take cognizance of any offence against such officer.

The recent (02/5/22) Supreme Court verdict (Jacob Puliyel vs U.O.I ) against vaccine mandate assured us that if the executive decision becomes “manifestly arbitrary” and “unreasonable” the court will intervene and “must act to defend the citizen in the assertion of his fundamental rights against executive tyranny draped in disciplinary power.” (point no.22)

It remains to be seen how the judiciary rises to the occasion to defend the citizen against the most blatant attack on fundamental rights, cloaked under the guise of managing public health emergency.]

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