

# Universal Health Organisation (UHO)



To: All fellow academicians, scientists, medical practitioners in India

Date: 24 March 2024

**Subject: A call to repair two years of immense damage to science, with important current implications – an open letter**

Quick links:

- *Your comments/remarks/feedback in response to this letter: web form:* <https://tinyurl.com/uhosalfb> , email [admin@uho.org.in](mailto:admin@uho.org.in)
- *List of academicians, scientists, medical practitioners who supported some or many of the various official Covid-19 measures:* <https://tinyurl.com/uhosalrcpt>
- *Electronic version of this letter, with reference links:* <https://tinyurl.com/uhosal1>

Dear Colleague,

We write this letter to you as a group of academicians, doctors and professionals, on the issue of a recent and **extended beating taken by science** and rationality, and the resultant current and ongoing concerns.

Consider this. Could a government officer enter and search your house, ask you to vacate, citing “public health emergency”? Without judicial oversight, without even a possibility of legal challenge? Could a public health emergency *required* to be declared by India, dictated by an unelected and foreign/private power? Could experimental vaccines be *required* for people to continue with their lives? These are not a fictional sequel to “1984”, but recent and ongoing developments – Kerala’s [public health bill](#) (Dec 2023), an international pandemic treaty planned by the WHO, and WHO-driven vaccine passports. We hope you are as concerned about these as we are.

We write to you on the eve of the **fourth anniversary of “The Great Panic”**, i.e. India’s [lockdown](#) as a response to Covid-19, a response supposedly based on science. The whole planet was disrupted, for 2+ years. We hope you will agree that the lockdown and associated measures resulted in extreme injustice in terms of everyone’s lives thrown out of gear, tens of millions pushed into joblessness and poverty, and an immense [wealth transfer](#) from the poorest to the richest of the world. The [loss](#) of two years of education for India’s 260 million children may never be recovered. A small sample of the damage is captured in “The Lockdown and Covid Response Museum” at <https://uho.org.in/ldm/> .

Why does it matter now – you may ask. Available evidence indicates that the damage was needless, not caused by the SARS-Cov-2 virus itself, but represented a **total failure of science** more than it was a failure of politics. Furthermore, preparations are already [underway](#) for more lockdowns and more human right violations in the garb of science, with even more impunity. This thus needs a scientific reckoning.

Much of the response to Covid-19, starting with the lockdown “consensus” to the so-called “safe and

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effective” vaccines were not a result of considered scientific discussion, but irrational panic – including and especially among scientists – panic manufactured by the media and magnified in social media echo chambers. To this day, even after four years, despite the immense damage, there has not been a scientific reckoning of the official Covid-19 measures, including lockdown or the near-universally administered vaccines.

We therefore call for a better-late-than-never scientific discussion and debate of all of the Covid-19 measures. We urge you to support this call – **we invite your comments and remarks in reply**. This is important not only for history, but also for preventing a repeat of similar mistakes in the future, and to at least partially restore the damage done to science, rationality, and evidence-based measures.

A subset of the names of **academicians, scientists, medical practitioners** who supported some or many of the various official Covid-19 measures during “The Great Panic”, appears at this link: <http://tinyurl.com/uhosalrcpt> . We call upon these professionals to hold themselves accountable by participating in an open scientific discussion/debate, on the following aspects.

1. What was the **scientific basis for lockdowns** and other restrictions? On what evidentiary basis were universities and colleges of higher learning leading in restrictive measures, violating citizens’ fundamental rights?
2. Till date, available [evidence](#) suggests that **Covid-19 did not affect school/college children**, or indeed any healthy person of working age, any more than other diseases we are used to. Why then were schools and colleges closed for nearly two years? Why has there been no accountability for this blatant disregard for the well-being of the next generation?
3. There was always **poor scientific evidence for children being Covid-19 carriers**, and as early as July 2020, there was [evidence](#) that schools were not super-spreaders. Several European countries had opened schools after the summer of 2020. On what scientific basis did the scientific community in India tacitly/actively support the disruption of nearly two years of school childrens’ lives? Remember, nearly two-thousand infants die everyday in India, due to preventable malnutrition and poverty related reasons.
4. Even as early as June 2020, [sero-surveys](#) showed that the **Covid-19 IFR estimate in India was 0.08%**, lower than that of seasonal flu. Why did scientists and academicians continue their panic and mandated virus avoidance protocols? How did trained scientific minds miss noticing that “essential” workers in grocery stores and those delivering at their doorstep were not falling sick or dying in large numbers? How can a virus spreading extensively among the population without notice, be called as novel or deadly?
5. **Immunity after natural infection and recovery** is known science for more than 2400 years since the [plague](#) of Athens. Indeed, such immunity is the basis of traditional vaccine technology. What was the need to give an experimental vaccine to India’s population after July 2021 when most Indians were already exposed, as per [sero-surveys](#)? Why were colleges including medical colleges leading in this unscientific and money-wasting measure?
6. Till date, **none of the Covid-19 vaccine candidates have completed trial** results. What is the scientific basis for calling these products as “vaccines”? What is the age-band-wise ARR

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- and NNV for these products? Against what end-point? Is there a scientific citation for these numbers from a completed trial?
7. It should have been apparent to scientists well versed in scientific experiments, that the **Covid-19 vaccines were experimental**. Yet, why did scientists in institutes of higher learning show no such skepticism, but assume that they were “safe and effective” ahead of the evidence, even contrary to emerging evidence?
  8. Did any scientific institution methodically collect reports of **adverse events following immunization (AEFI)**, of which there have been [plenty](#), instead of assuming safety of the novel products?
  9. **Forcing a medical experiment on a fellow-human** is one of the [vilest](#) things one can do. Why were colleges and places of higher learning leading in Covid-19 vaccine mandates, violating the basic ethics of informed consent, that too on a population never at risk from Covid-19?
  10. **Long-term safety** of any product takes, well, a long-term to know. In 2021/2022, on what evidentiary basis did colleges of higher learning conclude that the Covid-19 “vaccines” are long-term safe, for students and young people with their entire life ahead of them – in terms of the product’s carcinogenicity, cardiac issues, reproductive health, etc?
  11. There was **no scientific basis for 6-foot or 2-metre distancing** for a respiratory virus spreading via aerosols. But institutes of higher learning were leading in promoting social distancing. Why? How did trained scientific minds miss noticing that [Dharavi](#), one of the densest and poorest places on earth, had even less per-capita toll than London and New York? Surely, scientists mingled with such slum-dwelling population – house/office cleaners, taxi/auto drivers, etc.
  12. Likewise, there was **no scientific basis for test-trace-isolate** for a respiratory virus – it was in fact [against guidelines](#) written prior to the panic. Why were institutes of higher learning practising this for nearly two years, even amid increasing isolation-related [mental health](#) problems for adolescents?
  13. The highest quality scientific [evidence](#) in terms of Randomised Controlled Trials (RCTs), before as well as during Covid-19, indicated **no benefit of community masking**. Why were institutes of higher learning leading in mask mandates, counter to this evidence?
  14. Till date, there is **no clinical basis for the PCR test** for Covid – no one knows its false positive rate for illness, or even virus presence. On what scientific basis did scientific institutions use the PCR test for disease detection, isolation, and reporting case counts periodically?
  15. As of April 2020, there was **poor scientific evidence of asymptomatic transmission**. And [evidence](#) as of December 2020 suggested that such transmission was statistically indistinguishable from zero. On what evidentiary basis did scientific institutions assume asymptomatic transmission while imposing restrictive measures?

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Regardless of where you stand on some of the assertions in the above statements, we hope you will agree that an open scientific discussion and an atmosphere of healthy debate and a scientific reckoning is necessary – especially for the so-called “once in a century pandemic”. Two and half years of everyone made to consider every other human, including children, as a disease vector, and this being held as scientific, cannot pass without scientific scrutiny, cannot be erased from memory as if it did not happen. Without a reckoning, **exploitation of fear toward power grab will repeat**. We look forward to hearing from you – via the online form at <https://tinyurl.com/uhosalfb> or email ([admin@uho.org.in](mailto:admin@uho.org.in)).

Thanking you,

In sincere hope of a long-overdue scientific discussion and accountability,

Managing Committee of Universal Health Organisation (UHO) – <https://uho.org.in/>

Prof. Bhaskaran Raman, Professor of Computer Science and Engineering, Mumbai

Dr. Amitav Banerjee, MD, Clinical Epidemiologist, Pune

Dr. Arvind Singh Kushwaha, Community Medicine, Auraiya

Dr. Veena Raghava, MBBS, DA, Clinical Nutrition (NIN), Bengaluru

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Dr. Maya Valecha, MD, DGO, Vadodara

Dr. Gayatri Panditrao, BHMS (Homoeopathic Consultant), PGDEMS, Pune

Mr. Ashutosh Pathak, Journalist, QVIVE, Delhi

Mr. Prakash Pohare, Journalist, Deshonnati, Akola

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