



# INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

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07<sup>th</sup> January, 2022

## NOTICE REGISTERED A.D.

To,

- Dr Tedros Adhanom Ghebreyesus,**  
Director-General of the World Health Organization
- Dr. Soumya Swaminathan**  
Chief Scientist, World Health Organization
- All the office bearers of World Health Organization**

**Subject:** Deliberate Contempt of Hon'ble Supreme Court's guidelines in various judgments, with an ulterior motive to facilitate undue advantage to vaccine companies and to cause wrongful loss to life and liberty of common man and also to the public property and money.

- That, You Noticee No. 1 is the Director General of the World Health Organization.
- The organization is being funded by all the countries across the world and is expected to work for the welfare of people across the world.

3. However, **World Health Organization (WHO)** has formed unholy nexus with Pharma Companies and toxic organizations like;

(i) **Bill & Melinda Gates Foundation (BMGF);**

(ii) **GAVI**

(iii) **The Rockefeller Foundation**

<https://www.sciencedirect.com/science/article/abs/pii/S003335061300396X?via%3Dihub>

<https://www.who.int/news/item/28-11-2021-looking-to-the-future-the-rockefeller-foundation-and-who-identify-priorities-for-global-health-collaboration>

(iv) **Sanofi**

(v) **GSK**

(vi) **Merck**

(vii) **Novartis**

(ii) **Purdue, American Opioid Company**

4. Because of the funds taken from the said pharma mafias, the decision of WHO are taken in such a way that they help in giving foundation and a base for unfair advantage & further the welfare of the pharma companies.

5. The details of pseudo-science, false narratives, conspiracy theories and attempt made by WHO to put life of common man in danger in order to help the pharma mafia are mentioned in the Annex-A attached to this notice.

6. For the said acts of commission and omission you all NOTICEES are soon be tried and punished for offences of mass murders (genocide) for which the punishment provided by Indian Law is only the death penalty.

7. Be that as it may, this notice is being issued to you to forthwith stop the contempt of Supreme Court of India's guidelines and to make necessary corrections in your website.
8. That the website of the WHO mentions about Herd Immunity as under;

**“What is ‘herd immunity’?”**

*'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens **when a population is immune either through vaccination or immunity developed through previous infection.** WHO supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population, as this would result in unnecessary cases and deaths.*

*Herd immunity against COVID-19 should be achieved by protecting people through vaccination, not by exposing them to the pathogen that causes the disease. Read the Director-General's 12 October media briefing speech for more detail.*

*Vaccines train our immune systems to create proteins that fight disease, known as 'antibodies', just as would happen when we are exposed to a disease but – crucially – vaccines work without making us sick. **Vaccinated people are protected from getting the disease in question and passing on the pathogen, breaking any chains of transmission.** Visit our webpage on COVID-19 and vaccines for more detail.*

*To safely achieve herd immunity against COVID-19, a substantial proportion of a population would need to*

be vaccinated, lowering the overall amount of virus able to spread in the whole population. **One of the aims with working towards herd immunity is to keep vulnerable groups who cannot get vaccinated (e.g. due to health conditions like allergic reactions to the vaccine) safe and protected from the disease.** Read our Q&A on vaccines and immunization for more information.

The percentage of people who need to be immune in order to achieve herd immunity varies with each disease. For example, herd immunity against measles requires about 95% of a population to be vaccinated. The remaining 5% will be protected by the fact that measles will not spread among those who are vaccinated. For polio, the threshold is about 80%. The proportion of the population that must be vaccinated against COVID-19 to begin inducing herd immunity is not known. This is an important area of research and will likely vary according to the community, the vaccine, the populations prioritized for vaccination, and other factors.

Achieving herd immunity with safe and effective vaccines makes diseases rarer and saves lives.

### **What is WHO's position on 'herd immunity' as a way of fighting COVID-19?**

Attempts to reach 'herd immunity' through exposing people to a virus are scientifically problematic and unethical. Letting COVID-19 spread through populations, of any age or health status will lead to unnecessary infections, suffering and death.

*The vast majority of people in most countries remain susceptible to this virus. Seroprevalence surveys suggest that in most countries, less than 10% of the population have been infected with COVID-19.*

*We are still learning about immunity to COVID-19. Most people who are infected with COVID-19 develop an immune response within the first few weeks, but we don't know how strong or lasting that immune response is, or how it differs for different people. There have also been reports of people infected with COVID-19 for a second time.*

*Until we better understand COVID-19 immunity, it will not be possible to know how much of a population is immune and how long that immunity last for, let alone make future predictions. These challenges should preclude any plans that try to increase immunity within a population by allowing people to get infected.*

*Although older people and those with underlying conditions are most at risk of severe disease and death, they are not the only ones at risk.*

*Finally, while most infected people get mild or moderate forms of COVID-19 and some experience no disease, many become seriously ill and must be admitted into hospital. We are only beginning to understand the long-term health impacts among people who have had COVID-19, including what is being described as 'Long COVID.' WHO is working with clinicians and patient groups to better understand the long term effects of COVID-19.*

### **What do we know about immunity from COVID-19?**

*Most people who are infected with COVID-19 develop an immune response within the first few weeks after infection.*

*Research is still ongoing into how strong that protection is and how long it lasts. WHO is also looking into whether the strength and length of immune response depends on the type of infection a person has: without symptoms ('asymptomatic'), mild or severe. Even people without symptoms seem to develop an immune response.*

*Globally, data from seroprevalence studies suggests that less than 10% of those studied have been infected, meaning that the vast majority of the world's population remains susceptible to this virus.*

*For other coronaviruses – such as the common cold, SARS-CoV-1 and Middle East Respiratory Syndrome (MERS) – immunity declines over time, as is the case with other diseases. While people infected with the SARS-CoV-2 virus develop antibodies and immunity, we do not yet know how long it lasts.”*

9. That the said statement is false, malicious and dishonest. Further it is also contemptuous so far as India is concerned and the same is applicable to the people across the globe.

WHO first endorsed correct definition of Herd Immunity, then tried to change it, and was forced to change it back again due to public pressure.

The World Health Organization, for reasons unknown, has suddenly changed its definition of a core conception of immunology: herd immunity. Its

discovery was one of the major achievements of 20th century science, gradually emerging in the 1920s and then becoming ever more refined throughout the 20th century.

Herd immunity is a fascinating observation that you can trace to biological reality or statistical probability theory, whichever you prefer. (It is certainly not a “strategy” so ignore any media source that describes it that way.) Herd immunity speaks directly, and with explanatory power, to the empirical observation that respiratory viruses are either widespread and mostly mild (common cold) or very severe and short-lived (SARS-CoV-1).

Why is this? The reason is that when a virus kills its host – that is, when a virus overtaxes the body’s ability to integrate it, its host dies and so the virus does not spread to others. The more this occurs, the less it spreads. If the virus doesn’t kill its host, it can hop to others through all the usual means. When you get a virus and fight it off, your immune system encodes that information in a way that builds immunity to it. When it happens to enough people (and each case is different so we can’t put a clear number on it, especially given so many cross immunities) the virus loses its pandemic quality and becomes endemic, which is to say predictable and manageable. Each new generation incorporates that information through more exposure.

This is what one would call Virology/Immunology 101. It's what you read in every textbook. It's been taught in 9th grade cell biology for probably 80 years. Observing the operations of this evolutionary phenomenon is pretty wonderful because it increases one's respect for the way in which human biology has adapted to the presence of pathogens without absolutely freaking out.

And the discovery of this fascinating dynamic in cell biology is a major reason why public health became so smart in the 20th century. We kept calm. We managed viruses with medical professionals: doctor/patient relationships. We avoided the Medieval tendency to run around with hair on fire but rather used rationality and intelligence. Even the New York Times [recognizes](#) that natural immunity is powerful with Covid-19, which is not in the least bit surprising.

Until one day, this strange institution called the World Health Organization – once glorious because it was mainly responsible for the eradication of smallpox – has suddenly decided to delete everything I just wrote from cell biology basics. It has literally changed the science in a Soviet-like way. It has removed with the delete key any mention of natural immunities from its website. It has taken the additional step of actually mischaracterizing the structure and functioning of vaccines.



So that you will believe me, I will try to be as precise as possible. Here is the website from June 9, 2020. You can see it [here](#) on Archive.org. You have to move down the page and click on the question about herd immunity. You see the following.

### What is herd immunity?

Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. This means that even people who haven't been infected, or in whom an infection hasn't triggered an immune response, they are protected because people around them who are immune can act as buffers between them and an infected person. The threshold for establishing herd immunity for COVID-19 is not yet clear.

That's pretty darn accurate overall. Even the statement that the threshold is "not yet clear" is correct. There are cross immunities to Covid from other coronaviruses and there is T cell memory that contributes to natural immunity.

Some estimates are as low as 10%, which is a far cry from the modelled 70% estimate of virus immunity that is standard within the pharmaceutical realm. Real life is vastly more complicated than models, in economics or epidemiology. The WHO's past statement is a solid, if "pop," description.

However, in a [screenshot](#) dated November 13, 2020, we read the following note that somehow pretends as if human beings do not have immune systems at all

but rather rely entirely on big pharma to inject things into our blood.

### What is herd immunity?

'Herd immunity', also known as 'population immunity', is a concept used for vaccination which a population can be protected from a certain virus if a threshold of vaccination is

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. *Visit the Director-General's 12 October media briefing speech for more detail.*

Vaccines train our immune systems to develop antibodies, just as might happen when exposed to a disease but – crucially – vaccines work without making us sick. Vaccinated people are protected from getting the disease in question. *Visit our webpage on COVID-19 and vaccines for more detail.*

As more people in a community get vaccinated, fewer people remain vulnerable, and there is less possibility for passing the pathogen on from person to person. Lowering the possibility of a pathogen to circulate in the community protects those who cannot be vaccinated due to serious health conditions from the disease targeted by the vaccine. This is called 'herd immunity'.

What this note at the World Health Organization has done is deleted what amounts to the entire million-year history of humankind in its delicate dance with pathogens. You could only gather from this that all of us are nothing but blank and unimprovable slates on which the pharmaceutical industry writes its signature.

In effect, this change at WHO ignores and even wipes out 100 years of medical advances in virology, immunology, and epidemiology. It is thoroughly unscientific – shilling for the vaccine industry in

exactly the way the conspiracy theorists say that WHO has been doing since the beginning of this pandemic.

What's even more strange is the claim that a vaccine protects people from a virus rather than exposing them to it. What's amazing about this claim is that a vaccine works precisely by firing up the immune system through exposure. Why I had to type those words is truly beyond me. This has been known for centuries. There is simply no way for medical science completely to replace the human immune system. It can only game it via what used to be called inoculation.

Take from this what you will. It is a sign of the times. For nearly a full year, the media has been telling us that "science" requires that we comply with their dictates that run contrary to every tenet of liberalism, every expectation we've developed in the modern world that we can live freely and with the certainty of rights. Then "science" took over and our human rights were slammed. And now the "science" is actually deleting its own history, airbrushing over what it used to know and replacing it with something misleading at best and patently false at worst.

I cannot say why, exactly, the WHO did this. Given the events of the past nine or ten months, however, it is reasonable to assume that politics are at play. Since the beginning of the pandemic, those who have been

pushing lockdowns and hysteria over the coronavirus have resisted the idea of natural herd immunity, instead insisting that we must live in lockdown until a vaccine is developed.

That is why the [Great Barrington Declaration](#), written by three of the world's preeminent epidemiologists and which advocated embracing the phenomenon of herd immunity as a way of protecting the vulnerable and minimizing harms to society, was met with such venom. Now we see the WHO, too, succumbing to political pressure. This is the only rational explanation for changing the definition of herd immunity that has existed for the past century.

The science has not changed; only the politics have. And that is precisely why it is so dangerous and deadly to subject virus management to the forces of politics. Eventually the science too bends to the duplicitous character of the political industry.

When the existing textbooks that students use in college contradict the latest official pronouncements from the authorities during a crisis in which the ruling class is clearly attempting to seize permanent power, we've got a problem.

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**Editorial addition, January 4, 2021: WHO has changed its [definition](#) yet again, to incorporate the obvious reality of natural immunity.**

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## What is herd immunity?

'Herd immunity', also known as 'population immunity', is the indirect protection from infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. WHO supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population, as this would result in unnecessary cases and deaths.

**11. The falsity and dishonesty of your above article is summarized as under;**

**11.1.** Vaccine neither stops infection nor provides protection from Covid-19. In fact vaccine kill people from its side effects.

**10.1.1.** That in India as per sero survey around 67% of population has developed antibodies, 97% in the nation's capital Delhi, and 90% in the nation's financial capital Mumbai.

This was due to they are coming in contact with the SARS-CoV-2.

**Link:** <https://www.downtoearth.org.in/news/health/two-thirds-of-india-s-population-have-antibodies-against-novel-coronavirus-icmr-4th-serosurvey-78045>

<https://timesofindia.indiatimes.com/city/thane/91-of-those-who-participated-in-thane-sero-survey-had-antibodies/articleshow/87939339.cms?from=mdr>

<https://indianexpress.com/article/cities/mumbai/over-85-mumbai-population-has-covid-19-antibodies-latest-bmc-sero-survey-7515921/>

### 10.1.2. Past examples of coverup and conspiracy within the WHO

**According to documentary film “Trust WHO” many instances of corruption and collusion with the tobacco industry, nuclear industry and pharma industry have been exposed. Summary of the details are described below :**

Robert parsons is an American journalist who has been writing about the WHO for 20 years. He exposed how until a few years ago, every Monday, the opening day of the world health assembly, there was a sumptuous reception at the WHO Geneva office given by Director General. This was very good for getting everyone together in an informal setting.

Now this has been replaced by private receptions, organized by industry giants like **Merck**. They spend a lot of money on this, as the cost is very expensive, meetings are done regularly and attendees are over a 1000. It is a good way to lobby influential people, & there is no limit on champagne or wine.

WHO has been Infiltrated by the industry since the very beginning in 1950. They did little to expose the tobacco industry, even though studies since 1950s showed harmful effects of tobacco.

Tobacco industry’s tactics to counter the WHO are made public after USA Congress grilled tobacco companies and asked for internal documents. This came out in the Boka Riton action plan, 1988, where senior figures of tobacco giant Philip Morris met and drew up sophisticated strategies to limit power of the WHO.

WHO spokesperson himself admitted that the evidence showed that tobacco industry operated for many years with the deliberate purpose of subverting the efforts of the WHO to control tobacco

Tobacco industry founded institutes and bought scientists who would represent their position. They made sure their names would not come up anywhere.

American lawyer Paul Dietrich worked for an institute financed by tobacco giant Philip Morris to the tune of 240k USD per year. Paul also was a consultant to the WHO regional office in America.

In the WHO report on strategies of the tobacco industry, 6 other consultants were also mentioned. British toxicologist Frank Sullivan said the WHO didn't have a problem with him advising them even though he was consulting for the tobacco industry. In 2000 his role became clear, but he still continued to advise the WHO.

The journalist making the documentary not able to retrieve Frank Sullivan's conflict of interest form despite repeated efforts.

It's clear that other corporations employ same tactics as tobacco industry.

The definition of pandemic was changed before 2009 swine flu outbreak.

Individual deals prepared between countries and pharma companies were about to be triggered by the WHO. Relevant contracts were mostly confidential and the companies insisted they should never be published. Before the swine flu incident, countries like Germany, France, Italy, UK entered secret agreements with pharmaceutical companies like Novartis, Sanofi, GSK, that obliged the countries to purchase swine flu vaccines, but only if the WHO issued a pandemic level 6 alert. Because

they had spent so much money in developing these vaccines, but there was no pandemic and sign of a flu outbreak, they had to fabricate one.

6 weeks before the declaration of pandemic level 6, the WHO spokesperson said in terms severity it was fair to call the situation “moderate”.

According to the WHO ex-director of public health , German Velasquez , nobody was afraid at the time of the “outbreak”, and no one from the WHO had got themselves vaccinated, including the director general. The media exaggerated the danger. Criteria for declaring a pandemic had changed, and the old guidelines disappeared from the who website.

With the old definition, they could not have declared pandemic level 6, because the severity and number of deaths would also be a factor. Since that was no longer a criteria, it was easy to declare the pandemic.

The WHO influenza spokesperson Gregory Herzl said they had to work with pharma companies because they had a good solution for swine flu.

Who’s swine flu working group member and assistant director general Marie kieny at the time came straight from a large french pharma company transgene, where she used to work before WHO. So collaboration between industry and who does take place in terms of vaccines.

When asked why severity was removed from the definition of pandemic, she said they wanted to have objective criteria, and severity of disease was a subjective criteria which depended on the health of the patient.

When asked if the criteria would be changed again, she replied yes. From the WHO working group on swine flu, two of them



reported conflict of interest. Neil Fergusson was one of them, he took fees for consultancy from GSK, Baxter and Roche, manufacturers of swine flu vaccines and medicines. This wasn't a problem for the WHO. In 2007 Albert Osterhouz lost his voting rights on the Dutch health commission due to conflict of interest, as he declared to WHO that he had shares in a pharma company that could profit from swine flu vaccines, and he was the chair of ESWI, a group of scientists that received money from pharma companies.

According to former WHO director German Velasquez, at a meeting between WHO director general and vaccine manufacturers, most of his colleagues and him were excluded. When he tried to attend the meeting, person at the door told him that it was a private meeting. He was head of a department at the WHO and was one of the closest associates of the DG. This shows there was no transparency about what was being negotiated.

This whole situation was reviewed by the council of Europe. Changes were demanded but the WHO didn't respond to the council of Europe. WHO did come for the first hearing but didn't show up after that.

<https://blogs.timesofisrael.com/why-eu-investigated-who-for-fake-pandemic/>

<https://web.archive.org/web/20201011163656/https://www.forbes.com/2010/02/05/world-health-organization-swine-flu-pandemic-opinions-contributors-michael-fumento.html#33d656d848e8>

<https://web.archive.org/web/20211129134810/https://pace.coe.int/en/news/2724>

Gates foundation grants to the WHO are linked to conditions. "Our priorities are your priorities" - Gates' quote to the WHO.

70 percent of who's budget today is tied to specific purposes and conditions. Earlier they could decide where money could be spent.

WHO also downplays the dangers of nuclear radiation

WHO asked scientist who published paper about rise in thyroid cancer after Chernobyl in nature, to withdraw his paper. He was threatened with his career. This persons name was Keith Bieverstock. Paper was published with 6 other scientists who agreed on the position.

After Fukushima, Naoto khan, PM of Japan initially thought that no radioactivity would emerge, hence they did not issue alert. One day after the accident an organization reported raised levels of radiation. After Fukushima there was rise in thyroid cancer according to many experts.

WHO's later guidelines say that iodine should be given within 6 hrs of exposure to nuclear radiation, yet after Fukushima this was not advised in the beginning.

WHO continued to ignore serious health effects that occurred in children after Fukushima, didn't speak about it, doesn't mention in its report either.

According to the WHO, Chernobyl lead to 50 deaths and 4K cancers.

According to independent scientists, that figure was 985000 deaths, as quoted in a study by the New York Academy of Sciences

WHO never considered anything other than cancer as a health effect of radiation, even though people had many other health issues due to radiation.

The WHO spokesperson lied and said New York Academy of Sciences repudiated the book, however the editor in chief of the academy said this never happened.

IAEA is a nuclear industry body which is concerned with safe proliferation of nuclear technology. It works very closely with the WHO.

High level meetings between IAEA and WHO would predetermine the line which they would take.

**Editor from WHO journal invited scientist Keith Bieverstock to write a paper in psychological impact of Fukushima evacuation. In the paper he wrote something critical of who, hence it wasn't published.**

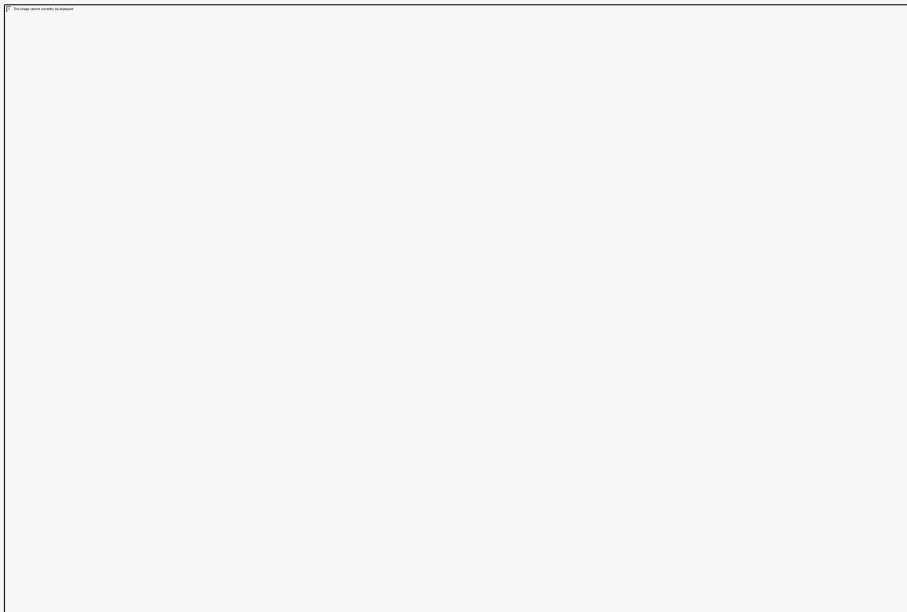
### 10.1.2

# Anatomy of Corruption: WHO Public Health Guidelines

January 30, 2020

The World Health Organization provides public health recommendations about the use of pharmacologic drugs and vaccines and provides guidelines and assistance in public health emergencies. When it was founded in 1948, the WHO relied on funding from its member states; their contributions were assessed based on their national income and population. The funds were not earmarked for any particular policy. In those days, the WHO was an independent organization. But over time, the WHO leadership traded its independence and with it, its integrity, for big money.

In 1988, Halfdan Mahler, Director General of the WHO from 1973 to 1988, warned the world against the power wielded by the pharmaceutical industry over the WHO. He stated, in the Danish daily newspaper (Politiken): “this industry is taking over WHO”. Unfortunately, no one at that time believed him.[1] The take-over intensified; with Big Pharma dictating global public health policies that the WHO initiates and promotes. Those policies have vastly enriched Big Pharma, and the WHO has been generously rewarded for its service.



Margaret Chan, Director-General World Health Organization (WHO) 2007 – 2017

Currently, 80% of the WHO budget relies on earmarked donations; primarily from the U.S. government, the Bill and Melinda Gates Foundation, and Big Pharma. The WHO revenue in 2016-2017 was \$5, 139 Billion, of which only \$927 million came from assessed contributions by member states; these “core” funds cover the WHO’s general expenses. By contrast, \$4,422 Billion were provided by major donors; and these funds are earmarked for activities that serve the donor’s financial interests. These major donors dictate and control the WHO policies, ensuring that WHO policies further their interests. [2]

The WHO, it should be noted, is not accountable to public scrutiny – as non-profits are. The internal documents of the WHO are not available under Freedom of Information, and most of the WHO’s financial contracts are secret. In essence, the WHO became a vassal of, and the global marketing agent for Big Pharma and its aggressive drug and vaccine market expansion agenda. Time and again, the WHO has demonstrated its allegiance to its financial backers; adopting that have vastly enriched Pharma – even as the widespread, use – and misuse – of multi-drug cocktails and multi-virus vaccines – have caused epidemic number of serious adverse side-effects, hospitalizations, chronic illnesses, and deaths. [3]

During Margaret Chan’s tenure, Bill Gates has had a disproportionate influence over the WHO; his foundation has contributed more than \$2.4 billion, while member countries have grown reluctant to put their money into the agency, especially after the 2008 global financial crisis. Bill Gates has been labeled by some as “the world’s most powerful doctor”.



Bill Gates & Margaret Chan at WHO press conference.

In 2017, **Politico** examined Bill Gates’ influence over the WHO, and the foundation’s influence is setting global public health priorities that may not be in the best interest of those affected.

“Over the past decade, the world’s richest man has become the World Health Organization’s second biggest donor, second only to the United States and just above the United Kingdom. This largesse gives him outsized influence over its agenda, one that could grow as the U.S. and the U.K. threaten to cut funding if the agency doesn’t make a better investment case. The size of his contributions have brought him an outsized influence on the WHO’s agenda. He is treated like a head of state.

Gates’ priorities have become the WHO’s. Rather than focusing on strengthening health care in poor countries – that would help to contain future outbreaks like the Ebola epidemic – the agency spends a disproportionate amount of its resources on projects with the measurable outcomes Gates prefers.. [concerns have been raised] that the foundation was distorting research priorities. ‘The term often used was ‘monopolistic philanthropy’.

Concerns about the software billionaire’s sway – roughly a quarter of WHO’s budget goes toward polio eradication...the foundation’s focus on delivering vaccines and medicines, rather than on building resilient health systems, has drawn criticism. And some NGOs worry it may be

too close to industry. his sway has NGOs and academics worried.

Some health advocates fear that because the Gates Foundation' s money comes from investments in big business, it could serve as a Trojan horse for corporate interests to undermine WHO' s role in setting standards and shaping health policies.

The foundation' s focus on delivering vaccines and medicines, rather than on building resilient health systems, has drawn criticism. And some NGOs worry it may be too close to industry. In January, **30 health advocacy groups** penned an open letter to WHO' s executive board protesting against making the Gates Foundation an official partner of the agency because its revenue comes from investments in companies that are at odds with public health goals, such as Coca-Cola. ”

**A historical perspective is always revealing:** whereas the WHO mission and propaganda proclaim that its “overarching objective is to ensure healthy lives and to promote well-being for all at all ages”, the WHO has consistently issued public health recommendations that served Big Pharma' s interest, but caused severe harm to hundreds of thousands of people. The following are but a few examples of the betrayal of the WHO mission of improving the public health.

WHO officials are not scientists; the scientists who work with WHO officials have been allocated to the WHO by its donors.

These scientists render decisions that benefit donor industries. The major beneficiary is the pharmaceutical industry; but other beneficiaries include the tobacco industry, the nuclear energy industry, and the agriculture genetic modification (GMO) industry.

The focus of this post is the complicity of the WHO in covering up – and/or precipitating – disastrous public health consequences including cancer, birth defects, and a host of chronic neurological illnesses; illnesses and deaths caused by the atomic energy industry and the pharmaceutical industry. Most of the focus is during the period when Dr. Margaret Chan was the Director General of the WHO from 2006-2017.

- WHO downplayed the catastrophic health consequences following Chernobyl nuclear explosion
- WHO declared fake H1N1 “Swine Flu” pandemic
- WHO collaboration with Purdue to expanded opioid use & global addiction
- WHO failure to take action the Ebola outbreak in 2013
- WHO officials’ astronomical travel expenditures exposed in 2017

**WHO downplayed evidence of catastrophic consequences following the 1986 Chernobyl nuclear power plant explosion.**



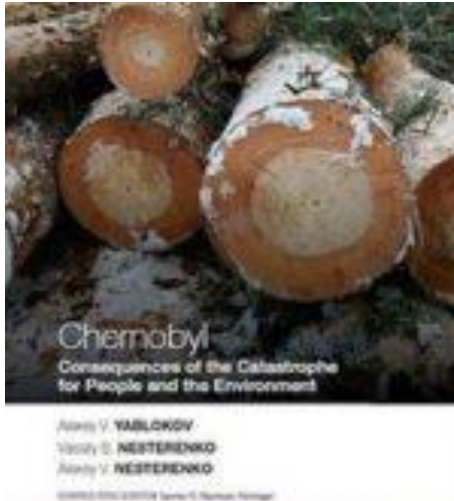


In 2003, the United Nations launched an inter-agency Chernobyl Forum, comprised of the European Commission, the International Atomic Energy Agency (IAEA), UN Development Programme, the World Bank and the governments of the three most affected countries.

- The report, issued by the WHO in 2005, downplayed the dangers of radiation. The authors claimed that the 1986 Chernobyl nuclear power plant explosion resulted in fewer than 50 deaths, while conceding that there could possibly be 4,000 deaths attributable to the Chernobyl accident. The report by the WHO-IAEA contradicted the accumulating evidence of expansive, widespread contamination, and disregarded the harm suffered by populations exposed to ionizing radiation, covering large swaths of Europe.
- The empirical evidence refuted the WHO-IAEA report. Evidence such as the fact that more than 36,000 widows of men who died as a result of Chernobyl receive death benefits from the Ukrainian government.
- Ian Fairlie, a radiation biologist who co-authored **The Other Report on Chernobyl** (TORCH, 2006)[4] explained that the WHO and the IAEA work closely with the Nuclear industry: “the WHO and IAEA control the science and dictate the agenda at very senior

levels. And they predetermine what line they would take.” Dr. Fairlie estimated that 600,000,000 of the European population was exposed to radiation.

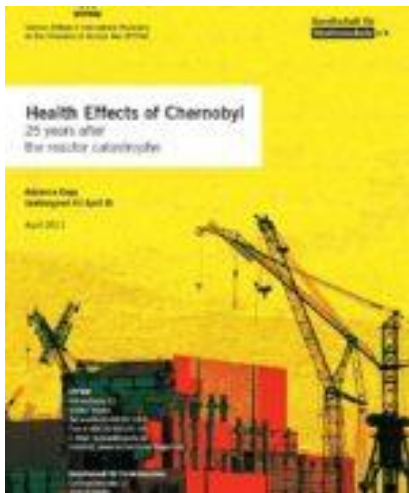
- In 2009, the Annals New York Academy of Sciences published a translation of a book by Russian scientists in Vol. 1181 of its Annals.



**Chernobyl: Consequences of the Catastrophe for People and the Environment.** The lead author, Alexey V. Yablokov, a biologist was a member of the Russian Academy of Science. The Russian scientists estimated that, based on the available medical data by 2004, the death toll worldwide as a result of the Chernobyl disaster, was 985,000. The populations most exposed include: 830,000 Clean-up workers (liquidators); 350,400 Evacuees from the 30 km zone; and 8,300,000 people in the heavily irradiated zones in Russia, Belarus and Ukraine. The authors based their analysis on 1,000 published titles and over 5,000 internet and printed publications, primarily in Slavic languages. Stakeholders invested in the atomic energy industry attacked the NY Academy for publishing a book that they characterized as: “spreading fear, uncertainty and doubt about the use of nuclear energy.” The WHO went so far as to issue a false claim that the NY Academy had repudiated the book and

had withdrawn it. The Academy did no such thing; the book stands.

- In 2011, the German Affiliate of International Physicians for the Prevention of Nuclear War (IPPNW), issued **Health Effects of Chernobyl: 25 Years After the Reactor Catastrophe**.



This report notes that: “Disease/health damage is to be expected as a result of additional exposure to radiation because of Chernobyl. Thus, it should be noted that the latency period for many types of cancer is 25 – 30 years. At present we are only just seeing cases of thyroid cancers, breast cancers and brain tumours in the exposed population. But liquidators have also developed cancer in numerous other organs: the prostate gland, stomach, cancer of the blood, thyroid cancer. Genetic changes: malformations, stillbirths, the lack of children, and non-cancerous diseases. Many organ systems could be affected; brain disorders; accelerated aging process; psychological disorders.”

- In 2015, the International Journal of Health Services published an article by Dr. Alison Rosamund Katz summarizing the coordinated IAEA-WHO cover-up:[5]

“Six decades of a high-level, institutional, and internationally coordinated cover-up have deprived the world’s people of critically important medical and scientific information about the health consequences of nuclear activities, industrial, and military.

Following decades of an internationally coordinated cover-up, critical information about the health consequences of the Chernobyl accident, worldwide but particularly in Western and Eastern Europe, was made available through Volume 1181 of the Annals of the New York Academy of Sciences. The book also contains unique, valuable data from the 3 most affected counties, and it suggests that consequences of the Chernobyl accident are far more serious than has been acknowledged. Many health problems are worsening, including those resulting from irreversible genetic damage. Given the threat that such information represents to the nuclear establishment, it was predictable that Volume 1181, of far higher scientific quality than the United Nations’ flagship report The Chernobyl Forum, would meet with violent criticism.

Since its publication in 2009, it has been misrepresented and discredited by the nuclear establishment and international

health establishment - to the extent of making the absurd and false claim that the New York Academy of Sciences has in some way disowned its own publication. The New York Academy of Sciences defends publication of Volume 1181 on the grounds of its commitment to open discussion of scientific material and publication of material of scientific value.”

- In 2019, the BBC report **The True Toll of the Chernobyl Disaster**, based on the findings of Dr. Viktor Sushko, Deputy Director General of the National Research Centre for Radiation Medicine in Kiev, Ukraine, confirmed that:  
“the Chernobyl disaster is the largest anthropogenic disaster in the history of humankind.”

In 2018, a German documentary by Lilian Franck, **TrustWHO** revealed how the WHO’s financial dependence for its stream of funding has ensured that its policies and activities do not interfere with the business of powerful industrial countries and multi-national corporations that provide the major portion of the WHO’s funds.

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**In 2009, WHO Director General, Dr. Chan declared the flu (H1N1 “Swine Flu”) “a pandemic”**



- She declared a pandemic in the absence of any evidence of a severe, life-threatening, rapidly spreading illness. Nevertheless, she declared a preposterous estimate that 2 billion people would be infected and millions would die.
- Wolfgang Wodarg, former delegate to the European Council describes how vaccine manufacturers had launched new production programs to produce vaccines for a flu pandemic for governments to purchase and stockpile. However, their global marketing plan could only be implemented without a declared pandemic by the WHO.
- A meeting by WHO officials and the European Scientific Working group on Influenza (ESWI) provided the “scientific” mantle for calling to action preparedness against a non-existent influenza pandemic. The ESWI is composed of scientists who are financed by vaccine manufacturers – Hoffmann-LaRoche, AstraZeneca, GlaxoSmithKline, Sanofi Pasteur, Genentech, Janssen, subsidiary of Johnson & Johnson, and Novarax.
- Margaret Chan obliged by changing the WHO criteria for a pandemic; “severity of illness” and the rapid spread of infection to millions of people was eliminated

as a criterion for declaring a pandemic. By declaring a mild flu, a “pandemic” the WHO caused an international panic that helped Pharma ensure that governments around the world would purchase and stockpile the H1N1 flu vaccine in preparation for a fictitious flu pandemic.

### **The H1N1 vaccine deal was struck behind closed doors.**

Even, Dr. German Velasquez, then Special Advisor for Health and Development of Drugs for Neglected Diseases Institute, and the Director of the WHO Secretariat of the Department of Public Health, Innovation and Intellectual Property at the Director General Office, was denied entry to the private meeting between WHO officials and Pharma representatives who worked out the deal. Her estimate that billions of people would be infected, fomented a global hysteria.

- The media sounded the alarm repeatedly; everyone was terrified about the coming catastrophe.

“To understand the kind of pressure and stress the states and the ministries of health were put under, you need to realize that not to buy the vaccines could easily, because of the close links between the industry and the press, mean the fall of a whole government.” [2]

- The hysteria, about a fictitious pandemic, garnered flu vaccine manufacturers \$18 billion.



Dr. German Velasquez

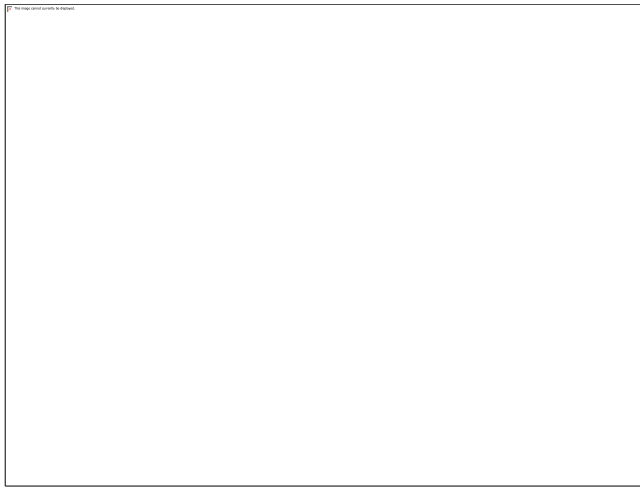
The hysteria, however, did not resonate with the WHO staff. Dr. Velasquez, noted that: “No one at the Who was afraid. I don’t know of anyone at the WHO who got vaccinated, including the Secretary General, Margaret Chan, who stated that she hadn’t time to get vaccinate.” [TrustWHO] In fact, there were only 331 cases of influenza in 11 countries, with 10 deaths.

- In 2010, representatives from governments all over the world, who had spent billions of dollars for unnecessary H1N1 vaccine stock piles, as well international organizations, all agreed that the WHO had caused an international panic and health disaster by declaring the mild H1N1 “Swine flu” to be a pandemic that was threatening mankind.
- The Council of Europe issued a **critical report** in which it pointed to the WHO partnership with the pharmaceutical industry as the true cause of all the trouble.[6] Forbes also excoriated the WHO: “The World Health Organization has suddenly gone from crying “The sky is falling!” like a cackling Chicken Little to



squealing like a stuck pig. The reason: charges that the agency deliberately fomented swine flu hysteria.”

- Even within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, has **essentially labeled** the pandemic a hoax. “We are witnessing a gigantic misallocation of resources [**\$18 billion** so far] in terms of public health.” **[7]**
- However, the Swine flu debacle, and the aggressive promotion of the H1N1 vaccine (Pandemrix, manufactured by GlaxoSmithKline) caused thousands of people to suffer from a wide range of serious adverse effects that were concealed from the public. **[7A BMJ]**
- Serious adverse effects include systemic muscle pain, Bell’s palsy, neuritis, chronic pain, paraesthesia, inflammatory bowel disease, and narcolepsy a chronic neurological disease that especially affected adolescents. However, leading medical journals refused to publish scientists’ reports of their finding serious health hazardous following vaccination
- As is the norm when safety hazards involve pharmaceutical products, nine years had passed before the public learned about the serious hazards posed by the H1N1 flu vaccine. The evidence of serious hazards including deaths, was uncovered during the discovery process of a lawsuit against GSK. **[7A]**
- The GSK documents reveal that the Pandemrix vaccine caused a large number of serious adverse events during clinical trials, including anaphylaxis, convulsions, and deaths.



In the

documentary, **TrustWHO**, Gaudenz Silberschmidt, WHO Director for Partnerships dismissed questions about the absence of independent checks and balances to ensure that the WHO guidelines were based on credible science. He invoked the inviolability of WHO authority, and claimed that: “it is not possible to have an external, independent review of the science that the WHO relies on, because who is to say, their review is reliable, or the review of the review is reliable?”

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## **WHO Opioid Prescribing Guidelines Promoted the Expanded Use of Opioids**

## **WHO Guidelines Served as Marketing Material for Purdue Pharmaceutical**

## **WHO Guidelines Increased Opioid Addiction Globally & Deaths**

The details of the collaboration of the WHO and opioid manufacturers were uncovered in company documents during the discovery phase of lawsuits against Purdue in the U.S. These documents reveal that when Purdue crafted their

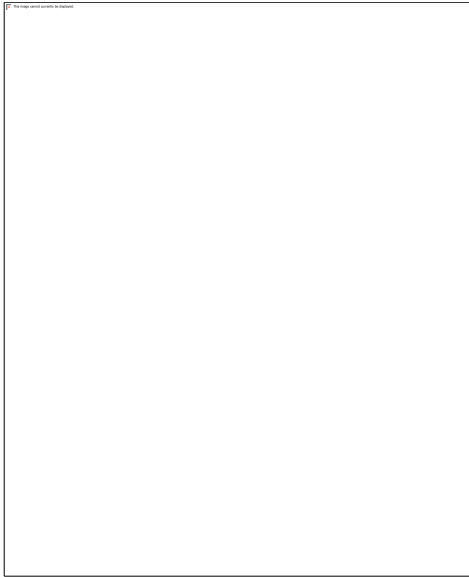
aggressive opioid marketing in the 1990s, part of Purdue's marketing strategy was to deceive doctors about the addictive properties of OxyContin, and to keep patients on the drug for longer and longer periods.

Purdue's marketing of OxyContin followed Big Pharma's modus operandi – as describe by Dr. Sergio Sismondo in his book, **Ghost-Managed Medicine** (2018). A U.S. **Senate report – Fueling an Epidemic**,<sup>[8]</sup> documented the millions of dollars that Purdue and the other opioid manufacturers – Janssen (Johnson & Johnson), Mylan, Depomed, and Insys – paid to 14 patient advocacy organizations and professional societies between 2012 and 2017; thereby securing their support.<sup>[9]</sup>

The **Senate report** documents how the pharmaceutical industry transformed physician and patient organizations into front groups that promoted its opioid products – regardless of the extreme harm they caused. These “advocates” enabled Purdue to market its misinformation subversively; encouraging physicians to overcome “opiophobia” – i.e., hesitancy or reluctance to use opioids. These “advocates” promoted policies favorable to unrestricted opioid use, and criticized government prescribing guidelines. They have often supported opioid industry interests at the expense of their own constituencies. The report documents how these ostensibly neutral advocacy organizations opposed efforts to minimize the risk of opioid addiction.

“at the very least, [the evidence suggests] a direct link between corporate donations and the advancement of opioids friendly messaging. By aligning medical culture with industry goals in this way, many of the groups described in this report may have played a significant role in

creating the necessary conditions for the U.S. opioids epidemic.



The recent U.S. **Congressional Report – Corrupting Influence: Purdue & WHO** (2019)[10] lays bare the pivotal, aggressive, and long-term role played by the WHO, to influence physicians beyond the U.S. to expand their opioid prescribing. The WHO was recruited quite early to provide credibility to recommendations that expanded the use of opioids.

In 2000, the WHO issued an opioid guideline, **Achieving Balance in National Opioid Control Policy: Guidelines for Assessment**.

According to the Congressional Report, the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin Pain & Policy Studies Group revealed that from 1999 to 2010, it had accepted over \$1.6 million from Purdue. The WHO began to seek input on the formulation of its guidelines in 2007 and 2008, when it sought the input of organizations known to have financial relationships with the opioid industry, ensuring a pro-opioid industry bias to its report. Foremost among these industry-funded organizations is the International Association for the Study of Pain (IASP), which has chapters such as the

European Federation of IASP and the Latin American Federation of ISP. IASP funded the WHO guidelines.

The WHO collected industry-supported opioid information feedback which was incorporated into its updated opioid guidelines. The WHO collected the information in the form of a Delphi Study whose methodology relied on reaching a consensus among participants. In other words, the WHO was formulating a uniform pro-opioid propaganda narrative that promoted the expanded use for opioids, hence an expanded market for Purdue, its international arm Mundipharma, and Endo Pharmaceuticals. This guideline was the basis for the later WHO document, *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines* (2011).

As Congresswoman Katherine Clark, a co-author of the report, noted:



Cong. Katherine Clark

“The web of influence we uncovered paints a picture of a public health organization that has been manipulated by the opioid industry. The WHO appears to be lending the opioid industry its voice and credibility, and as a result, a trusted public health organization is trafficking dangerous misinformation that could lead to a global opioid epidemic. [The company’s] exponential increase in opioid sales and profits documented that their marketing strategies worked.

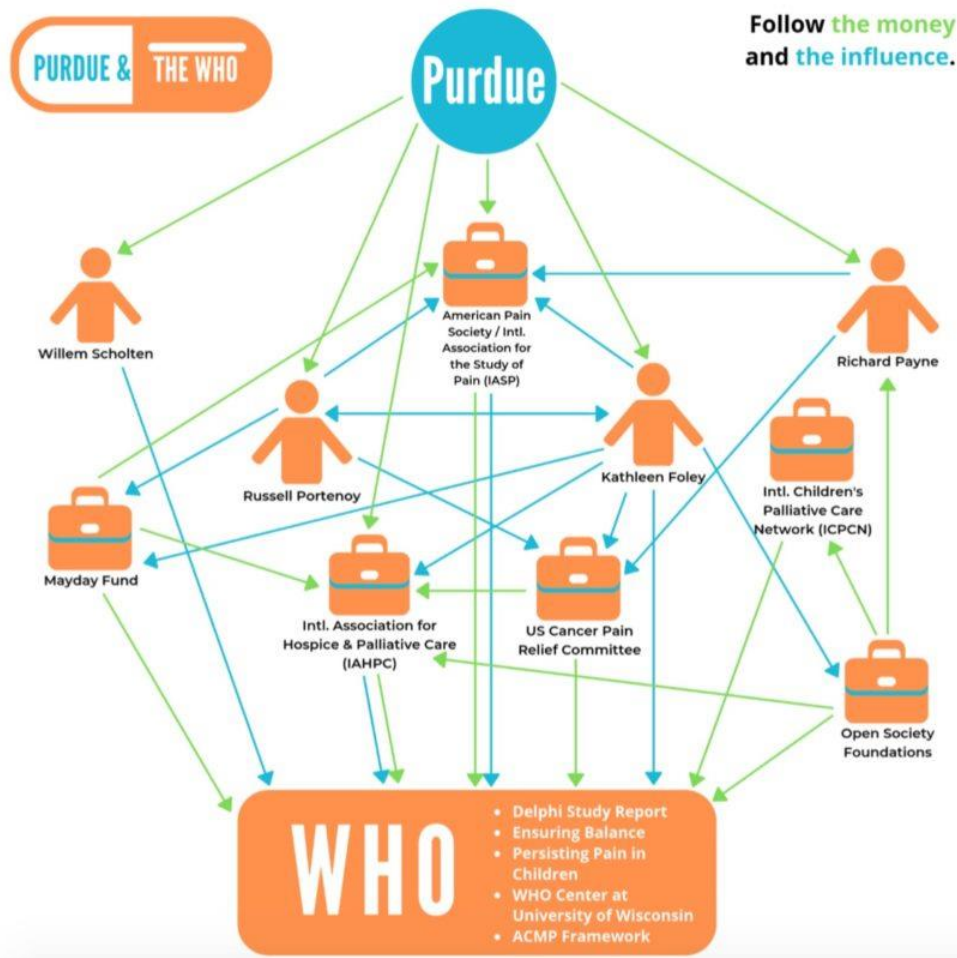
Trusted public health organizations convinced doctors that opioids were safe and effective.”

These collaborating interconnected front groups helped to make OxyContin the profitable blockbuster drug that has addicted millions, ravaged communities and killed tens of thousands of people. The Congressional report shows that the WHO was a central player who worked in concert to promote higher opioid prescribing rates.

The American Pain Society and its global arm, International Association for the Study of Pain (IASP); International Children’s Palliative Care Network; the Mayday Fund; International Association for Hospice & Palliative Care; U.S. Cancer Pain Relief Committee, Open Society Foundations; Willem Scholten, of the International Drug Policy Consortium; **Richard Payne** of Duke University, who chairs the Center for Practical Bioethics, has numerous financial ties to drug companies,[11]and former president of the American Pain Society; **Russell Portenoy**, MD, Chief Medical Officer & Director of the Metropolitan Jewish Health System (MJHS), the largest in the NY region; Hospice and Palliative Care in New York; **Kathleen Foley, MD**, neurologist at Memorial Sloan Kettering Cancer Center.

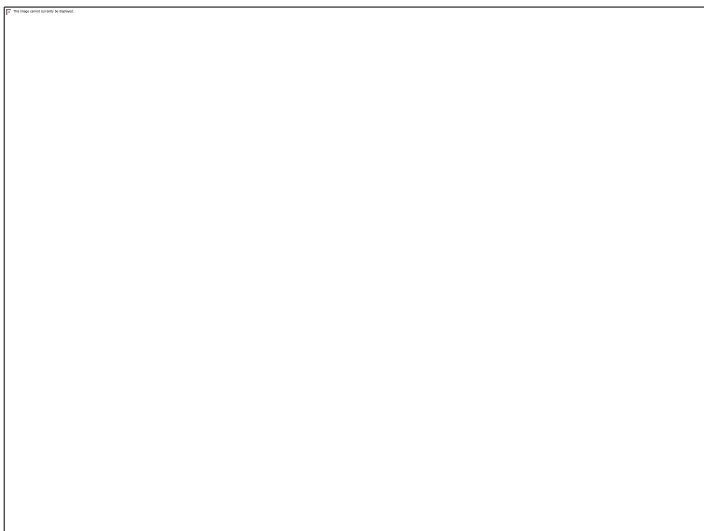
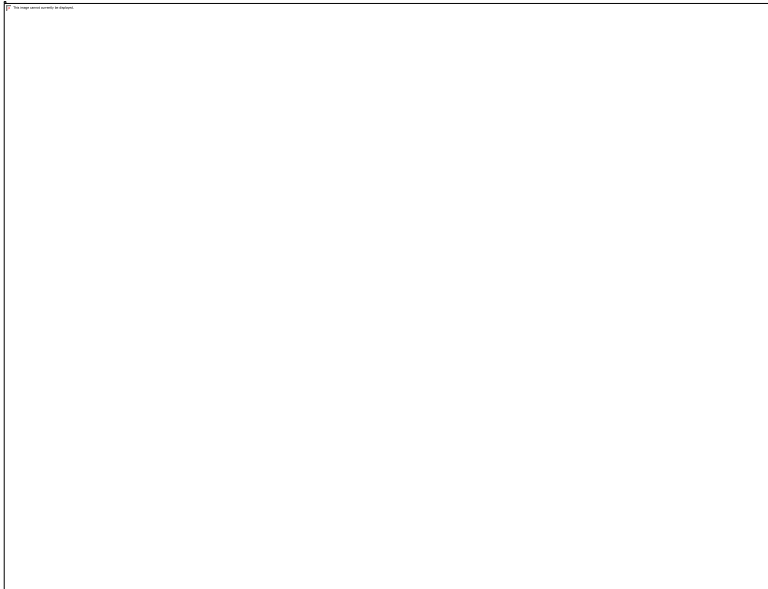
The Congressional report notes: “We know that one key to Purdue’s (and the entire opioid industry’s) success in the United States was their strategy of funding organizations, people, and research that promoted the company’s marketing goals. We have discovered that many of these same actors are directly affiliated with the work of the WHO.”

**FIGURE 2: INFLUENTIAL ORGANIZATIONS AND PEOPLE WITH TIES TO THE OPIOID INDUSTRY**



- In 2011, the WHO published its revised opioid guideline: Ensuring Balance in National Policies on Controlled Substances. The WHO promoted Purdue's false claim that dependence occurs in less than one percent of patients. The WHO disregarded the evidence of the serious public health hazard of OxyContin and opioid addiction, and promoted Purdue's ruthless three-pronged marketing strategy. That strategy, laid out in company documents, eliminated step two from its earlier guideline which had recommended to keep the opioid dose low by combining opioids with non-opioid drugs like Tylenol.

- The WHO assured physicians that: **“Opioid analgesics, if prescribed in accordance with established dosage regimens, are known to be safe and there is no need to fear accidental death or dependence.”**
- This was an outright deception contradicted by the overwhelming evidence. As the Congressional report notes:
  - “a review of the WHO guidelines makes it clear that the ‘problem’ the WHO seems to be addressing is not how to limit the use of these highly addictive drugs, but rather how to eliminate barriers to their use.”





- By the time WHO crafted the new opioid guideline, opioid deaths and emergency treatment for overdosing had skyrocketed: the devastation was in plain sight. Nevertheless, the new WHO guideline recommendations followed Purdue’s opioid prescribing guidelines. The Congressional Report– **Corrupting Influence: Purdue & WHO** — notes:

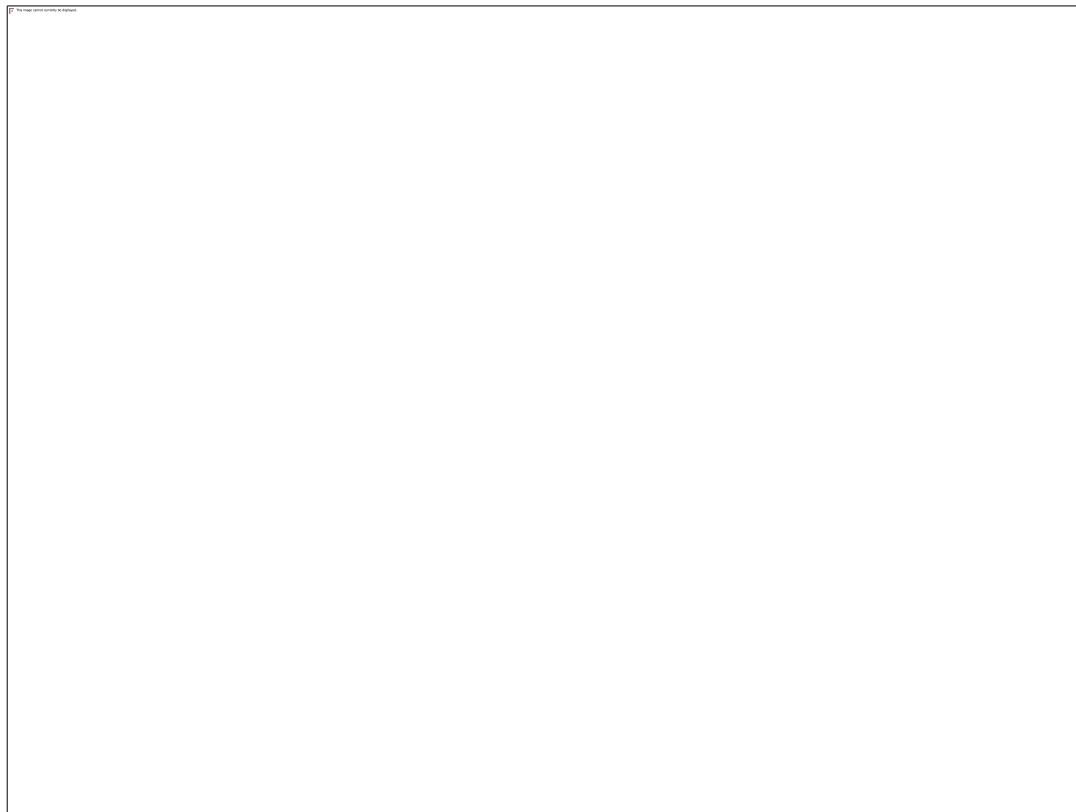
- **“When viewed through the lens of the opioid crisis in the United States, [the WHO guideline] Ensuring Balance’s recommendations are shocking”.**

- “The WHO appears to conclude that prescription opioids are safe and effective; that countries should avoid policies that limit or discourage their use; and that no restrictions should be placed on their strength or length of use.

- In 2012, the WHO followed up with an even more shocking, medically irresponsible, promotional opioid guideline for physicians: Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses. In this revision of its previous Guideline — that had focused on children with cancer — the WHO adopted Purdue’s marketing term “opiophobia” to disparage physician’s reluctance to use opioids because of their addictive nature, calling it an “unreasonable fear”. The WHO assured doctors that opioids were perfectly safe for children, and that “there is no specific or maximum dose of opioids.”

“Rather than acknowledge the highly addictive nature of opioids, the WHO insinuates that providers and families are simply ignorant of the benefits of opioid medicines. Persisting Pain in Children

contains some eerily similar recommendations to Purdue's own materials. For instance: The claim that there is no maximum dose of opioids is a central piece of Purdue's marketing strategy."



The report, **Corrupting Influence: Purdue & WHO** notes that when the WHO issued the Children's opioid guideline,

"the medical community already recognized that higher doses of opioids are not more effective in relieving chronic pain, and that higher doses of opioids significantly raise the risks of overdose and death."

Indeed, the deceptive assurances by the WHO to physicians were made despite the fact that US public health agencies had determined that fatal overdoses in adults had skyrocketed when they were prescribed more than 90 morphine milligram per day. The WHO acknowledges that every recommendation is based on "low" or "very low" quality of evidence. Yet, despite the low quality of evidence, the WHO emphasizes

that **all** of the recommendations in the Children’s Guidelines are intended to be followed “unequivocally” and that clinicians must adhere to these recommendations. As the authors of **Corrupting Influence: Purdue & WHO** state:

“In other words, the WHO is unambiguously recommending that highly addictive opioids should be available to children even though they openly recognize that there is little evidence to support that recommendation, and that any further research on the topic would ‘likely’ change the suggested course of action. Finally, in the ultimate act of deference to Purdue’s marketing strategy, *Persisting Pain in Children* makes a dramatic change to the WHO’s three-step analgesic ladder for the treatment of pain. It replaces the three-step model with a two-step approach by completely eliminating the recommendation to use weaker combination opioids — the drugs Purdue identified as their primary competition. The WHO recommends moving a child from non-opioids such as NSAIDs and Tylenol straight to strong opioids with no intermediary step. Purdue could not have hoped for a better outcome.”

The global expansion of the catastrophic opioid crisis can be laid at the door of the WHO; its leadership delivered to Purdue the highest return for Purdue’s financial support.

- **When viewed through the lens of the opioid crisis in the United States, the WHO recommendations in *Persisting Pain in Children* are shocking.**

# Ebola outbreak in West Africa reached crisis proportions in 2014

An Ebola outbreak in 2013, reached crisis proportions before the WHO declared it to be an international public health emergency; eventually infecting 28,000 people and killing 11,000. The countries affected included, Guinea, Liberia and Sierra Leone. By failing to take action until the end of 2014, the WHO betrayed its mission and caused the death of thousands of people.

## Independent Panel on Ebola



HARVARD



Global Health Institute



A

panel, made up of 20 experts in global health from around the world, was chaired by Prof Peter Piot, director of the **London School of Hygiene and Tropical Medicine**, who is the co-discoverer of the Ebola virus. The panel was co-sponsored by the **Harvard Global Health Institute**.

The panel determined that the WHO had failed to meet its responsibilities because of a lack of leadership and accountability. Prof. Piot stated: “Major reform of national and global systems to respond to epidemics are not only feasible, but also essential so that we do not witness such depths of suffering, death and social and economic havoc in future epidemics.”

And Ashish Jha, Professor of Medicine and the director of the Harvard Global Health Institute, said:

“The Ebola crisis has laid bare the inadequacy of the global response. We need a thorough, careful analysis of what went wrong, and how we might do better in the future. People at WHO were aware that there was an Ebola outbreak that was getting out of control by spring... and yet it took until August to declare a public health emergency. The cost of the delay was enormous.” [BBC](#)

The panel determined that “The reputation and credibility of the WHO has suffered a particularly fierce blow.” The panel’s final report was published in *The Lancet* in 2015.[\[12\]](#)

The culpability of the WHO leadership is further underscored in numerous articles. For example, in *Medical History*, 2017:

“as shown by [Secretary General of the WHO] Chan’s rapid declaration of a public [Public Health Emergency of International Concern] in relation to H1N1 swine flu in 2009 and polio in 2014, senior WHO officials could have chosen to override these bureaucratic procedures. That they chose not to is testimony to the extent to which by 2014 Ebola had become an object of medical and political neglect. Unlike polio, Ebola did not threaten to undermine long-standing WHO programmes and investments in disease eradication. Nor were there vaccines and drugs ready for

deployment to the Ebola zone. On the contrary, research into promising investigational Ebola products had ceased to be a priority.” [13]

Another article, in *Philosophical Transactions of the Royal Society London B Biological Science*, 2017:

“The WHO’s reputation has become irrefutably damaged by the Ebola outbreak, with the general consensus in the global health community that it fell short of its leadership responsibilities... the WHO’s role during the outbreak suggests that the disease outbreak demonstrates the tension that exists between the organization’s normative and operational roles in health crises. While the WHO did offer some normative leadership, it did not provide an effective operational response. This division between the normative and operational was further highlighted by the discrepancy between what the global community expects the WHO to do in a health emergency, and what it is able to do with its financial and organizational constraints.

None of the WHO activities provided direct patient care, strategic managerial oversight or the infection control that the outbreak response needed. It is apparent that the global community also expected an operational response from the WHO. However,

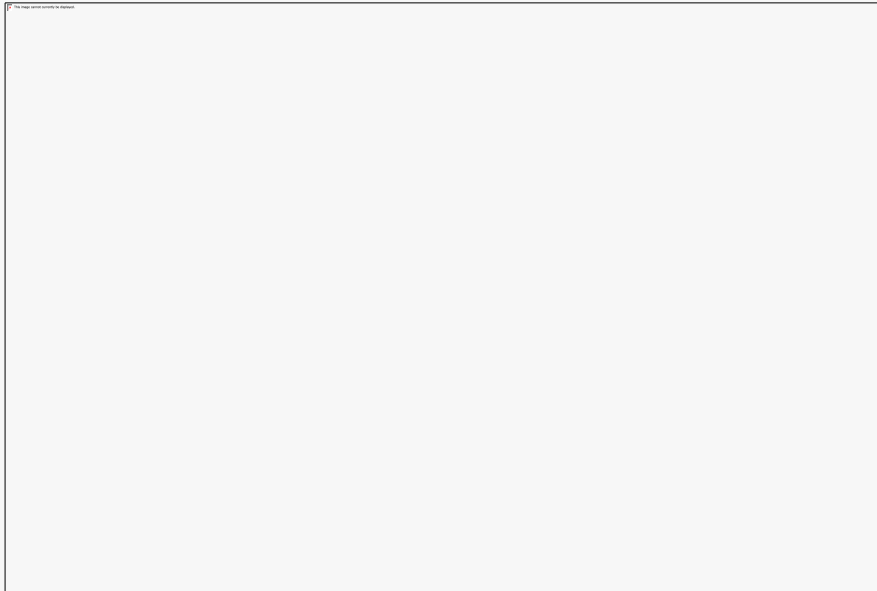
as the WHO was unable to provide this on-the-ground response in West Africa.. due to a vacuum of international leadership in the operational response (which several in the international community expected the WHO to perform), the patient care, infection control and management were left to others, notably Médecins Sans Frontières (MSF), militaries and UNMEER to perform this functions These efforts offered the global community further ammunition for their WHO criticisms.” [14]

In 2017, **The Associated Press** obtained internal WHO documents and published an exposé about the astronomical travel expenditures by officials of the WHO. Whereas other international aid agencies, such as Doctors Without Borders, with a staff of about 37,000 aid workers, spend about \$43 million on travel a year, the WHO, with a staff of 7,000 spends more than \$200 million annually.



AP reported that:

“During the Ebola disaster in West Africa, WHO’ s travel costs spiked to \$234 million. Although experts say on-the-ground help was critical, some question whether the agency couldn’ t have shaved its costs so more funds went to **West Africa** . The three countries that bore the brunt of the outbreak couldn’ t even afford basics such as protective boots, gloves and soap for endangered medical workers or body bags for the thousands who died.

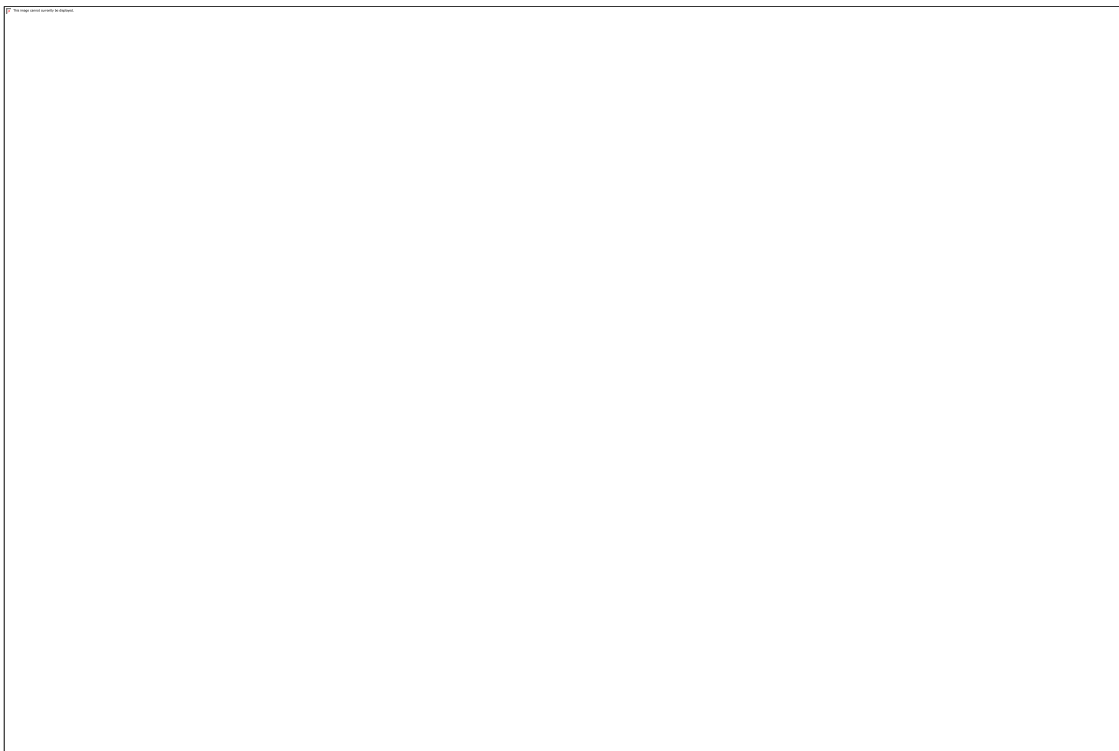


Margaret Chan visits an international market outside Paris in 2015

- Dr. Bruce Aylward, who directed WHO’ s outbreak response, racked up nearly \$400,000 in travel expenses during the Ebola crisis, sometimes flying by helicopter to visit clinics instead of traveling by jeep over muddy roads, according to internal trip reports he filed.



- Dr. Chan spent more than \$370,000 in travel that year, as documented in a confidential 25-page analysis of WHO expenses that identified the agency's top 50 spenders. Aylward and Chan were first and second on that list. WHO declined requests for an interview with Chan; Aylward did not immediately respond to a request for comment.



Margaret Chan &

Bruce Aylward

“Three sources who asked not to be identified for fear of losing their jobs told the AP that Chan often flew in first class... There's a huge inequality between the people at the top who are getting helicopters and business class, and

everyone else who just has to make do,” said Sophie Harman, an expert in global health politics at Queen Mary University in London. ”

“When you spend the kind of money WHO is spending on travel, you have to be able to justify it,” Dr. Ashish Jha, director of the Global Health Institute at Harvard University, said. “I can’ t think of any justification for ever flying first class. ”

It is difficult to fathom why – **other than financial self-interest** — the WHO leadership decided to declare a “Swine Flu” pandemic when none existed. Yet, the same leadership delayed declaring Ebola a pandemic, or to properly address the human needs as the catastrophe spread. The failure by WHO officials to raise the alarm and take action resulted in a mounting body count of West African people; the human casualties reached 11,000. The WHO leadership is focused on Big Pharma’s drug and vaccine marketing agenda which the WHO endorses and vigorously promotes. The Ebola pandemic, at that time provided no opportunity for Pharma, inasmuch as the industry had nothing to sell; so the WHO failed to take action. but did manage to travel luxuriously. One cannot but reach the conclusion that Black people’s lives don’t matter to officials of the WHO.

This is Part 1 of a series about the WHO.

See: **Part 2: PhRMA & WHO Global Strategic Immunization Agenda 2030**

## Part 2: Scientists at WHO Summit Confirm the Truth About Vaccine Safety Problems

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Source : [https://ahrp.org/who-controls-the-who/#\\_edn1](https://ahrp.org/who-controls-the-who/#_edn1)

### **10.1.3. Bill Gates is WHO's No. 1 funder**

In April 2020, Donald Trump **suspended** U.S. funding to WHO while the administration conducted a review into its “role in severely mismanaging and covering up the spread of the coronavirus.” This clearly propelled the **Bill & Melinda Gates Foundation** into the WHO's No.1 funder slot. Upon election, President Joe Biden **reversed** the Trump administration decision, restoring U.S. funding to WHO.

However, **Bill Gates** is still the **No. 1 funder**, contributing more to WHO's \$4.84 billion biennial budget than any member-state government. As revealed in a **preview copy** I received of “Vax-Unvax,” Robert F. Kennedy Jr.'s new book, which will be released in November 2021, “Gates has used his money strategically to infect the international aid agencies with his distorted self-serving priorities. The U.S. historically has been the largest direct donor to WHO.”

However, Bill Gates contributes to WHO via multiple avenues, including the Bill & Melinda Gates Foundation as well as GAVI, which was founded by the Gates Foundation in partnership with WHO, the World Bank and various vaccine manufacturers.

As of 2018, the cumulative contributions from the Gates Foundation and GAVI made Gates the unofficial top sponsor of the WHO, even before the Trump administration's 2020 move to cut all his support to the organization. And in fact, Gates gives so much that Politico wrote a highly-critical [article](#) about his undue financial influence over the WHO's operations in 2017, which Politico said was causing the agency to spend:

“... a disproportionate amount of its resources on projects with the measurable outcomes Gates prefers ... His sway has NGOs and academics worried. Some health advocates fear that because the Gates Foundation's money comes from investments in big business, it could serve as a Trojan horse for corporate interests to undermine WHO's role in setting standards and shaping health policies.”

Plus, Gates “also routes funding to WHO through SAGE [Strategic Advisory Group of Experts] and UNICEF and Rotary International bringing his total contributions to over \$1 billion,” Kennedy explains in the book, adding that these tax-deductible donations give Gates both leverage and control over international health policy, “which he largely directs to serve the profit interest of his pharma partners.”

As noted in the featured film, when it was founded, WHO could decide how to distribute its contributions. Now, 70% of its budget is tied to specific projects, countries or regions, which are [dictated by the funders](#). As such, Gates' priorities are the backbone of WHO, and it wasn't a coincidence when [he said](#) of WHO, “Our priorities are your priorities.”

“Gates' vaccine obsession has diverted WHO's giving from poverty alleviation, nutrition, and clean water to make vaccine uptake its preeminent public health metric. And Gates is not afraid to throw his weight around,” according to Kennedy's book. “... The sheer magnitude of his foundation's financial contributions has made Bill Gates an unofficial — albeit

unelected — leader of the WHO.”

Source : <https://childrenshealthdefense.org/defender/trustwho-documentary-who-corruption-funding-bill-gates/>

Some billionaires are satisfied with buying themselves an island. Bill Gates got a United Nations health agency in Geneva.

Over the past decade, the world’s richest man has become the World Health Organization’s second biggest donor, second only to the United States and just above the United Kingdom. This largesse gives him outsized influence over its agenda, one that could grow as the U.S. and the U.K. threaten to cut funding if the agency doesn’t make a better investment case.

The result, say his critics, is that Gates’ priorities have become the WHO’s. Rather than focusing on strengthening health care in poor countries — that would help, in their view, to contain future outbreaks like the Ebola epidemic — the agency spends a disproportionate amount of its resources on projects with the measurable outcomes Gates prefers, such as the effort to eradicate polio.

Concerns about the software billionaire’s sway — roughly a quarter of WHO’s budget goes toward polio eradication — has led to an effort to rein him in. But he remains a force to be reckoned with, as WHO prepares to elect one of [three finalists](#) to lead the organization.

“All of the candidates are going to have to ally with him in some way,” said Sophie Harman, associate professor of international politics at Queen Mary University of London. “You can’t ignore him.”

Evidence of Gates’ unprecedented influence abounds in ways subtle and showy.

“He is treated liked a head of state, not only at the WHO, but also at the G20” — *Geneva-based NGO representative*

Already a decade ago, when Gates started [throwing money into malaria eradication](#), top officials — including the [chief of the WHO’s malaria program](#) — raised concerns that the foundation was distorting research priorities. “The term often used was ‘monopolistic

philanthropy’, the idea that Gates was taking his approach to computers and applying it to the Gates Foundation,” said a source close to the WHO board.

The billionaire was the first private individual to keynote WHO’s general assembly of member countries, and academics have coined a term for his sway in global health: the Bill Chill. Few people dare to openly criticize what he does. Most of 16 people interviewed on the topic would only do so on the condition of anonymity.

“He is treated liked a head of state, not only at the WHO, but also at the G20,” a Geneva-based NGO representative said, calling Gates one of the most influential men in global health.

The member country delegates POLITICO spoke to did not voice particular concern over Gates’ influence and were confident he is well intentioned.

However, his sway has NGOs and academics worried. Some health advocates fear that because the Gates Foundation’s money comes from investments in big business, it could serve as a Trojan horse for corporate interests to undermine WHO’s role in setting standards and shaping health policies.

Others simply fear the U.N. body relies too much on Gates’ money, and that the entrepreneur could one day change his mind and move it elsewhere.

Gates and his foundation team have heard the criticism, but they are convinced that the impact of their work and money is positive.



The opening of the World Health Assembly in 2016 in Geneva |  
Fabrice Coffrini/AFP via Getty Images

“It’s always a fair question to ask whether a large philanthropy has a disproportionate influence,” said Bryan Callahan, deputy director for executive engagement at the Bill and Melinda Gates Foundation. “When it comes to the priorities that the foundation has identified and that we choose to invest in, we hope that we are helping to create an enabling environment,” he said.

Steve Landry, the Gates Foundation’s director of multilateral partnerships, said the foundation provides “significant funds” to program teams that then decide how to use them best.

**Strings attached**

The Gates Foundation has pumped more than \$2.4 billion into the WHO since 2000, as countries have grown reluctant to put more of their own money into the agency, especially after the 2008 global financial crisis.



Dues paid by member states now account for less than a quarter of WHO's \$4.5 billion biennial budget. The rest comes from what governments, Gates, other foundations and companies volunteer to chip in. Since these funds are usually earmarked for specific projects or diseases, WHO can't freely decide how to use them.

[Polio eradication](#) is by far WHO's best-funded program, with at least \$6 billion allocated to it between 2013 and 2019, in great part because around 60 percent of the Gates Foundation's contributions are earmarked for the cause. Gates wants tangible results, and wiping out a crippling disease like polio would be one.

But the focus on polio has effectively left WHO begging for funding for other programs, particularly to prop up poor countries' health systems before the next epidemic hits.

The Ebola crisis of 2014, which killed 11,000 people in West Africa, was a particularly bruising experience for WHO. An emergency program [drawn up in the wake of the epidemic](#) has so far received just around 60 percent of the \$485 million needed for 2016-2017.

Gates' influence over the WHO was called into question once again during the race to succeed Chan as its director general.

Outgoing [WHO boss Margaret Chan](#) has also had to scale back [her attempt](#) to get countries to increase mandatory contributions for the first time in a decade. Chan initially hoped for a 10 percent hike, but WHO will end up asking for just 3 percent more this month after some countries objected.

That makes the Gates Foundation's input all the more important. "They come with a checkbook, and with some smart ideas," said Laurie Garrett, a senior fellow for global health at the Council on Foreign Relations.

Most of the Gates Foundation's influence in the WHO is very discreet, she said, adding that it can also decide to take initiatives outside of the organization, as it did with GAVI, which helps the poorest countries buy vaccines in bulk at a discount, or with a recently

launched [Coalition for Epidemic Preparedness Innovations](#), an alliance to develop vaccines for emerging infectious diseases.

But the foundation's focus on delivering vaccines and medicines, rather than on building resilient health systems, has drawn criticism. And some NGOs worry it may be too close to industry.

In January, [30 health advocacy groups](#) penned an open letter to WHO's executive board protesting against making the Gates Foundation an official partner of the agency because its revenue comes from investments in companies that are at odds with public health goals, such as Coca-Cola.

The Gates Foundation says it operates as a separate entity from the trust, thanks to a "strict firewall," and that it remains independent from its investments, which strictly exclude the tobacco, alcohol or arms industries.

### **Fencing off big money**

Worries about the growing role of private money led member nations to agree, after several years of negotiations, on a [new policy](#) governing how it engages with entities such as private foundations, companies and NGOs. It is currently being rolled out across the agency.

Despite the criticism, WHO's board granted the Gates Foundation ["official relations" status](#). In practice, several sources said it does not change much to the relations WHO already had with the foundation.

Gaudenz Silberschmidt, WHO's director for partnerships, said the new status is based on a three-year collaboration plan: "That means we have a solid planning and we and member states know what we are doing with them."

The U.N. body also changed four years ago the way its budget is approved, to ensure member countries set its priorities. That means Gates can only put money into projects the 194 members support; the foundation cannot pitch a new one out of the blue and ask WHO to work on it right away just because it is providing the money.



Candidate for the WHO director general position Tedros Adhanom Ghebreyesus | Fabrice Coffrini/AFP via Getty Images

These changes have calmed some criticism of its growing influence over the health body, Silberschmidt and two sources close to the WHO board said.

The foundation also seems to have got the message. Its representatives meet five to six times a year with other major donors to discuss the WHO's priorities, and how it can support them, Landry said.

Two representatives of major donor countries confirmed the foundation's envoys had been very cooperative in recent years. "They're much more inclusive. They bring in other stakeholders, talk to member states to really try to build consensus," said one delegate.

**With the best intentions**

Gates' influence over the WHO was called into question once again during the race to succeed Chan as its director general.

The final three candidates include Sania Nishtar, a cardiologist from Pakistan who has pledged to take the agency "back to its former glory"; David Nabarro, a British physician and former U.N. special envoy for Ebola; and Tedros Adhanom Ghebreyesus, who has served as health minister and foreign minister in the Ethiopian government.

"I don't think they have any bad intentions. They are just such a big player that as immediately as they put money down they can disrupt things" — *Geneva-based diplomat*

Tedros, who like many in Ethiopia goes by his first name, is supported by the African Union. He has promised to reform the organization to better deal with crises like Ebola and to push for universal access to health care all over the world.

Last year, a French diplomat suggested that Gates also supports Tedros, having funded health programs in his country when he was health minister. Several foundation officials have denied this, saying that the foundation cannot take a position given that it is not a voting member country and thus has to remain neutral.

The new WHO boss will be selected by the member countries who have paid their membership fees on May 23, at an annual meeting in Geneva.

Still, most country representatives who agreed to speak anonymously on the topic said they were not particularly concerned with the Gates Foundation's influence on WHO.

"I don't think they have any bad intentions. They are just such a big player that as immediately as they put money down they can disrupt things," said one Geneva-based diplomat.



Outgoing WHO chief Margaret Chan | Fabrice Coffrini/AFP via Getty Images

“As far as I can tell, people are really happy with anyone who is giving money,” said another.

One big unknown is what will happen with the foundation’s money once it meets its target of eradicating polio, which started in the late 1980s and now appears to be nearing its goal. Chan has [warned](#) that if the polio money dries up in 2019, the global health body will be on the lookout for even more money.

The Gates Foundation’s Landry said his colleagues were working with WHO and its polio team on a “transition plan” to ensure the programs currently funded by the polio effort don’t run into trouble once the money stops flowing. WHO is due to present a report on it to member countries in May.

“The foundation’s impact on the WHO is enormous,” said Garrett, of the Council on Foreign Relations. “If they weren’t there, if they walked away with their money, the deleterious impact would be profound, and everyone is all too aware of that.”

Source : <https://www.politico.eu/article/bill-gates-who-most-powerful-doctor/>

## **10.2. 138 papers published in pre-print servers & peer reviewed medical journals confirm natural immunity is equal to or better than vaccine immunity**

<https://covidcarealliance.com/140-research-studies-affirm-naturally-acquired-immunity/>

### **10.2.1 The origins cover-up**

WHO’s investigation into [COVID-19’s origin](#) was also a “fake” investigation from the start. China was allowed to hand pick the members of the WHO’s investigative team, which included Peter Daszak, Ph.D., who has close professional ties to the Wuhan Institute of Virology.

The inclusion of Dazsak on this team virtually guaranteed the dismissal of the lab-origin theory, and in February 2021, WHO [cleared the institte](#) and two other biosafety level 4 laboratories in Wuhan, China, of wrongdoing, saying these labs had nothing to do with the [COVID-19](#) outbreak.

Only after backlash, including an [open letter](#) signed by 26 scientists demanding a full and unrestricted forensic investigation into the pandemic’s origins, did WHO enter damage control mode, with Director General Tedros Adhanom Ghebreyesus and 13 other world leaders joining the U.S. government in expressing “[frustration with the level of access China granted an international mission to Wuhan.](#)”

A couple of noteworthy points — Gates handpicked Ghebreyesus as WHO’s director general, not because of his qualifications — Tedros has no medical degree and a background that includes accusations of human rights violations — but due to his loyalty to Gates, again according to Kennedy’s book.

Further, WHO’s allegiance to China was secured years earlier, when China secured WHO votes to ensure its candidates would become director-general. A Sunday Times investigation also revealed that WHO’s independence was severely compromised and its close ties to China allowed COVID-19 to spread in the early days of the pandemic while obfuscating the investigation into its origins. [According to the Sunday Times:](#)

“The WHO leadership prioritized China’s economic interests over halting the spread of the virus when Covid-19 first emerged. China exerted ultimate control over the WHO investigation into the origins of Covid-19, appointing its chosen experts and negotiating a backroom deal to water down the mandate.”

**Source** : <https://childrenshealthdefense.org/defender/trustwho-documentary-who-corruption-funding-bill-gates/>

**10.2.2 Paper written in 2015 :** Why the Corruption of the World Health Organization (WHO) is the Biggest Threat to the World’s Public Health of Our Time

In the scientific community it is generally accepted that metaanalyses are more accurate than single studies and independent studies more trustworthy than industrial studies. It is therefore understandable that Cochrane reviews, meta-analyses based on rigid protocol and independent origin, have the highest quality in medical research. It is therefore unfortunate that Cochrane reviews seems systematically to conflict with the information and recommendations from the World Health Organization (WHO). A number of the drugs and vaccines recommended by WHO, especially the drugs used in psychiatry, are in Cochrane reviews found to be harmful and without significant clinical effect. Since whose recommendations are followed by many people in the member states, it could indeed lead to patients getting the wrong medication and many patients have severe adverse effects, because of these drugs. To solve this serious public health problem it is recommended to revise the WHO-system,

which in fact has been proven weak to the interests of the pharmaceutical industry. We therefore believe that the WHO's recommendations regarding medicine in its "list of essential medicines" and other drug directories are biased and not reliable as a source of information on medicine

[https://www.researchgate.net/publication/281876323\\_Why\\_the\\_Corruption\\_of\\_the\\_World\\_Health\\_Organization\\_WHO\\_is\\_the\\_Biggest\\_Threat\\_to\\_the\\_World%27s\\_Public\\_Health\\_of\\_Our\\_Time](https://www.researchgate.net/publication/281876323_Why_the_Corruption_of_the_World_Health_Organization_WHO_is_the_Biggest_Threat_to_the_World%27s_Public_Health_of_Our_Time)

### **10.3. Omicron is the nature's vaccine:**

***“Will Omicron End The Pandemic? Top Experts Say Omicron May Act As 'Natural Vaccine' For Covid-19***

*Source: Outlook*

*Link: <https://www.outlookindia.com/website/story/india-news-with-mild-symptoms-omicron-is-probably-natural-vaccine-top-scientists-doctors/406227>*

*Author: Jeevan Prakash Sharma*

*Published on: 22 Dec 2021,*

*Noted immunologist, Gobardhan Das, who is Professor of Molecular Medicine at Jawaharlal Nehru University, said, “I believe Omicron is probably the natural vaccine. Omicron is the version of the Delta variant with additional mutation. If you have seen its symptoms, people are not getting hospitalised. It is causing very mild symptoms.”*

*He adds, “So it suggests that over a period of time, this virus has attenuated itself. This is like our vaccine strategy where we make attenuation in the virus and administer it to people.”*

*Considering its high rate of infectivity, which is five times more than the Delta variant, Prof Das is of the view that Omicron is the*



*better vaccine than any available vaccine.*

*“The whole virus is going inside the body which has multiple mutations. So the more the body fight against the virus, the better is the immune response. This will produce a better response. It is happening for good as it will produce a better immune response,” Prof Das said.*

*Another noted immunologist Dr. N K Mehra, former dean of AIIMS and honorary emeritus scientist, Indian Council of Medical Research, says, "I fully support this view because as of now it is very mild and it can prove to be a boon in disguise. Two international studies have shown that it grows ten times slower than the Delta variant in the lungs which is a very good sign. We need to see the data for another few*

*weeks to find out if it behaves in a similar way in all the countries.”*

*Dr. Sandeep Budhiraja, Group Medical Director of Max Healthcare & Senior Director, Institute of Internal Medicine seconds with both Prof Das and Dr. Mehra on the basis of the current data.*

*“The data which is available so far and what we have seen so far from our experience of Omicron is that this is going to work as a live attenuated vaccine. Since it is highly infectious and spread very fast but hopefully it is going to cause mild illness for most people, it will act as a booster dose for those who are vaccinated and a vaccine dose for those who are unvaccinated,” Dr. Budhiraja said.*

*He says that this is good for poor countries like those in Africa where vaccine uptake is very low and so this virus may act as a*

*natural vaccine and give additional protection to the people.*

*Dr. Amitav Banerjee, Head, Department of Community Medicine, Dr. DY Patil Medical College Pune, agrees that viruses mutate to adapt themselves so that they can survive and which according to him is Darwin's Law.*

*"We also call it Nature's Law of adaptation. The new mutant, according to the available data and report, is causing very mild and self-limiting symptoms," Dr. Banerjee added.*

*Dr. Banerjee is of the view that a deadly virus dies with the person whom it infects but a variant that causes a very mild infection survives and spreads fast. This is so because it is so mild that most of the time people remain asymptomatic and don't even isolate themselves.*

*He added, "In this wild goose chase for mutating viruses we may end up chasing a version of the common cold! We should ask whether it is worth the effort? We should weigh the collateral harm which will ensue. To mitigate the impact of mutants, if any, we should resort to focused protection including vaccination of high risk groups while the young & healthy can lead normal lives."*

**10.4.** On the basis of abovesaid information it was natural minimum action expected from any honest public welfare organization was to give the following two directions as suggested by almost all the honest domain experts:

- (a)** Any person having previous infection should not be vaccinated at all;
- (b)** For rest of the people every person before vaccination should be tested to check if antibodies are already developed if antibodies are developed in the body due its coming in contact with virus but not getting

symptomatically infected, then, such person should not be vaccinated;

- (c) A specific declaration should have been issued to public at large that the vaccine is having death causing side effects and therefore people should not get vaccinated unless they are ready to take the risk as mandatorily ruled in;

(i) **Universal Declaration on Bioethics & Human Rights, 2005.**

(ii) **Montgomery Vs. Lanarkshire Health Board [2015] UKSC 11.**

Needless to mention here that the Japan Government is following it in its letter and spirit. [Annexure \_\_\_\_]

<https://www.mhlw.go.jp/stf/covid-19/vaccine.html>

- (d) A specific declaration that the vaccines are not having any guarantee of protection and therefore any attempt to differentiate between vaccinated and unvaccinated is unscientific.

## **11. Contempt of Supreme Court of India:-**

That in India, the immunity to fight Covid-19 can be developed either due to previous infection or through the Ayurvedic, Homeopathic, Allopathy, Naturopathy, Siddha, Unani or any herbal medicine like Anandias's K composition as approved by the Hon'ble Supreme Court and Hon'ble High Courts in India.

- 11.1.** That, Hon'ble Supreme Court of India in the case of **Dr. AKB Sadbhavan Mission School of Homeo Pharmacy Vs. Secretary (2021) 2 SCC 539**, has ruled that neither Allopathy nor any therapy can claim 100% cure from Covid-19. But the Doctors can treat the Covid-19 patient with the help of Homeopathic medicines. It is ruled as under;

*“26. The above guidelines make it clear that Homoeopathy*

*has been envisaged by the Ministry as a therapeutic aid.*

*27. The above guidelines refer to Homoeopathic medicines as medicines for prophylaxis, amelioration and mitigation. The guidelines, however, specifically provide that “the prescription has to be given only by institutionally qualified practitioners”. The High Court in its impugned judgment [M.S. Vineeth v. Ministry of Ayush, WP (C) No. 9459 of 2020, decided on 21-8-2020 (Ker)] has not fully comprehended the Guidelines dated 6-3-2020 and taking a restricted view of the guidelines and have made observations for taking appropriate actions against Homoeopathic medical practitioners, which cannot be approved. The High Court, however, is right in its observation that no medical practitioner can claim that it can cure Covid-19. There is no such claim in other therapy including allopathy. The High Court is right in observing that no claim for cure can be made in Homoeopathy. Homoeopathy is contemplated to be used in preventing and mitigating Covid-19 as is reflected by the advisory and guidelines issued by the Ministry of Ayush as noticed above.*

*25. We, however, make it clear that what is permissible for Homoeopathic medical practitioner in reference to Covid-19 symptomatic and asymptomatic patients is already regulated by the said advisory and guidelines. The Government of India, Ministry of Ayush has also brought on record the guidelines issued subsequent to 6-3-2020 for Homoeopathic medical practitioners for Covid-19, where Homoeopathic approach to Covid-19 has been elaborately dealt with. The said guidelines, which have been issued after 4-4-2020 have*

*been brought on the record as Annexure C by the Ministry of Ayush. The guidelines contained the following under the heading “Homoeopathic approach”:*

### ***“Homoeopathic Approach***

*It is advised that before taking up for homoeopathic medicines for prophylaxis, amelioration and mitigation, physician must acquaint himself of above sections.*

*In case of epidemics or pandemics, first approach is to follow preventive measures and educate people about general measures and to provide such interventions which will keep their immunity enhanced. Homoeopathy therefore recommends issuing of public notice for Genus epidemicus identified by the designated experts for immunity enhancement and practitioners may suggest the same to the people and as per the Advisory issued by Ministry of Ayush.*

*Second approach is to provide homoeopathic symptomatic mitigation to affected persons. Homoeopathic medicines are also useful in the treatment of communicable diseases like influenza like illness, dengue, acute encephalitis syndrome. Several studies are also published which show the immune modulatory potential of homoeopathic medicines in preclinical studies. These medicines can be prescribed in an integrated manner or standalone depending on the severity on a case to case.*

### ***Therapeutic Aid***

*As a system with holistic approach medicine were selected based on the presenting signs and symptoms of each patient. The medicines given here are suggestive based on their use and studies in the past in diseases of similar*

*presentation like Covid-19. Patients of Covid-19 are to be treated with adjuvant Homoeopathic medicines with the permission from local health authorities and Medical Superintendent of the Hospital. Homoeopathic doctors must follow all preventive measures (using PPEs) as are required for dealing with Covid-19 patients.*

***The remedies according to different stages of disease are given below:***

***Mild Disease*** (Symptomatic Amelioration and Mitigation Approach): Medicines like *Aconite napellus*, *Arsenicum album*, *Bryonia alba*, *Gelsemium sempervirens*, *Rhus tox*, *Eupatorium perfoliatum*, *Ipecacacunha*, *Belladonna*, *Camphora*, may be used depending upon the symptoms similarities.

***Severe disease but not in critical condition:***

*It is defined by following criteria (Dyspnoea, respiratory frequency  $\geq 30/\text{min}$ , blood oxygen saturation ( $\text{SpO}_2$ )  $\leq 93\%$ ,  $\text{PaO}_2/\text{FiO}_2$  ratio  $< 300$ , and/or lung infiltrates  $> 50\%$  within 24 to 48 hours)/)*

- *Suggested medicines are as adjuvant to Standard Management guidelines in the hospital setting only with the approval of authorities and willingness of the patient/guardian.*

- *The prescription is to be given only by institutionally qualified practitioner.*

- *Medicines like Phosphorus, Chelidonium, Veratrum Viride, Iodum, Camphora, Cinchona officinalis, Lycopodium, Ars. iod., Antim ars., Stannum met, Carbo veg., can be prescribed on symptomatic indication.*

### ***Posology***

*The medicine selected for each patient is tailored to person specific, taking into consideration, his/her mental make-up, physical symptoms, and characteristic particulars, etc. In case of long term illness, besides the abovementioned factors, age, occupation, previous illnesses and life circumstance unique to that individual irrespective of the disease which he/she is suffering from, are also taken into consideration; thus the dictum “Homoeopathy treats the patient but not the disease”.*

*After the appropriate medicine is selected, it is essential to decide the requisite potency, dose and repetition which is imperative for optimum response and faster recovery in each case. Different types of potencies such as decimal or centesimal potencies can be employed for treatment as are required for acute diseases. However, selection of potency of the remedy is dependent on various factors like susceptibility of the patient (high or low), type of disease (acute/chronic), seat/nature and intensity of the disease, stage and duration of the disease and also the previous treatment of the disease (24).”*

*28. We, thus, observe that the directions issued by the High Court in para 14 of the judgment [M.S. Vineeth v. Ministry of Ayush, WP (C) No. 9459 of 2020, decided on 21-8-2020 (Ker)] need to be modified to the extent as indicated above. It goes without saying that Homoeopathic medical practitioners have to follow the advisory dated 6-3-2020 issued by Ayush Ministry as well as guidelines for Homoeopathic medical practitioners for Covid-19 issued by the Government of India, Ministry of Ayush, as noted above.*

*The civil appeal is disposed of accordingly. The interlocutory applications filed seeking permission for impleadment are rejected.”*

11.2. That, Hon’ble High Court in the Case of **A. Varghese Vs. Union of India 2020 SCC OnLine Kar 2825**, has ruled that **it is the choice of the person to get treatment from Ayurvedic medicines or any treatment.**

In **A. Varghese Vs. Union of India 2020 SCC OnLine Kar 2825**, it is ruled as under;

*“2. The petition proceeds on the footing that the Standard Operating Procedures / Guidelines prescribed by the State Government as well as the Government of India compel a person suffering from Covid-19 to take treatment only by use of Allopathic drugs.*

***At least from the Standard Operating Procedures, which are placed on record, we do not find anything therein which shows that the Government can compel a patient to take only Allopathic drugs.*** *We cannot go into the question whether Covid-19 can be successfully treated either by Ayurvedic drugs or by Allopathic drugs. It is for the experts in the field of medicine to decide that question.”*

11.3. That Hon’ble High Court in the case of **Ponnekanti Rao Vs. State of Andhra Pradesh 2021 SCC OnLine AP 2171**, has ruled that the authorities should not interfere with the concerned person whose Ayurvedic (Herbal) compositions are being given to the patients of covid-19.

11.4. Hon’ble Bombay High Court in the case of **Captain Vikrant Girish Sansare Vs. State of Maharashtra 2021 SCC OnLine Bom 2910** have passed an order observing that the Ivermectin can be used by the Doctors



for treating Covid-19 patients as a prophylactic use (like vaccine) if they think so. [Annexure \_\_\_\_]

11.5. Similar orders are also passed by the American courts. [Annexure \_\_\_\_]

11.6. That, Government of India's National Institute of Naturopathy, Pune in their report dated 20.07.2021 have given specific recommendations that the said treatment is found to be 100% effective and with no side effects in treatment of Covid-19 patients. The said recommendations reads thus;

***“The enquiry report submitted by National Institute of Naturopathy of Ministry of AYUSH, Government of India regarding result of successful treatment of Covid-19 patients without any side effects.***

*This is a report of some initial data gathered across a single center of Ahmednagar district; where people availed only Naturopathy treatment voluntarily for a week's time period from their day of COVID confirmation and were successfully treated.*

*None of the cases took any medication for long term due to other systemic illnesses- like Diabetes, HTN or arthritis etc.*

*None of the cases took any medication for COVID.*

*No case reported of any untoward incident or adverse reaction to their fasting experience in Nature cure regime.*

***Overall it can be concluded that; in all these cases; Nature cure therapy was successful as a regimen for the COVID cases. This can serve as model for the successful handling of all mild to severe cases of COVID and also as a preventive intervention in all the future cases.***

A copy of entire report is annexed herewith at **Exhibit \_\_\_\_\_**.

- 11.7.** Ivermectin, Vitamin-D etc. though you opposed, many doctors and more particularly, Government of India used those medicine in the protocol and got better results than those who followed your vaccine suggestion.

<https://indianexpress.com/article/cities/lucknow/uttar-pradesh-government-says-ivermectin-helped-to-keep-deaths-low-7311786/>

<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8248252/>

<https://pmj.bmj.com/content/early/2020/11/12/postgradmedj-2020-139065>

- 11.8.** The State of Goa in India in their affidavit before the High Court have while refusing to follow WHO suggestions on not using Ivermectin had made it clear that the WHO guidelines are flawed.

The reason everyone knows is that the Who guidelines are sponsored, motivated and not based on pseudo-science and compromised, forged data

- 11.9.** Hon'ble Bombay High Court in the order dated \_\_\_\_\_ permitted the state Government to proceed with the use of Ivermectin. [**Annexure \_\_\_\_\_**]

- 12.** Needless to mention here that, there are lacs and crores people who have safely treated and got cured themselves with the help of these a medicines which are not on your protocol.

- 13.** That the Government of India has also approved the Ayurvedic '**Coronil**' manufactured by Baba Ramdev's Patanjali.

- 14.** That in America, despite having high level medical technologies and other facilities, the death rates were high as compared to India only

because India does not have 'the offenders of humanity' like 'Dr. Anthony Stephen Fauci' who keeps on forcing people to take vaccines for any disease including common flu.

Said concept you want to enforce across the world.

**15.** Double Standards and Hypocrisy of World Health Organization is exposed due to failure on your part to publish side effects of vaccine while maligning the Ivermectin:

**15.1.** That as per the provisions of Universal Declaration on Bioethics & Human Rights, 2005 and law laid down by Hon'ble Supreme Court and various High Court and other courts across the world the doctor, person or authority advocating any medicine is bound to disclose the two things:

- (i) What are the side effects of the said medicine/treatment/vaccine ?
- (ii) What are the alternate medicines available if person doesn't want to take such medicine/vaccine/treatment ?
- (iii) No one can ask the person to disclose the reason for refusing the treatment.
- (iv) Person is free to choose any treatment such as Ayurvedic, Homeopathy, Naturopathy or no medicine at all etc. for treating Covid-19 or any other disease.
- (v) No one can force anyone to take only a particular vaccine or treatment.

**15.2.** The above mentioned aspects are law of India due to following judgments and provisions of Constitution of India:

- (i) Common Cause Vs. Union of India (2018) 5 SCC 1.
- (ii) Registrar General, High Court of Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130.
- (iii) Montgomery's case [2015] UKSC 11.

- (iv) Airedale NHS Trust v Bland 1993 AC 789.
- (v) Dr. AKB Sadbhavan Mission School of Homeo Pharmacy Vs. Secretary (2021) 2 SCC 539.
- (vi) A. Varghese Vs. Union of India 2020 SCC OnLine Kar 2825.
- (vii) Master Haridan Kumar Vs. UOI 2019 SCC online Del 11929.
- (viii) Ponnekanti Rao Vs. State of Andhra Pradesh 2021 SCC OnLine AP 2171.

15.3 That the vaccines more particularly Astrazeneca (CoviShield) are found to be having fatal effects and 18 European countries have banned it.

Link: <https://www.aljazeera.com/news/2021/3/15/which-countries-have-halted-use-of-astrazenecas-covid-vaccine>

15.4. In India too, the AEFI committee has admitted the deaths due to CoviShield vaccines. The more serious case is of Dr. Snehal Lunawat (age 32) died due to CoviShield.

Link: <https://www.lokmat.com/nashik/death-female-doctor-after-vaccination-a587/>

15.5. Apart from death, there are several serious side effects being caused due to vaccines.

15.6. Under these circumstances it was bounden duty of you noticee to warn the public at large about the possible side effects and either to stop its use or at least to tell the public an **‘informed decision’**.

But in order serve your ulterior purposes, you people failed to perform your duty in honest and reasonable manner.

On the contrary you noticee keep on advocating the vaccines and thereby pushed the common people to deaths or to suffer serious side effects.

15.7. You Noticee No. 1 in halfhearted manner published only a warning of

GBS caused due to Astrazeneca (Covisheild).

Link: <https://www.who.int/news/item/26-07-2021-statement-of-the-who-gacvs-covid-19-subcommittee-on-gbs>

But no warning of fatal side effects is given.

15.8. Hon'ble Meghalaya High Court in India in a landmark judgement **Registrar General, High Court of Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130**, had ruled as under;

*“It has been brought to the notice of this High Court that the State of Meghalaya, through various orders of the Deputy Commissioners, has made it mandatory for shopkeepers, vendors, local taxi drivers and others to get themselves vaccinated before they can resume their businesses. Whether vaccination can at all be made mandatory and whether such mandatory action can adversely affect the right of a citizen to earn his/her livelihood, is an issue which requires consideration.*

**Thus, by use of force or through deception if an unwilling capable adult is made to have the „flu vaccine would be considered both a crime and tort or civil” wrong, as was ruled in Airedale NHS Trust v Bland reported at 1993 AC 789 = (1993) 2 WLR 316 = (1993) 1 All ER 821, around thirty years (30) ago. Thus, coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.**

*Till now, there has been no legal mandate whatsoever with*

*regard to coercive or mandatory vaccination in general and the Covid19 vaccination drive in particular that can prohibit or take away the livelihood of a citizen on that ground.*

*In the “frequently asked questions” (FAQs) on COVID-19 vaccine prepared and uploaded by the Ministry of Health and Family Welfare, Government of India, in its official website, the question which appears under serial number 3 reads, “Is it mandatory to take the vaccine?” The “potential response”, which is provided in the official website reads, “Vaccination for COVID-19 is voluntary.*

*In this context, around one hundred and seven (107) years ago, in Schloendorff v Society of New York Hospitals reported at (1914) 211 NY 125 = 105 NE 92; 1914 NY Justice Cardozo ruled that „every human being of adult years and sound mind has a right to determine what shall be done with their body”.*

***This finds mention in decisions of the European Commission and Court of Human Rights [X vs. Netherlands of 1978 (decision rendered on 4th December, 1978); X vs. Austria of 1979 (decision rendered on 13th December, 1979)] which has become truer in the present times across the world than ever before. Compulsorily administration of a vaccine without hampering one’s right to life and liberty based on informed choice and informed consent is one thing. However, if any compulsory vaccination drive is coercive by its very nature and spirit, it assumes a different proportion and character.***

***However, vaccination by force or being made mandatory***

*by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it.”*

15.9. You Noticee No. 2 Dr. Soumya Swaminathan keep on telling that vaccines are completely safe.

Link: <https://fb.watch/7u26q6CL59/>

15.10. Hence you people including all the office bearers are guilty of offences of cheating, misrepresentation and joining the conspiracy of vaccine syndicate and pervert mafia to kill the people through vaccines and also in abating and aiding the offence of misappropriating the lacs of crores of public money for welfare of the vaccine companies.

The said act comes under the following sections of Indian Penal Code,

Section 52 of Indian Penal Code, reads thus,

*“52. “Good faith”.—Nothing is said to be done or believed in “good faith” which is done or believed without due care and attention.”*

Section 109 of Indian Penal Code reads thus,

*“109. Punishment of abetment if the act abetted is committed in consequence and where no express provision is made for its punishment.—Whoever abets any offence shall, if the act abetted is committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with the punishment provided for the offence.”*

Section 115 of Indian Penal Code reads thus,

*“115. Abetment of offence punishable with death or imprisonment for life.—if offence not committed.—Whoever*

*abets the commission of an offence punishable with death or 1 [imprisonment for life], shall, if that offence be not committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; if act causing harm be done in consequence.—and if any act for which the abettor is liable in consequence of the abetment, and which causes hurt to any person, is done, the abettor shall be liable to imprisonment of either description for a term which may extend to fourteen years, and shall also be liable to fine.”*

Section 420 of Indian Penal Code reads thus,

**“420. Cheating and dishonestly inducing delivery of property.**—Whoever cheats and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or destroy the whole or any part of a valuable security, or anything which is signed or sealed, and which is capable of being converted into a valuable security, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.”

Section 302 of Indian Penal Code reads thus,

**“302. Punishment for murder.**—Whoever commits murder shall be punished with death or 1 [imprisonment for life], and shall also be liable to fine.”

Section 304-A of Indian Penal Code reads thus,



*“304-A. Causing death by negligence.—Whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.”*

Section 304 of Indian Penal Code reads thus,

*“304. Punishment for culpable homicide not amounting to murder.—Whoever commits culpable homicide not amounting to murder, shall be punished with 1 [imprisonment for life], or imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine, if the act by which the death is caused is done with the intention of causing death, or of causing such bodily injury as is likely to cause death; or with imprisonment of either description for a term which may extend to ten years, or with fine, or with both, if the act is done with the knowledge that it is likely to cause death, but without any intention to cause death, or to cause such bodily injury as is likely to cause death.”*

Section 307 of Indian Penal Code reads thus,

*“307. Attempt to murder.—Whoever does any act with such intention or knowledge, and under such circumstances that, if he by that act caused death, he would be guilty of murder, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine; and if hurt is caused to any person by such act, the offender shall be liable either to 1 [imprisonment for life], or to such punishment as is hereinbefore mentioned.*

*Attempts by life-convicts.—1 [When any person offending under this section is under sentence of 1 [imprisonment for life], he may, if hurt is caused, be punished with death.]”*

Section 120(B) of Indian Penal Code reads thus,

*“120B. **Punishment of criminal conspiracy.**—(1) Whoever is a party to a criminal conspiracy to commit an offence punishable with death, 1 [imprisonment for life] or rigorous imprisonment for a term of two years or upwards, shall, where no express provision is made in this Code for the punishment of such a conspiracy, be punished in the same manner as if he had abetted such offence. (2) Whoever is a party to a criminal conspiracy other than a criminal conspiracy to commit an offence punishable as aforesaid shall be punished with imprisonment of either description for a term not exceeding six months, or with fine or with both.”*

Section 34 of Indian Penal Code reads thus,

*“34. **Acts done by several persons in furtherance of common intention.**—When a criminal act is done by several persons in furtherance of the common intention of all, each of such persons is liable for that act in the same manner as if it were done by him alone”*

Section 409 of Indian Penal Code reads thus.

*“409. **Criminal breach of trust by public servant, or by banker, merchant or agent.**—Whoever, being in any manner entrusted with property, or with any dominion over property in his capacity of a public servant or in the way of his business as a banker, merchant, factor, broker, attorney or*

*agent, commits criminal breach of trust in respect of that property, shall be punished with 1 [imprisonment for life], or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.”*

**15.11.** Hon'ble Supreme Court in **Raman Lal Vs. State of Rajasthan 2000 SCC OnLine Raj 226**, has ruled that;

*“Conspiracy – I.P.C. Sec. 120 (B) – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal omission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Co-conspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against accused cannot be quashed.”*

**16.** You are also liable for action under section 2(b), 12 of the Contempt of Courts Act, 1971 and article 129, 215 of the constitution of India.

**16.1.** In **Re M.P. Dwivedi and Ors. AIR 1996 SC 2299**, it is ruled as under;

*“17. .... “Contempt of court is disobedience to the court, by acting in opposition to the authority, justice and dignity thereof. It signifies a wilful disregard or disobedience of the court's order; it also signifies such conduct as tends to bring the authority of the court and the administration of law into disrepute”. (See: Baradakanta Mishra, Ex-Commr. of Endowments v. Bhimsen Dixit [(1973) 1 SCC 446 : 1973*

SCC (Cri) 360 : (1973) 2 SCR 495] , at p. 499 SCC p. 449, para 11.)

*Wilful disregard or disobedience of the court's order presupposes an awareness of the order that has been disregarded or disobeyed. In view of the affidavits filed by Contemnners 1 to 5 stating that they were not aware of law laid down by this Court in Prem Shankar Shukla v. Delhi Admn. [(1980) 3 SCC 526 : 1980 SCC (Cri) 815 : (1980) 3 SCR 855] and Sunil Gupta v. State of M.P. [(1990) 3 SCC 119 : 1990 SCC (Cri) 440] , we refrain from taking action to punish them for contempt of this Court.*

**18. ... Contemnners 1 and 2, even though not directly involved in the said incidents since they were not present, must be held responsible for having not taken adequate steps to prevent such actions and even after the said actions came to their knowledge, they condoned the same by not taking stern action against persons found responsible for this illegality. We, therefore, record our disapproval of the conduct of all the five Contemnners 1 to 5 in this regard and direct that a note regarding the disapproval of their conduct by this Court be placed in the personal files of all of them.**

16.2. In **T.N. Godavarman Thirumulpad through the Amicus Curiae Vs. Ashok Khot and Ors. (2006) 5 SCC 1**, while sending the cabinet Minister of Maharashtra & Chief Secretary to jail, it is ruled that;

*“In our democratic polity under the Constitution based on the concept of "rule of law" which We have adopted and given to ourselves and which serves as an aorta in the anatomy of our democratic system, **THE LAW IS***

**SUPREME. Everyone, whether individually or collectively, is unquestionably under the supremacy of law. Whoever he may be, however high he is, he is under the law. No matter how powerful he is and how rich he may be. Any country or society professing the rule of law as its basic feature or characteristic does not distinguish between high or low, weak or mighty.**

***“Contempt of Courts Act, 1971 - S. 12 - Contempt by high government officials in their official capacity Vindication of the rule of law - Minister and Principal Secretary to Minister committing contempt of court (both civil and criminal) Appropriate punishment for Exemplary punishment Need for Imposition of custodial sentence - instead of mere imposition of exemplary costs Minister and Principal Secretary, Department of Forests, Government of Maharashtra found to have acted brazenly and wilfully in defiance of orders of Supreme Court, by permitting certain sawmills/veneer and plywood industries to recommence operations in State of Maharashtra Said contemnors also found to have - manipulated official record to try and hide their guilt - Held, in this case contemnors deserve severe punishment This will set an example for those who have a propensity for disregarding court's orders because of their money power, social status or posts held - Exemplary sentences called for - Mere imposition of exemplary costs would not be adequate Considering the high positions held by the contemnors more stringent***

*punishment is called for, and therefore custodial sentence be imposed facts, custodial sentence of one month's SI imposed .*

**16.3.** In **Bijay Kumar Mahanty Vs. Jadu Alias Ram Chandra Sahoo (2003) 1 SCC 644**, while sentencing the police officer to imprisonment for violating fundamental rights of the citizen in violation of the order passed by the Court, it is ruled as under;

*“It is of paramount public interest that the people, after obtaining an order of the court, should not feel helpless or without any remedy when such order is flouted. The rule of law is the foundation of the democratic society. The judiciary is the guardian of the rule of law. If the orders of the court are disobeyed with impunity by those who owe an obligation to the society to preserve the rule of law, not only would individual litigants suffer, the whole administration of justice would be brought into disrepute. Police officers are supposed to be the members of a disciplined force. It is of utmost importance to curb any tendency in them to flout orders of the court. It is more so when flouting of order results in deprivation of personal liberty of an individual. If protectors of law, to take revenge, defy court orders they will have to be sternly dealt with and appropriate punishment inflicted also with a view to send a message across the board that such an act cannot be countenanced*

*12.... In our view, it is not a fit case where the apology tendered at this belated stage ought to be accepted.*

*13. Lastly, it was contended that instead of imprisonment, fine be imposed on the appellant. In a matter of this nature, where a police officer, disregarding the bail order, arrests a person because case against him is of alleged assault on one of the police officials, we do not think that mere sentence of fine would meet the ends of justice. No interference is called for in the judgment and order of the High Court.”*

**16.4.** In the case between **E.T.Sunup Vs. C.A.N.S.S. Employees Association (2004) 8 SCC 683**, it is ruled that, if the Court's orders are flouted like this, then 5 people will loose faith in the Courts and therefore officials violating the orders must be sentenced. The Court observed;

*“16. It has become a tendency with the Government Officer to somehow or the other circumvent the orders of Court and try to take recourse to one justification or other. This shows complete lack of grace in accepting the orders of the Court. This tendency of undermining the court's order cannot be countenanced. This Court time and again has emphasized that in democracy the role of the Court cannot be subservient to the administrative fait. The executive & legislature has to work within Constitutional frame work. and the judiciary has been given a role of watch dog to keep the legislature & executive within check.*

*18. While coming to the question of sentence, learned counsel for the appellant submitted that the incumbent is on the verge of retirement and he has suffered a lot and he has an unblemished career of 30 years of service. More so now Order dated 25.2.1997 has been revoked though belated*

*therefore a mercy be shown to him and his apology may be accepted. But if the Court's orders are flouted like this, then people will loose faith in the Courts. Therefore, it is necessary to deal with such type of violation of Court's Order with strong hands and to convey to the authorities that the Courts are not going to take things lightly. However, looking to the long career of this Officer and now order has been revoked, we do not propose to punish him with imprisonment but we propose to impose a fine of Rs. 5,000/- (Rupees five thousand ) only and in default of payment of fine, to undergo a simple imprisonment for one month. The incumbent shall deposit the amount in the State Treasury within one month from today. Hence, as a result we affirm the order of the High Court and punish the respondent No. 1 for committing contempt of 6 Courts Order and impose a fine of Rs. 5,000/- (Rupees five thousand) only, in default of payment of fine, sentence him simple imprisonment for one month.”*

**17.** By way of this notice you are hereby called upon to forthwith desist and resist from committing such offences and make necessary announcements and warnings about death causing side effects of vaccines and stop the activity of marketing of the vaccines.

**18.** Please take a note that, the offences committed by you are cognizable, non-bailable and having punishment up to death penalty. Therefore, any citizen of India can arrest you accused as per provisions of section 43 of Criminal Procedure Code.

The said section reads thus;

**“43. Arrest by private person and procedure on such arrest.**



*(1) Any private person may arrest or cause to be arrested any person who in his presence commits a non- bailable and cognizable offence, or any proclaimed offender, and, without unnecessary delay, shall make over or cause to be made over any person so arrested to a police officer, or, in the absence of a police officer, take such person or cause him to be taken in custody to the nearest police station.*

*(2) If there is reason to believe that such person comes under the provisions of section 41, a police officer shall re- arrest him.*

*(3) If there is reason to believe that he has committed a non-cognizable offence, and he refuses on the demand of a police officer to give his name and residence, or gives a name or residence which such officer has reason to believe to be false, he shall be dealt with under the provisions of section 42; but if there is no sufficient reason to believe that he has committed any offence, he shall be at once released.”*

19. Already a petition before Hon’ble Bombay High Court is filed for action against Bill Gates and others for vaccine murder.

**[Criminal Writ Petition (St.) 18017 of 2021 Kiran Yadav Vs. State and ors.]**

The prayers of the petition reads thus;

*“i) C.B.I. be directed to treat this petition as F.I.R. and prosecute the offender as done by Hon’ble Supreme Court in the case of Noida Entrepreneurs Association Vs. Noida (2011) 6 SCC 508 and followed by this Hon’ble Court in the matter between Param Bir Singh v. State of Maharashtra, 2021 SCC OnLine Bom 516.*

*ii) C.B.I. be further directed to immediately start custodial interrogation of the accused and take use of scientific tests like Lie Detector Test, Brain Mapping Test and Narco Analysis Test to unearth the complete conspiracy and to save the life of Indian Citizen;*

*iii) Direction to Respondent No. 1 i.e. State of Maharashtra to pay an interim compensation of Rs. 100 crores to the Petitioner forthwith and then to recover it from the guilty officials responsible for death of the Petitioner's citizen by their deliberate and unlawful act of commission and omission.*

*iii) Any other order which this Hon'ble Court deems fit and proper in the facts and circumstances of the case."*

20. Under these circumstances you are hereby warned to not to continue with the unlawful activities and help the authorities by surrendering before the Police.
21. Needless to mention here that, any attempt to destroy the evidence or manipulate data, forgery or creating sponsored reports from dishonest doctors, agencies by comparing science will be an aggravated form of offence initiating additional punishments under **Section 192, 193, 201, 471, 474**, etc. of IPC.
22. Proofs regarding your earlier attempts to bring fake pandemic are as under;
23. Already a detailed complaint is filed against you by the Secretary General of the Human Rights Security Council. [Annexure \_\_\_\_]

The Subject of the said complaint reads thus;

*"1. Immediate direction for implementation of Parliamentary*

*Committee's 72<sup>nd</sup> Report and recommendations of investigation and prosecution of office bearers of 'toxic philanthropist' and Vaccine Syndicate's Bill & Melinda Gates Foundation and the concerned officials of **Indian Council of Medical Research (ICMR)** responsible for death of 8 female children because of unauthorized, unlawful & unapproved vaccines;*

*2. Immediate direction to the Central Bureau of Investigation (CBI) for registration of First Information Report (FIR) for investigation and strict action under sections 115, 109, 302, 307, 304, 419, 420, 471, 474, 188, 505, r/w 120 (B) & 34 of IPC & sections of Disaster Management Act 2005 and other provisions of the special acts against all the anti-national, anti-humanity elements, bio terrorists, 'Pharma Syndicates', 'Tech Syndicates' and 'Tech Bullies', who are involved in offences against entire humanity which are genocide (Mass Murders) of the citizens, caused by their acts of commission and omission related to Covid-19 pandemic as detailed in the draft charges given in the present complaint.*

*3. Immediate direction to concerned Authorities;*

*i) To issue Lookout Notices/Lookout Circulars (LOC) and arrest warrants against the accused whose involvement is ex-facie proved;*

*ii) To initiate action for attachment of movable and immovable properties of all of the accused and their companies;*

*iii) To commence custodial interrogation of the accused;*

*iv) To conduct a Lie –Detector Test, Brain Mapping Test,*

*Narco Analysis test of all the prime accused such as Dr. Soumya Swaminathan, Dr. Randeep Guleria, Mr. Arvind Kejriwal Dr. Tedros Adhanom Ghebreyesus, Dr. Anthony Fauci, Bill Gates, Mark Zuckerberg, Jack Dorsey and others, on the grounds explained in this Representation-cum-Complaint.*

**4. Immediate direction to all the authorities to;**

*(i) Seriously consider the American Frontline Doctors (AFLDS) White Paper on Covid-19 and experimental vaccine candidates.*

*(ii) To not to force anyone for vaccination and strictly abide by the judgment of Hon'ble Supreme Court and various High Courts regarding the fundamental right of each citizen to his/her choice of treatment.*

*(iii) To inform the public about real dangers of the vaccine.*

*(iv) To inform the public about other proven, safe and more effective medicines.*

*(v) To not to spread fear about any further wave without verifying science evidence.*

**5. Appropriate Direction as per the Report submitted by the Expert Committee to the office of Hon'ble Prime Minister with recommendations to not to administer vaccines on persons who have recovered from Covid-19 infection and have antibodies developed within their bodies.**

**6. Immediate direction for providing protection to all the Whistle-blowers and their witnesses who have already exposed and continue to expose the Syndicate comprising of BIG PHARMA,**

*BIG TECH and BIG SCIENCE.*

*7. Direction for constituting separate enquiry committee regarding the timing of sudden waning of panic around the second corona wave in India which was fuelled by incessant reporting in media over shortage of oxygen and this panic and how & why the said hype got vanished after the investigation in 'Tool Kit' was commenced by the Delhi Police."*