



People's Health Manifesto 2024

To All Political Parties of India

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Preface

This Health Manifesto advocates for outstanding health care and a healthy Indian population. It proposes to address the challenges of the health crisis, climate crisis, stalling life expectancies, falling fertility rates & aging issues due to the following key factors such as threats to democracies & body rights from global health conglomerates centralizing health related decision making, biotechnology-based health remedies, automation (work and unemployment), chemical toxins overload & contamination linked health impacts in food, agriculture, weather & other spheres, questionable guidelines to declare pandemics & emergencies & rise in iatrogenic illnesses.

The prevalent health statistics is alarming;

- 95.4% of the world's population is sick (Lancet, 2015)
- 54.1% of children suffer from chronic disease (NIH, 2011)
- 1 in 6 people are globally affected by infertility (WHO, 2023)
- 74% of all deaths are due to chronic disease (WHO, accessed on Feb 2024)
- 35 Mn new Cancer cases are predicted by the year 2050 which is a 77% increase from the estimated 20 Mn cases in 2022. (WHO, Feb 2024)

The Covid 19 epidemic, its management, the coercive and disruptive nature of interventions that included unsafe and unapproved 'Emergency Use Authorisation (EUA) Covid vaccines, which violate Individual Body Rights, lack of transparency, and the subsequent findings that the measures have caused extensive fatalities and injury and did not follow scientific principles have alarmed Indian citizenry who are apprehensive that the WHO is cementing these clear wrongs through the proposed Pandemic Treaty and IHR regulations. Health policies are being decided by politicians, technocrats, businessmen and investors.

The importance of the social, political, commercial, and environmental determinants of health underpin the suggestions in this Manifesto of public policies. Focused on the well-being of societies, the importance of policies that protect and ensure individual Bodily Rights, Human Rights and Freedom of Choice, this manifesto seeks to challenge the imposition of health policies from the WHO and other oligarchic global organisations. Science and health must be the touchstone of all policy-making, not business goals.

To shape the future of health in India, citizenry along with the scientific and medical community must be vocal, political, and paramount in shaping government decision-making.

We will adopt the following health measures:

1. Ensure safe, nutritious, and a diverse food basket, promote Non-GMO, natural and organic farming methods.
2. Regulate processed and ultra-processed food, through standards and ratings, and regular checks by food inspectors
3. Ensure drinking water quality through safe filtration systems
4. Ensure a clean environment by reducing industrial pollution and continuously monitor the situation.
5. Ensure proper waste management and disposal of garbage
6. Restrict the use of high frequency wireless systems in public places and residential areas and seek to impose an embargo on 5G
7. Set up vegetation parks in cities and ensure roadside plantations
8. Monitor morbidity and ensure that the measures in place to reduce morbidity are effective
9. Conduct comparative research studies to test efficacy of treatments across different healthcare disciplines

The rights of the patient will be protected, as follows:

1. Ensure individual bodily rights are protected in accordance with the Constitution of India, patient rights' declarations¹, the Nuremberg Treaty and Geneva Convention.
2. Ensure informed consent for all medical diagnosis, treatment and procedures. We will ensure that a written consent form is mandated as part of the Clinical Establishment Act (2006)²
3. Ensure Citizen will have the right to access the medical system of their choice, including allopathy, Ayurveda, Naturopathy, Homeopathy, Siddha, Sowa-rigpa, and home remedies
4. Medical health status of any individual will not be a requirement for education, social security benefits, provision of electricity/water, work, travel, attendance at events, or entry into any premises³

¹ Citizens will have their body rights in all situations, irrespective of any emergency, to choose to accept or refuse any medical drugs or vaccines for themselves, their family and their children. Safety of public health will be done by promoting healthy lifestyle of right foods, exercise, sleep, breathwork & stress management & by maintaining healthy clean & green environments, protecting our trees in cities & forests & managing garbage clearance efficiently. Testing is being done without the consent of the individual, even for an asymptomatic individual.

² The principle of Informed Consent will be followed. We recognize the patient's right to know about the prescribed medicines, their ingredients and their side effects, as part of the treatment being given to them, and also know that they have the right to refuse any medication without being subject to any kind of pressure

³ No discrimination can be made on basis of medications or vaccines for entry into any premises or for any services. No Digital Health Passport will be required for any of the above mentioned services.

We will establish an inbuilt mechanism to ensure transparency and accountability:

1. Introduce a system of prescription audit in all hospitals, public or private.
2. No medical approval of drugs and treatment will be given without due consent and transparent and traceable procedures that are within the scientific temperament.
3. No emergency use authorization will be allowed for mass medical interventions (examples – drugs / vaccines / gene therapy / other treatments).
4. Citizens will be given full disclosure of information about any recommended drug or vaccine, their ingredients, trials done, results of such trials and their contraindications and side effects.
5. Authorities must mandatorily take prior written informed-consent of parents for administering any drug or vaccine to children and adolescents.
6. A portal similar to VAERS/ Yellow Card/ EUDRA will be maintained routinely and continuously, allowing individuals to record AEFI and other drug injuries. The adverse effects will be open to the public and public representatives must be members of these panels.⁴

School-based Medical measures

1. Schools and educational institutions, offices, and other work spaces, entertainment spots, public gatherings etc will not be commandeered for, or coerced to administer chemical drugs, and vaccines
2. No supplement, drug, or vaccine will be administered in schools or any other locations that do not have sufficient emergency response resources to handle any kind of adverse drug reaction. And to reiterate, all such medications will only be administered after full disclosure and informed-consent
3. School authorities, office administration, local administration, municipal authorities, and local medical body initiating any school or work/ other public space will be held responsible for short term/ mid-term/ long term adverse effects of any medical procedure conducted.
4. Science education in schools will not promote particular products or medical treatments, but encourage scientific temperament among students.

Regulation of Medical Administration

1. Private hospitals will be regulated through strict implementation of the Clinical Establishment Act.

⁴ Post Market Surveillance (PMS) study and submission of the PSUR data will be done. Active Surveillance will be carried out. All AEFIs will be recorded in an AEFI register at the health centres. In cases of post vaccine deaths, post-mortems should be mandated.

2. All the public subsidies and finances provided to pharma and biotech companies on an annual basis will be audited and reported to the Parliament.
3. Subsidies for private hospitals will be declared in the public domain and linked with their corporate social responsibility.
4. India will maintain diversity of medical systems through legal and administrative protection measures.
5. Government will undertake country-wide drug resistance, drug reaction studies, and monitor adverse side effects.
6. Primary Health Centres under Panchayats will be established and managed across the country wherein citizens will have access to diverse and integrative medical systems.
7. Health will remain decentralized in the hands of local bodies and the State.
8. Right of every citizen to health care through systems of their choice will be upheld. Priority will be to strengthen all government health services and ensure they are run efficiently, so that Indian citizens can trust and utilize government services.
9. The government will focus on mental health care programs and services and increase access to them. Integrative healthcare solutions will be implemented and promoted to improve the mental health of Indian citizens.
10. 'One Health Approach' (a proposal of the WHO) will not be adopted.⁵
11. Set up a multidisciplinary commission to review the National Childhood Immunisation program and rationalize the number of vaccines to be recommended.⁶ New vaccines to the current immunization schedule will not be added.
12. Review the vaccination schedule for pregnant women and study the long-term effects on the foetus and the future born.
13. Set up a medical consumer grievance cell where aggrieved persons can lodge their complaints and receive justice. The complaints may be related to medical negligence, overbilling, prescribing unnecessary tests or procedures, and violation of patient rights. The committee will contain public representatives well-versed on the subjects.
14. Set up a judicial court on vaccine injury to expedite justice to victims of vaccines and provide necessary compensation. Such compensation will be recovered from the manufacturers of the vaccine.

⁵ One Health should not be adopted as it will pave ways for health emergencies, public surveillance and disease control methods. One Health will impose Global Public Health strategies and measures which will include vaccination. It will also impose control on how land and water are managed. All these need to be in control of local populations.

⁶ There are no scientific studies to show the effects of mixing (co-administration) the vaccines currently part of the National Immunisation schedule, including the safety profile of many of the ingredients currently in use to manufacture these vaccines.

15. Ensure that Members and officials of Health Regulatory Bodies or Departments of the Government are devoid of conflicts of interests with international conglomerates or pharmaceutical companies and their related organisations.

We will adopt the following policies:

1. Bring enforceable patient rights law.
2. A moratorium on GM crops and their open field trials, which include gene editing techniques and their products⁷ will be declared.
3. Food items and seeds of genetic engineering, and those without labelling will not be imported.
4. Food fortification with synthetic vitamins will be stopped.
5. Import of crude and refined edible oil will be subject to ingredient and health scrutiny. Import duties will be imposed on edible oil imports to benefit/increase domestic production.⁸
6. Deployment of gene editing in agriculture and health will not be allowed.
7. All treaties to be introduced will be debated in Parliament, to be preceded by a full and comprehensive public consultation process.
8. India will not sign any International treaty/agreement without full legal oversight of their Constitutionality and the consent of the Parliament of India.
9. No direction of WHO or any such unelected, supra-national organisations on prevention, preparedness and response to Health emergencies, including the declaration of a Pandemic, will be followed.
10. Bio-weapon research will be banned in India. India will operationalize the Biological Weapons Convention, 1975. It will also review the Convention and cause its

⁷ There can be no co-existence between GMO and Non-GMO crops because of the high potential for contamination. With a commercialised crop, contamination is certain. India is a center of diversity/origin in mustard, brinjal, and many other crop plants. We are one of 17 international hot-spots of genetic diversity, (germ plasm) in the world. Furthermore, organic farming is India's **competitive strength**. We are world leaders in organic exports. Since there can be no co-existence between GMO & Non-GMO agriculture, we will lose our Non-GMO export markets worth thousands of crores. For example: India is the world's largest producer of milk, pulses and millets and the second-largest producer of rice, wheat, sugarcane, groundnuts, and vegetables. All this is Non-GMO. We are also the only country that can certify our Non-GMO Soy with confidence because we are not a GMO-growing country

⁸ Today we import oil seeds in excess of 67,000 crores. Yet in 1993-94 we were almost self-sufficient in oil-seeds in India. Then bowing to WTO pressure, import duties on oilseeds which were 300 % were slashed to 0. This is the reason for our farmers collapse in producing oilseeds. There is as much another pernicious dimension to the problem ie the further matter of the subsidies given to farmers in the developed economies. We certainly can't compete with what is handed out to US and EU framers. Therefore, our Govt must protect our farmers and ruthlessly stand up to the WTO or exit. Nothing can be worse than the current anti Indian-farmer policies of our Govt across party lines. We can return to largely nixing our import bill for oil-seeds and expand our organic produce export markets. We need to encourage especially Indian organic farmers through the right incentives. Nor should we ignore Conventional farmers who grow Non-GMO and feed our nation. We must have farmer-centric policies and guarantee our food security.

improvement given the recent developments on bio-weapons and formulate stronger regulation.

11. An Epidemic declaration process will be approved by the Parliament, which includes wide, meaningful public consultation by 2025.⁹
12. Public Health Bill (draft law) will be made accessible and open to feedback from people and include suggestions for a period of at least 12 months.¹⁰
13. Digitisation of health records will not be done, without prior informed consent, and shall not be mandatory under any circumstance.
14. Digital data collection on health of citizens of India in the Public Health Systems will not be done.
15. No health record of Indian citizens will be linked to Aadhar card or any other national identification.
16. Public health data will not be shared with private and international organisations, particularly those which are connected with drugs, pharma and biotech companies.

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⁹ This process will begin where the origin of infection in India has been found, after eliminating the role of environmental toxins (natural or man-made) which could have caused the outbreak. Scientific parameters will be declared and approved for epidemics, including number of deaths. One of them will be based on post-mortem results of related cases. A multidisciplinary committee consisting of independent healthcare professionals from diverse backgrounds across the country will study the evidence and after due deliberation, if found appropriate, will declare an epidemic.

¹⁰ The current form needs review and inclusion of suggestions from the public, because it is draconian and violates basic citizen rights