

Bill Gates, Indian Government Targeted in Lawsuit Alleging AstraZeneca Vaccine Killed 23-Year-Old

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A lawsuit against Bill Gates, the Indian government and others, citing extensive case law, is attracting renewed scrutiny of Gates and his long-term, controversial involvement in India’s vaccine program.

In what may be the first legal case of its kind globally, a petitioner in India is seeking to prosecute [Bill Gates](#), Indian vaccine czar Adar Poonawalla, and Indian government and public health officials over the death of a 23-year-old man who died after receiving AstraZeneca’s Covishield vaccine.

Kiran Yadav late last year filed a criminal writ petition for murder, [Smt. Kiran Yadav v. The State of Maharashtra & Ors.](#) (herein referred to as Yadav v. Maharashtra), with the Bombay High Court of Judicature, on behalf of her deceased son, Shri Hitesh Kadve.

Her son was vaccinated on Sept. 29, 2021. According to the complaint, he died that same day due to side effects brought on by the vaccine.

The complaint alleges Kadve died “due to [an] act of willful commission and omission attributable to some public servants who are misusing their position to bring policies to help the pharma mafia and thereby [are] responsible [for] mass murders.”

The complaint further states Yadav’s son was “unwillingly” [compelled](#) to get vaccinated based on the “false narrative” that the vaccine was entirely safe, and because the State of Maharashtra [prohibited](#) the non-vaccinated from riding on railroads or entering retail spaces such as shopping malls.

The complaint alleges Maharashtra’s restrictions “are against the Central Government’s policy that, there cannot be any discrimination between vaccinated and unvaccinated people.”

Other defendants in the case include the commissioner and director-general of the

Maharashtra State Police, the Indian Central Bureau of Investigation and the principal secretary of the Indian Ministry of Health and Family Welfare.

The complaint also brings charges against Bill Gates and Adar Poonawalla, CEO of the Serum Institute of India, the world's [largest](#) vaccine manufacturer by number of doses produced and sold.

The Serum Institute produces the Covishield vaccine, as well as [over half](#) of the world's vaccines that are administered to babies.

In all, Yadav is requesting 1,000 crores (10 billion rupees, or \$134 million USD) in compensation, including 100 crores (\$13.4 million USD) in interim compensation.

She is seeking lie detector and narcoanalysis tests from Gates, Poonawalla and others.

According to the complaint, the Indian government [admitted the](#) Covishield vaccine may have harmful, and potentially fatal, side effects, but the vaccine was administered despite this knowledge.

The complaint in Yadav v. Maharashtra was filed by attorneys Shivam Mehra and Siddhi Dhamnaskar of Mumbai, and appears to have first been [publicized](#) in English by the Indian Bar Association, an informal group of Indian lawyers (the Bar Council of India is the country's official bar association).

Judges of the Supreme Court of India have generally adopted a [pro-vaccine stance](#). Nevertheless, Yadav's [265-page complaint](#) stands out for the extensive legal precedent it draws upon, from Indian and [common law](#), calling into question the legality of mandatory vaccination and other compelled medical acts.

The complaint also stands out for the specific allegations made against figures such as Poonawalla and Gates, a figure of extensive controversy in India.

Extensive legal precedent casts doubt on legality of Indian state's mandatory vaccination policy

One of the main [court rulings](#) referenced in the Yadav v. Maharashtra complaint is that of [Registrar General, High Court of Meghalaya v. State of Meghalaya](#) (herein referred to as Meghalaya). The [central finding](#) of the ruling, issued June 23, 2021, held that vaccination by force or deception, or through the introduction of restrictions on the non-vaccinated, is a violation of fundamental human rights and a civil and criminal wrong.

This judgment overturned an order in the state of Meghalaya that [required](#) vendors, taxi drivers, shopkeepers and other individuals to get vaccinated before resuming or reopening their businesses.

In reference to this, the court [held](#) that while vaccination was "the need of the hour," the vaccination policy of a welfare state "can never affect a major fundamental right, i.e. the right to life, personal liberty and livelihood."

Referring to Article 21 of the [Indian Constitution](#), the court in Meghalaya addressed the right to health, arguing that when such healthcare is provided through coercive means, it encroaches upon the fundamental right to privacy.

The court also drew from another Indian court ruling, [Justice K.S. Puttaswamy \(Retd.\) v. Union of India](#) (2018), which held the fundamental right to health is violated when individuals are deprived of their right to personal choice, bodily autonomy and integrity, and the overarching right to privacy.

The court in Meghalaya [added](#):

“[V]accination by force or being made mandatory by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it. It impinges on the fundamental right(s) as such, especially when it affects the right to means of livelihood which makes it possible for a person to live.

“Compulsory 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.”

The court in Meghalaya also referenced English common law, specifically, the case of [Airedale NHS Trust v. Bland](#) (1993), a decision which held that if an unwilling adult is compelled to receive a flu vaccination through force, this action would amount to a crime and to a civil wrong.

Remarking on this, the Indian court [found](#):

“[T]hus, 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.”

The court in Meghalaya also [referred](#) to Article 19 of the Indian Constitution regarding the “freedom to practice any profession or carry on any occupation, trade or business,” and that vaccine-related restrictions were “palpably excessive.”

The court [added](#):

“In this case, there is a clear lack of legitimacy in prohibiting freedom of carrying on any occupation, trade or business amongst a certain category or class of citizens who are otherwise entitled to do so, making the notification/order ill-conceived, arbitrary and/or a colourable exercise of power.”

From an administrative point of view, the court in Meghalaya also [found](#) not only had the central Indian government not mandated vaccinations, instead holding that vaccination must remain voluntary, but there was no regulation or directive that allowed state governments to impose vaccination requirements within their own territory.

Yadav case draws upon extensive Indian legal precedent, scientific studies

The criminal complaint in Yadav v. Maharashtra also [drew upon](#) several other Indian court rulings, including recent [COVID](#) vaccines-related decisions such as [Dinthar Incident v. State of Mizoram and Others](#) (2021) and [Madan Mili v. Union of India](#) (2021).

These rulings found vaccinated individuals can also get infected with COVID and can spread

infection, just as those who are unvaccinated, and accordingly, there cannot be any discrimination between those who are vaccinated or unvaccinated. Such discrimination would contravene Articles 14, 19, and 21 of the Indian Constitution.

Yadav v. Maharashtra also references the following cases and English common law:

- [Common Cause v. Union of India](#) (2018) held that:

“[A]ll adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment ... [a] competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment ...

“The best interest of the patient shall override the State interest.”

- [Osbert Khaling v. State of Manipur](#) (2021) held that:

“Restraining people who are yet to get vaccinated from opening institutions, organizations, factories, shops, etc., or denying them their livelihood by linking their employment ... to their getting vaccinated would be illegal on the part of the State, if not unconstitutional.

“Such a measure would also trample upon the freedom of the individual to get vaccinated or choose not to do so.”

- [Montgomery v. Lanarkshire Health Board](#) (2015), English common law, held that:

“An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken.”

Yadav v. Maharashtra also references an Oct. 8, 2021, directive from Satyendra Singh, the undersecretary of the Indian Health Ministry, reaffirming that vaccination remains voluntary, that the Indian government “has not formulated or suggested any policies for discrimination between citizens of India on the basis of their vaccination status,” and that no citizen can be forced to be vaccinated.

The complaint also draws upon Indian legislation, specifically the [Disaster Management Act of 2005](#), which holds that state governments cannot formulate any rules that contravene the guidelines of the national government. Nor can such prohibitions be circumvented indirectly, according to the Yadav v. Maharashtra complaint, referring to another Indian court case, [Noida Entrepreneurs Association v. Noida](#) (2011).

The complaint also refers to several clauses from UNESCO’s [Universal Declaration on Bioethics & Human Rights](#) (2005), including:

- Article 3 on human dignity and human rights, which holds that “[t]he interests and welfare of the individual should have priority over the sole interest of science or society.”
- Article 6, which holds that “any preventive, diagnostic and therapeutic medical intervention is only to be carried out with... prior, free and informed consent.”

- Article 8 on respect for human vulnerability and personal integrity.
- Article 11, which states that “[n]o individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.”

The complaint then goes on to name specific individuals, such as [Venugopal G. Somani](#), the Drug Controller General of India, and [Randeep Guleria](#) of the All India Institute of Medical Science (AIIMS), as individuals who participated in a “dishonesty and cheating campaign” and the “furtherance of [a] conspiracy,” by making the “false and misleading statement” that the COVID vaccines were completely safe.

The complaint accuses Somani and Guleria of following a “one-line agenda to give wrongful profit to the vaccine companies” and goes on to cite Indian case law holding that because “conspiracies are hatched on secrecy ... no direct evidence is required to prove it. The offense can be proved from circumstantial evidences.”

A total of 81 research papers were also referenced in the complaint, addressing, among other issues, the higher protection those with [natural immunity](#) have against COVID, as opposed to those who are vaccinated, as well as the lower efficacy of the vaccines against variants such as [Delta](#).

The vaccine-related death of Dr. Snehal Lunawat

The Yadav v. Maharashtra complaint references the [case](#) of Dr. Snehal Lunawat, an Indian doctor from Maharashtra who [died](#) March 1, 2021, from complications stemming from the Covishield vaccine he received on Jan. 28, 2021.

This incident gained visibility in India due to the efforts of Lunawat’s family to get an investigation launched regarding her death.

Lunawat, who was 33 years old, [experienced](#) a “rare blood-clotting event” after taking the Covishield vaccine.

Subsequently, her family wrote to the Indian government and the Serum Institute, [requesting](#) that Lunawat’s death be investigated, as it had not been registered as an adverse event in the country’s “Adverse Event Following Immunisation” (AEFI) database.

However, a satisfactory response was not provided, prompting the family to reach out to the World Health Organization (WHO), which then [investigated](#) the incident.

Ultimately, due to the family’s [pressure](#) and the intervention of the WHO and the All India Drugs Network, the AEFI committee [accepted](#) on Sept. 25, 2021, after nearly seven months, that Lunawat’s death was vaccine-related.

Specifically, the rare [blood clotting complication](#) resulted in her blood platelet count decreasing because of increased bleeding in her brain.

This was only the [third](#) vaccine-induced death recognized by AEFI. The process of reporting vaccine-related deaths to the AEFI database is [reportedly](#) “not easy.”

The Yadav v. Maharashtra complaint refers to Lunawat’s death, and its subsequent

classification as vaccine-related, as “ex facie” evidence of the “falsity of claims by the ... accused officials and doctors” regarding the safety of the COVID vaccines

#ArrestBillGates: Controversy, legal battles in India surrounding Gates and his foundation

The Yadav v. Maharashtra [complaint](#) makes extensive references to Bill Gates, who is described as a “habitual offender of mass murder by vaccination in conspiracy with Government officials.”

Gates is also referred to as a “mastermind ... who is manufacturing ‘Covishield’ in partnership with [the] Serum Institute.”

The complaint seeks lie detector, brain mapping and narcoanalysis tests of Gates, Poonawalla and others to “unearth the complete conspiracy,” and demands the registration of a “[first information report](#)” (FIR) against individuals who marketed the vaccines as completely safe.

The request for Gates and others to undergo narcoanalysis tests is considered [perplexing](#) by some analysts, as such tests are [not legally admissible](#) in Indian courts, as the person being interrogated is in a state of semi-consciousness.

The complaint argues Gates and Poonawalla should be considered “co-conspirators to mass murder” who were “working for the welfare of the vaccine companies only,” charges which would result in them facing the death penalty and confiscation of their assets in India.

The complaint [notes](#) that under Indian law, one can be found guilty for false marketing of a product via “commission and omission.”

The complaint also references the activity of the Bill & Melinda Gates Foundation (BMGF) in India, including its alleged encouragement of a partnership between AstraZeneca and Oxford University to develop the Covishield vaccine, which was then [delivered](#) to countries such as India.

The BMGF is also noted to have previously [committed](#), in June 2020, \$750 million towards the development of the AstraZeneca vaccine at Oxford University, and conditional funding of \$150 million to the Serum Institute.

In a [posting](#) on his official blog in December 2020, Gates wrote that his foundation “took on some of the financial risk” for the vaccine, so that if the Oxford-AstraZeneca vaccine was not approved, the Serum Institute “won’t have to take a full loss.”

The Yadav v. Maharashtra complaint references prior court rulings against Gates and the BMGF in India. One such example is an Indian Supreme Court ruling in [Kalpana Mehta v. Union of India](#)(2018) regarding the death of eight female children who took part in an [unauthorized trial](#) of [two](#) Human Papillomavirus (HPV) vaccines: [Gardasil](#), manufactured by Merck, and Cervarix, produced by GlaxoSmithKline (GSK).

The trial, which [began in 2009](#), took place in [two Indian states](#), Andhra Pradesh and Gujarat. It was carried out by an American NGO, the Seattle-based [Program for Appropriate Technology in Health](#) (PATH), which is [connected](#) to the BMGF’s [Children’s Vaccine Program](#).

In reference to these deaths, the Yadav v. Maharashtra complaint refers to a [report](#) by an

Indian parliamentary committee that found government officials were “involved in the conspiracy,” along with a recommendation that the BMGF and other NGOs associated with Gates be investigated.

According to the complaint, “the evidentiary value” of the report was upheld in the Kalpana Mehta v. Union of India case.

The controversy over the deaths that resulted from the HPV vaccine trial led to a grassroots [campaign](#) in India in May 2021, calling for Gates and his foundation to be charged for these deaths, as they had funded the vaccination program.

The [#ArrestBillGates](#) hashtag trended on Indian Twitter that month as a result of this campaign, [accusing](#) Gates and his organization of using the girls as “guinea pigs.”

Parental consent was in many cases [not obtained](#) for the participation of the girls in the trial, which involved 14,000 tribal girls between the ages of 10 and 14, many of whom lived not with their parents but in government-run hostels.

In some [instances](#), parental ‘consent’ consisted of a thumbprint impression from the girls’ poor and illiterate parents, while for many girls, no consent forms whatsoever could be located.

Symptoms the girls experienced [included](#) epileptic seizures, early onset of menstruation, heavy bleeding, severe menstrual cramps, severe stomach aches, headaches and mood swings.

An Indian government [investigation](#) concluded the girls’ deaths were unconnected to the vaccination, but [ethical and regulatory failings](#) in the vaccine trial were discovered, which resulted in the BMGF being [restricted](#) from the country’s vaccination program in 2013.

Despite this, the foundation [continued to work](#) with the Indian Health Ministry via the latter’s [Immunization Technical Support Unit](#) (ITSU).

Nevertheless, the investigative committee’s conclusion that the deaths were not vaccine-related, but instead due to such causes as suicide, accidental drowning, malaria, viral infections and subarachnoid hemorrhage, did not go unquestioned.

Representatives of the [Sama Women’s Health](#) NGO visited one of the affected regions, Khammam, in March 2010, on a fact-finding mission. As [reported](#) by India’s Economic Times, the Sama report found “HPV vaccine as a possible, if not probable, cause of suicidal ideation cannot be ruled out” for the girls’ deaths.

The Yadav v. Maharashtra complaint also calls out the activities of Gates and the BMGF with regard to the administration of polio vaccines in India, [funded](#) by the BMGF to the tune of \$450 million.

The program foresaw the administration of 50 [doses](#) of the vaccine to children below the age of five, via [overlapping vaccination programs](#).

This campaign [was blamed](#) for “a devastating non-polio acute flaccid paralysis (NPAFP) epidemic that paralyzed 490,000 children [in India] beyond expected rates between 2000 and 2017.”

In 2017, Gates' involvement in the polio vaccine campaign was "[dialed back](#)." Following this, "[NPAFP rates dropped precipitously](#)."

As detailed in a [scientific study](#) published in 2012:

"Nationally, the non-polio AFP rate is now 12 times higher than expected. In the states of Uttar Pradesh (UP) and Bihar, which have pulse polio rounds nearly every month, the non-polio AFP rate is 25- and 35-fold higher than the international norms ... children who were identified with non-polio AFP were at more than twice the risk of dying than those with wild polio infection.

"The international incidence of non-polio AFP is said to be 1 to 2/100,000 in the populations under 15 ... In 2011, an additional 47,500 children were newly paralyzed in the year, over and above the standard 2/100,000 non-polio AFP that is generally accepted as the norm ... [t]his large excess in the incidence of paralysis was not investigated as a possible signal, nor was any effort made to try and study the mechanism for this spurt in non-polio AFP.

"From India's perspective the exercise has been extremely costly both in terms of human suffering and in monetary terms. It is tempting to speculate what could have been achieved if the \$2.5 billion spent on attempting to eradicate polio were spent on water and sanitation and routine immunization."

The specific vaccine administered to Indian children was the oral polio vaccine. As of Jan. 1, 2000, the CDC [withdrew](#) this vaccine from immunization schedules except in "special circumstances," as the oral vaccine was itself [found](#) to be causing polio.

Nevertheless, Gates had [reportedly hired](#) a well-known Indian actor, Amitabh Bachchan, to [promote](#) the oral polio vaccine via a [series](#) of [television advertisements](#).

Gates, Poonawalla at the center of vaccine controversy in India

India has stood out among most of the world's countries by not offering blanket immunity to manufacturers of COVID-19 vaccines.

In 2021, the Indian government's negotiations with [Pfizer](#) fell through when Indian regulators [refused](#) to provide it legal protection via indemnity.

Such protection was not provided to the three COVID-19 vaccines that received an emergency use authorization in India: Covishield, Covaxin and Sputnik V.

This did not occur without dissent, however. Poonawalla, as head of the India-based Serum Institute, had [called](#) for protection from lawsuits for COVID vaccine injuries.

The Yadav v. Maharashtra [complaint](#) describes Poonawalla and other personnel of the Serum Institute, which manufactures the Covishield vaccine, as "complicit" in Kadve's death, and as "habitual offenders of earning profits by selling vaccines with death-causing side effects," placing them "in the category of mass murderers."

However, the controversy over Gates' and Poonawalla's vaccine-related work in India spans beyond the Yadav v. Maharashtra case.

In April 2021, for instance, Gates and the BMGF received [criticism](#) for their refusal to share COVID-19 vaccine technologies with India and other developing countries.

This criticism prompted the CEO of the BMGF, Mark Suzman, to reverse course and support a [temporary waiver](#) on vaccine-related intellectual property.

In 2006, the BMGF co-founded, with the Indian government, the Public Health Foundation of India (PHFI) as a public-private partnership. The PHFI is funded, in part, by pharmaceutical companies, [including](#) Pfizer and Merck.

The PHFI has also been active in producing [research](#) related to COVID-19, with at least one such [study](#), titled “Impact of Crop Diversity on Dietary Diversity among Farmers in India during the COVID-19,” also crossing over into the agricultural realm.

In Gates’ aforementioned Nov. 2019 visit to India, he heaped [praise](#) on three Indian vaccine manufacturers, including the Serum Institute.

But Gates’ connection to the Serum Institute goes beyond verbal praise. Since [November 2012](#), the Serum Institute has been the recipient of BMGF grants — in that initial instance for the development of an HPV vaccine. Gates [toured](#) the Serum Institute earlier that year.

The Serum Institute received a \$4 million [grant](#) from the BMGF in October 2020 to support research and development as part of the COVID-19 response, while in August 2020, the Serum Institute, in partnership with the BMGF and GAVI-The Vaccine Alliance, [agreed](#) to produce up to 100 million doses of COVID-19 vaccines for low- and middle-income countries.

Also known as the “Vaccine Alliance,” GAVI proclaims a [mission](#) to “save lives and protect people’s health,” and states it “helps vaccinate almost half the world’s children against deadly and debilitating infectious diseases.”

GAVI was [established](#) in 1999, with the BMGF as one of its co-founders and one of its four permanent board members.

GAVI then goes on to [describe](#) its core partnership with various international organizations, including the WHO, UNICEF, [the World Bank](#) and the BMGF.

As previously [reported by The Defender](#), GAVI, through its [INFUSE initiative](#), has called for “innovations that leverage new technologies to modernize the process of identifying and registering the children who are most in need of life-saving vaccines.”

GAVI also closely collaborates with the [ID2020 Alliance](#), founded in 2016, which claims to advocate in favor of “ethical, privacy-protecting approaches to digital ID,” adding that “doing digital ID right means protecting civil liberties.

Microsoft is a [founding member](#) of the ID2020 alliance (in 2018) and appears to [partner](#) with it, while Kim Gagné, ID2020’s board chairman, is a [former Microsoft executive](#).

Controversy has surrounded GAVI’s activity in India. GAVI, along with the PHFI and the BMGF, have [promoted](#) the Pentavalent vaccine, which combines five vaccines – diphtheria, hepatitis B, tetanus, whooping cough, and haemophilus influenza type B (which causes pneumonia and meningitis) – into one.

The Indian Health Ministry [found](#) the deaths of three infants in the Indian state of Tamil Nadu to have had “a consistent causal association to immunization” — that is, to the Pentavalent vaccine, while in total, 54 infant deaths were classified with the AEFI as adverse reaction deaths.

GAVI [provided](#) a \$165 million grant in August 2009 for the phased introduction of Pentavalent in India, in addition to subsidizing each injection for five years thereafter.

Regulatory capture and a “revolving door” between the Indian government and GAVI also appears to exist, as in the [example](#) of Anuradha Gupta, formerly an official with the Indian Health Ministry and director of the National Health Mission. Gupta in 2014 was named deputy CEO of GAVI, and [remains](#) in the position to this day.

Gates involved in controversial digital ID schemes in India

In 2009, the Indian government launched a national digital identification card system known as [Aadhaar](#), now the world’s largest biometric identification system.

The Aadhaar Card contains biometric and demographic data and provides individuals with a unique 12-digit identity number, though it is in and of itself [not considered](#) proof of Indian citizenship, just of Indian residence.

The Aadhaar identification number was linked with numerous public and private services, [including](#) the opening of bank accounts, verification of electoral identity, filing income tax returns, making digital payments, receiving government pensions, subsidies and welfare payments and [registration](#) of mobile SIM cards.

Aadhaar has generated controversy in India, such as over the government’s [plans](#) to link it to the national voter database.

And in 2017, it was [reported](#) that HIV patients in India were being coerced into submitting their Aadhaar number, leading them to drop out of treatment programs due to privacy concerns.

Chinese hackers also [reportedly](#) targeted the Aadhaar database.

Aadhaar also was at the center of legal controversy. A 2013 ruling by the Indian Supreme Court [found](#) no person should be denied government services, benefits or subsidies for not possessing the Aadhaar card.

A subsequent Supreme Court ruling in 2018 upheld the constitutionality of the Aadhaar system, but [found](#) it cannot be made mandatory for use by private organizations, such as banks or mobile providers.

Civil society groups in India, such as the Citizens Forum for Civil Liberties, [expressed opposition](#) to Aadhaar on the basis of privacy concerns. The National Advisory Council and the Central Employment Guarantee Council of India [opposed](#) Aadhaar “on the grounds of civil liberties.”

Nevertheless, Gates, on his personal blog, [praised](#) Aadhaar — describing it as “a valuable platform for delivering social welfare programs and other government services” — and Nandan Nilekani, who developed the Aadhaar system and who now works with the World

Bank Group to help other countries develop similar schemes.

Gates also dismissed privacy concerns surrounding Aadhaar, [stating](#) that “Aadhaar in itself doesn’t pose any privacy issue because it’s just a bio ID verification scheme,” adding that “We [the BMGF] have funded the World Bank to take this Aadhaar approach to other countries.”

In 2020, the Indian government [announced](#) the launch of the [Ayushman Bharat Digital Mission](#), a system that would complement Aadhaar by [providing](#) a unique [digital health ID](#) to all citizens and that would be linked to their personal health records.

The program was initially trialed in six Indian regions and was launched nationally on Sept. 27, 2021. As of Nov. 2021, 96% of Ayushman Bharat Digital Mission users were [linked](#) with Aadhaar.

The launch earned Gates’ praise. He [tweeted](#) congratulations to Indian President Modi, stating the program “will help ensure equitable, accessible healthcare delivery and accelerate progress on India’s health goals.”

Notably, in October 2021, the Ayushman Bharat Digital Mission received a \$350,690 [grant](#) from the BMGF to support its “rollout and strengthening,” raising [concerns](#) regarding privacy, informed consent and data leakage.

Freedom of information requests [revealed](#) that Indian authorities generated health IDs for individuals who provided their Aadhaar number when receiving a COVID-19 vaccine, enrolling them in the Ayushman Bharat Digital Mission without informed consent.

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