

# Recent Pandemic Debates Emphasize Need for More Careful Evidence-Based Policy

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*While health policy makers need to be guided by careful evidence-based approach in all times, this need has increased all the more in recent times due to two important factors.*

Firstly, of course there are the pandemic related factors.

Secondly, there is the rapid increase in the dominance of the profit motive and control motive in health sector.

It is in the health sector (which ideally should be the sector which is most free from the profit motive) that the maximum number of billionaires have emerged recently and that too mostly in pandemic times and its aftermath.

A billionaire (or the organization dominated by him) has emerged as a leading financier of the leading international health organization which has the biggest influence worldwide on health (and pandemic) policy.

This billionaire has been associated with highly unethical promotion of GM crops and foods, indicted by many scientists for their very harmful health impacts, and now we have this billionaire wielding excessive influence in leading health organizations as a leading funder of their work.

At the same time the profits of leading multinational companies engaged in pharmaceuticals and vaccines have increased as never before and they are now in an even stronger position to influence international and national decisions in their favor. In fact even more than super-profits, **increase of control over the health sector may increasingly be the aim of some of the biggest health multinational companies and their controlling interests.**

All this has resulted in a highly sensitive situation in which the responsibility of national

public health policy makers and the caution they need to exercise have increased much more compared to earlier times. One of the ways of ensuring this is to look at the emerging evidence as widely as possible, including alternative views which are different from dominant views or critical of them.

While the official policy in several countries in recent times was to 'boost' the booster dose of Covid vaccine, research questioning this view was also published.

In this context attention may be drawn to an article published in The Wall Street Journal on January 1 2023 (article titled Are Vaccines Fueling New Covid Variants). Written by Allysia Finley, a member of the editorial board of this prestigious, solidly pro-establishment newspaper, this helped to draw attention to a lot of recent research which has raised concerns and voiced a lot of caution regarding an aggressive policy on booster doses.

Two days earlier, on December 30 2022, The Epoch Times, also a US publication, had highlighted the results of an investigation based on data of several states which, despite some limitations of data base, showed an overall tendency for booster receivers to be exposed to more risks.

Commenting on this and other data Dr. Robert Malone, inventor of the mRNA vaccine, commented,

“It is unassailable that a very large fraction of highly inoculated (people) are among those being hospitalized or dying. So at a minimum, the effectiveness of in preventing hospitalization or death does not appear to be aligned to the official policy position.”

Earlier in August 1921 **Geert Vanden Bossche** D.M.V. Ph.D., virologist and vaccine expert, had warned that vaccines could lead to new more, more infectious viral variants becoming increasingly dominant.

The most discussed book which presents alternative information and viewpoints on this issue has been written by Robert Kennedy, Jr., nephew of the late President John F. Kennedy, who has been taking up one child health and public health issue after another in recent times. Despite several efforts to block and obstruct this book and its views, this well-referenced book titled 'The Real Anthony Fauci: Bill Gates, Big Pharma and the Global War on Democracy and Public Health', sold over a million copies in just a few months. This as well as some other recent books have done much to draw attention to several less known aspects of this debate.

It may prove to be very useful if policy makers also consider the viewpoints and facts emerging from these alternative viewpoints to take more balanced decision instead of merely following the dominant viewpoints. This may be particularly true of side-effects and safety aspects. Generally in the case of all vaccines adverse events recorded constitute an important part of discussion relating to them, and this is all the more so in the case of COVID-19 vaccines which were developed and distributed in unprecedented hurry.

## **Comparative Review**

A comparative review of adverse impacts of COVID-19 vaccines is attempted here at two levels . Firstly in the case of a single country (USA) where comparable data over a time period of several years is available, the adverse events following all other vaccines are compared with adverse events following COVID-19 vaccine during 2020-21. Secondly the

adverse events data for COVID vaccines is compared for various countries.

First, we can compare the official data for per month deaths following COVID vaccines with the longer-term data from the same comparable official source for per month deaths following all other vaccines in the context of the USA.

The source of all this data is VAERS ( Vaccine Adverse Events Reporting System) which has been recording adverse events, serious injuries and deaths following vaccinations for several years in the USA.

There have been criticisms, supported by studies, that what gets recorded in VAERS may be very substantial under-estimates but still it is the only officially recognized data base we have in the public domain. VAERS figures do not establish a cause and effect relationship. This data base only tells us that a certain number of adverse events including deaths were reported and recorded in this system within a certain specified number of days following vaccination. The same is also true of the data on adverse events of other countries later in this review.

The VAERS data inform that for the roughly sixteen and a half year period ( 198 months) from July 1997 to December 2013, counting all the various vaccines that are administered in the USA, many adverse events were recorded which included 2149 deaths. This figure is available in a paper titled Deaths Reported to the Vaccine Adverse Event Reporting System 1997-2013, United States, authored by Pedro L. Moro, Jorge Arana , Mario Cano and others. This paper,( Clin. Infect. Dis 2015 Sep.15; 61(6), reproduced by National Library of Medicine, National Center for Biotechnology Information is based on what was recorded in VAERS. This paper also says that these deaths showed a declining trend.

Dividing 2149 by 198 we find that on average per month 11 post-vaccine deaths were recorded, counting all the various vaccines administered in the USA.

Now let us look at the post-vaccine deaths recorded only for COVID-19 vaccine in the USA under the VAERS since this vaccination started in December 2020. During the roughly 11 months period from December 14 2020 to November 12 , 2021,a total of 8,664 deaths were recorded This works out to an average of about 788 deaths per month.

Thus we learn that the number of post-vaccine deaths recorded per month for COVID-19 vaccine up to November 12 2021 (788) is about 72 times of the deaths per month that were recorded earlier for all vaccines combined (11), as revealed in a longer-term study of VAERS records for 198 months, years 1997-2013.

While calculating this we have used the much lower VAERS estimate which excludes deaths following COVID vaccine attributed to 'foreign reports'.

During the period of about 11 months December 14 2020 to November 12 2021 following COVID-19 vaccine, in the VAERS system of USA, after excluding foreign reports, a total of 654,413 adverse events and 54,962 serious injuries were recorded.

These statistics, as also the findings of important studies that VAERS data on adverse side effects should be treated as substantial under-estimates, should have clearly got more attention in official decisions, as also the hardly discussed possibility of adverse impacts that may manifest much later. People should be adequately informed for a proper

democratic debate to take place.

Now in the second part of this review let us try to compare the USA data with the data for some other countries. The USA data is up to around mid-November when around 410 million vaccines had been administered. In India up to this time about 1100 million vaccines had been administered. However the adverse events following COVID-19 vaccines as reported officially are very, very less compared to what has been reported for the USA. As reported in leading newspaper the Hindu on November 29 the serious adverse events following COVID-19 vaccine till November are 2116. ( See report titled Vaccination adverse events less than 0.01%, Centre tells Supreme Court, written by Krishnadas Rajagopal).

As available data indicates adverse events data to be amazingly below that for the USA, there can be two interpretations. One interpretation can be that in terms of safety the COVID Vaccination in India has been enormously superior compared to the USA. This would appear to be all the more so keeping in view that VAERS estimates also involved substantial under-reporting. The second interpretation is that the data on this subject is a huge underestimate of the actual situation in India. Which interpretation appears more acceptable to readers?

In the case of China, as in the case of India, the real situation in this context is not clear and more transparency is needed. However a Bloomberg report dated May 28 which says it has about 0.01% adverse events from COVID vaccines may be mentioned here. This report mentions the figure of 31,434 adverse events from 265 million jabs administered till then. If we extrapolate the same figure for the nearly 2300 million jabs given till the last days of November, then we get a figure of about 280,000 adverse events (these are not described as serious adverse events, just adverse events in the Bloomberg report.). Comparing with the adverse events in the USA and other western countries, this again is a substantial underestimate.

In the case of nearly 27 countries of the European Union, an analysis of adverse events as reported in Health Impact News dated 28 November mentioned 31000 deaths, 2890,600 injuries including 1355,192 serious injuries.

Hence the trend appears to be of high reporting from developed countries and of low reporting from developing countries.

## **Children and Teenagers**

Another important aspect relates to extension of COVID-19 vaccination to teenagers and children and voices of caution voiced by several senior scientists in this context. In fact In India almost as soon as the official announcement in this context was made, on December 6 2021 a senior epidemiologist of AIIMS Dr. Sanjay K. Rai, President of Indian Public Health Association and involved in Covaxin trials in India in a very senior position, stated that this will not yield any additional benefits. At the world level Dr. Robert Malone, who has played a very important part in the debate, has warned against high risks involved in this. He has stated that thousands of scientists and doctors oppose this (Physicians Declaration II-Updated October 29 2021, Global COVID Summit, International Association of Physicians and Medical Scientists).

His views and those of several other senior scientists should not be ignored. In the interests of ensuring safety and avoiding any adverse impacts it is important to resolve these

controversies in such a way that the health and safety concerns of all and particularly of children are well protected.

On December 24, three of the top Indian scientists and officials having a very high presence in the COVID vaccination drive made a statement that their decisions are guided by science and there isn't scientific basis yet to necessitate paediatric vaccination.

Just a day later, On December 25, at higher levels the government announced that COVID vaccination for teenagers in 15-18 age group will start from January 3 2022 as this will be very helpful for them.

Dr. Sanjay Rai made another important point in his statement. He stated that even among adults, COVID vaccination has helped to reduce severity and mortality, but has not helped significantly to reduce infection risk and even those fully vaccinated have been infected and such breakthrough infections have been increasing in some countries.

More specifically, he stated about COVID vaccination,

“But according to whatever knowledge we have about vaccines, they are unable to make a significant dent in the infection. In some countries people are getting infected even after taking booster shots.”

An additional reason he gave regarding the need to avoid COVID vaccination of children relates to the much lower risks from this disease to children. Combining all these factors together he made a strong case for avoiding COVID vaccine for children and teenagers.

He is certainly not alone in highlighting this as thousands of medical scientists, doctors and public health activists from around the world have already pointed this out. As mentioned earlier, we have the reference of the declaration in which thousands of scientists and doctors have endorsed the 'Physicians Declaration II -Updated October 29 2021, -Global Covid Summit—International Alliance of Physicians and Medical Scientists. This statement has stated the following reasons against vaccination of children for COVID:

- Negligible clinical risks for SARS-CoV-2 infection ( COVID-19) infection exist for healthy children under 18.
- Long-term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long-term safety data, risks to the long-term health status of children remains too high to support use in healthy children.
- Children risk severe adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive systems associated with SARS CoV-2 spike protein-based genetic vaccines have been demonstrated in children.

It is true, however, that very diverse views have been offered and published in prestigious journals by eminent doctors and scientists. What is important to policy makers is to find out which views best reflect concerns of protecting public health, and which views have the shadow of conflict of interest including influence of big multinational companies and billionaires. The scene has been darkened by the fact that the billionaires, their so-called philanthropic organizations and big multinational companies have managed to find influential allies not just in several decision-making agencies of several countries but in

several international and UN organizations relating to health and child welfare. In fact one of the leading lessons of COVID-19 and its distorted responses should be to ensure that the WHO is completely freed of the influences of billionaires, their so-called philanthropic organizations and health and pharmaceutical multinational companies.

In the prevailing conditions of peddling of wrong influences at high levels it becomes all the more important to hear diverse views including dissenting views in matters concerning pandemics and vaccines related to them. In the context of COVID-19, unfortunately, we saw the very distressing situation of several highly reputed scientists and doctors being subjected to very unjust and even cruel victimization just because they challenged some of the dominant views. This is not science, this is not democracy. One can only hope and plead that in future there should not just be more tolerance but in addition there should also be more of a spirit of science, of being truly open to other viewpoints with the shared aim of making the best effort for drawing the right conclusions on various crucial issues to guide policy. In very important issues of vaccines and lockdowns, the COVID-19 response cannot be called evidence-based and the sufferings of many, many people caused due to this are still continuing.

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