



Dear Sir/Madam,

20 August 2021

**OPEN LETTER re VACCINATION MANDATES BY EMPLOYERS FOR EMPLOYEES OR
POTENTIAL EMPLOYEES**

1. The vote by the UK Parliament on the 13 July 2021 was in favour of compulsory Covid-19 vaccinations for care home workers in Englandⁱ. This is the first step towards mandating this medical intervention, which has been in discussion for some time. We have previously already been contacted by several worried and distressed individuals who were being advised by their employers that they are required to be vaccinated as a condition of their existing employment.
2. We are most concerned by this development and the potential inequitable treatment of employees or job seekers by employers. As such, we write this open letter to assist individuals who are affected by any such inequitable treatment.
3. This letter is not intended to give, nor should it be taken as giving, any legal advice or medical advice. Anyone reading this letter who has any concerns or queries should take their own legal advice and seek any medical assistance as appropriate or necessary.

PRELIMINARY

4. It is an established principle in English Law that individuals with capacity to consent cannot and should not be compelled to have any medical treatment against their wishes. This is further explained below in the section dealing with Informed Consent.
5. The Public Health (Control of Disease) Act 1984 (section 45E) provides that Regulations made under certain sections of that Act “*may not include provision requiring a person to undergo medical treatment “Medical treatment” includes vaccinations and other prophylactic treatment*”.
6. Furthermore, the Parliamentary Assembly of the Council of Europe passed Resolution number 2361 of 2021ⁱⁱ on 27 January 2021, which stated that:
 - 6.1 Paragraph 7.3.1 - *ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;*
 - 6.2 Paragraph 7.3.2 - *ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated;*

The United Kingdom remains a member of the Council of Europe and, as a member state, is expected to adhere to resolutions passed.

7. We argue that the principle of free and informed consent, enshrined in our domestic law, would make it inequitable and potentially unlawful for any employer to seek to mandate the Covid-19 vaccine.

CONTRACT OF EMPLOYMENT

8. An individual’s employment is governed by a Contract of Employment (“the Contract”). This contains terms and conditions regulating the working relationship between the employer and the employee. Any material changes to this Contract can usually only be made with agreement of both parties.



9. Consequently, if the Contract does not contain a specific clause to require a Covid-19 vaccine, then the employer is, in most cases, unable to unilaterally change the Contract to insist on a vaccine as a condition of employment. Likewise, any attempt by an employer to circumvent this by dismissing and then re-hiring an employee on new contractual terms may also be considered unlawful.
10. If the employer nevertheless continues to unilaterally change the Contract, such a change is likely to be a breach of the Contract. The employer would have to demonstrate that mandating a Covid-19 vaccine was a “reasonable instruction” in all the circumstances, to avoid being in breach of Contract. “Reasonable instruction” would have to be considered in light of the contents of this letter, and each individual case would have to be decided upon its own facts. If the employer was unable to demonstrate the change was a “reasonable instruction”, and provided the employee has the requisite length of service, the employee may be able to resign and pursue a Damages claim for constructive unfair dismissal against the employer in the civil courts. This Damages claim (including all associated costs) could be substantial, and this financial exposure may not be covered by an employer’s insurance policy.

ADDITIONAL CONSIDERATIONS FOR EMPLOYERS

11. Whilst there may not be an existing Contract governing the employment, this does not mean an employer is free to mandate a vaccine as a condition of an offer of employment. Doing so may leave the employer open to a potential claim for damages as set out below.
12. As above, we have grave concerns with regards to mandating Covid-19 vaccinations for reasons expanded upon further in this letter, and this would apply equally to existing employees and job seekers (including apprentices and work experience and similar classes of workers):
 - 12.1 Limited evidence for efficacy of the Covid-19 vaccines;
 - 12.2 Potential for physical and psychological harm caused by the vaccines and/or the vaccine mandate to the employee;
 - 12.3 Potential for indirect discrimination, as people may be unable to be vaccinated due to “protected characteristics” under the Equality Act 2010;
 - 12.4 Requirement for informed consent which applies to all medical interventions;
 - 12.5 Liability for Covid-19 vaccine related injuries / deaths.

Limited evidence for efficacy of the vaccine

13. Manufacturers’ claims of up to 95% effectiveness of the vaccines are based on evidence of effectiveness in preventing mild symptomsⁱⁱⁱ. The concerns caused by this pandemic and the justification for all imposed measures and restrictions have never about been mild symptoms. **Outcomes of concern such as severe disease, Long Covid, hospitalisation and death have NOT been assessed in the Covid-19 vaccine regulatory trials^{iv v}.**
14. Published claims of effectiveness were based on interim analyses of trial data, comprising an extremely small number of trial participants. This can be misleading as the claims of **95% or similar effectiveness refer to relative risk reduction**, whilst the **absolute risk reduction to any individual is only in the region of 1%^{vi}**. Some population groups, including the elderly, pregnant women, and children, were not adequately represented in the clinical trials, and therefore statistical significance of outcomes may not apply to them^{vii}.
15. Figures from Israel, the country with the highest vaccination uptake, indicated that numbers needed to vaccinate (NNTV) are 364 to prevent one PCR conversion, 490 to prevent one symptomatic case, 4004 to prevent hospitalization of one patient and 5014 to prevent



hospitalization of one case with severe disease. To prevent one death, 25,940 people need to be vaccinated, at a cost of over \$1million (assuming \$20 per dose and two doses per person)^{viii}.

16. It is worth noting that Israel recently reported a 40 times higher mortality rate compared to previous years and more deaths than would have been expected to occur related to Covid-19 in the same time frame^{ix}. Recent data from Israel indicate that a significant number of Covid-19 cases occur following completed vaccination^x. These figures suggest that, at least in the short term, the vaccines provide incomplete protection and are not having a beneficial effect on severe disease or mortality.
17. There is no historical precedent for a pandemic ever being halted or even mitigated by vaccinating the entire population. For a disease with an infection fatality rate of <0.1% for most of the population (aged <70 years), the usefulness of mass vaccination programmes is questionable. Even in the elderly, aged >70 years, the recovery rate from Covid-19 is in the range of the claimed effectiveness of the currently approved vaccines^{xi xii}.
18. Trials have not demonstrated whether Covid-19 vaccines reduce asymptomatic infection or transmission, so the recipient is likely to still be able to spread the virus to others^{xiii xiv}. Guidance from the government is that vaccinated individuals will still need to socially distance and wear masks^{xv}. In these circumstances, and completely without prejudice to what is said in this letter, **there is simply no scientific rationale or justification to mandate a vaccine to any individual for the safety of others.**

Potential harm caused by the vaccines

19. There is very limited evidence regarding safety of Covid-19 vaccines, as the existing Phase 3 trials have not been completed. Indeed, the validity of the regulatory trials has already been compromised, as participants in the placebo group have been unblinded and offered the vaccine, thus removing the control arm^{xvi}. **The vaccines are therefore still experimental.** There is only **limited short-term safety data and NO long-term safety data available**, to rule out rare short-term side-effects or late-onset effects such as cancers, autoimmune diseases, infertility, neurological disorders etc. These conditions can take months or years to become apparent.
20. Employees may find the requirement to have a vaccine, as a condition of either their continuing employment or their potential employment, an extremely distressing situation. There are very real questions over the safety of Covid-19 vaccines, set out in detail below. Furthermore, many employees will be worried about their financial position if they wish to decline or postpone vaccination and lose their job or chance of employment as a result. Employees faced with this situation may suffer from stress and anxiety, which will adversely affect their mental health.
21. Furthermore, it is important to emphasize that there are **multiple causes for concern regarding Covid-19 vaccine safety**, as set out below.
22. Vaccines against SARS-CoV-2 are based on a **completely new biotechnology**^{xvii}. Gene-based mRNA and DNA-vector vaccines have never previously received full regulatory approval for mass use in humans and are more akin to genetic manipulation/modification than to traditional vaccination. Current trials have only been in progress for a few months and therefore do not allow any conclusions regarding any medium and long-term effects of this novel approach. Many concerns have been raised by scientists, specifically relating to harm caused by the spike protein^{xviii xix}.
23. mRNA and DNA vaccines are designed to induce an immune response against a viral spike protein that the body has been prompted to produce itself, by incorporation of the synthetic viral gene into the internal cell machinery or genome. It is hypothesised that this immune response will be



limited to the target protein and not be directed to any innate human proteins, but there is no data to rule out the possibility that this technology may trigger autoimmune diseases^{xx}.

24. Attempts to develop a vaccine against coronavirus had been in progress for almost 20 years, at least since the emergence of SARS-CoV-2 in 2002. These had been unsuccessful, mainly due to serious safety concerns in the animal trials^{xxi xxii}. Specifically, an effect of antibody-dependent enhancement (ADE) was observed, which caused animals to develop more severe disease when exposed to the wild virus after immunisation^{xxiii}. Instead of being protected, the animals got very sick, and some died. It is completely unknown at this stage, whether the currently administered vaccines will trigger this devastating effect, as animal trials were limited or skipped and the reaction to subsequent exposure to SARS-CoV-2 virus in humans has not been specifically tested. There is therefore a risk that **Covid-19 vaccines may worsen clinical disease due to antibody-dependent enhancement (ADE)**. This is of significant concern, and this information must be shared prior to vaccination^{xxiv xxv}.
25. The Pfizer and Moderna vaccines contain polyethylene glycol (PEG). PEG is a known allergen which carries a risk of **serious, potentially fatal allergic reactions**^{xxvi}. The US Centre for Disease Control (CDC) issued advice that anyone allergic to PEG or its close relative, Polysorbate, should not receive either of the currently available mRNA vaccines^{xxvii xxviii}. This has also been reflected in advice from the NHS, which states "*Since the Pfizer-BioNTech COVID-19 vaccine contains PEG, individuals with PEG allergy should not receive this vaccine*"^{xxix}.
26. Since the start of Covid-19 vaccine rollout to the population in December 2020, **thousands of vaccine-related illnesses and deaths have been reported** through databases in the US (VAERS^{xxx}), Europe (Eudravigilance^{xxxi}) and the UK (MHRA^{xxxii}) raising serious concerns about safety. In the report published by the MHRA on 28 July 2021, there were **over one million (1,118,090) reported adverse reactions in the UK from 337,064 Yellow Card reports**, including serious events such as seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. The report includes **1536 fatalities**.
- Dr Tess Lawrie, from the independent Evidence Based Medicine Consultancy, published an Open Letter to the MHRA on 9th June with an analysis of UK Yellow Card adverse event data, concluding that "**The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans**"^{xxxiii}.
27. It has emerged that some Covid-19 vaccines carry the risk of a rare blood clotting disorder "**Vaccine-induced Immune Thrombotic Thrombocytopenia**" (VITT). Recent UK government advice for young people is to avoid the AstraZeneca vaccine for this reason. VITT often presents as ischemic strokes, including over 100 reported cases of the rare Cerebral Sinus Venous Thrombosis^{xxxiv}. It is possible and plausible that this reaction could be a **class effect caused by spike proteins** and therefore not specific or limited to the AstraZeneca vaccine^{xxxv}.
28. There is increasing concern over reports of myocarditis, especially in teenagers and young adults, following the mRNA Covid-19 vaccines. This appears to be more prevalent in young males. The **risk of myocarditis following the Covid-19 vaccine seems to be 30-200x the normal background risk**, as shown in a recent presentation by the US CDC's Advisory Committee on Immunization Practices (ACIP), who are currently investigating 1200 cases of vaccine associated myocarditis and pericarditis in the US^{xxxvi}. In Israel the reported incidence of myocarditis following vaccination is estimated to be between 1/3000 to 1/6000 doses^{xxxvii}. Although many of these cases are described as "mild" and resolve, myocarditis carries a long-term risk of heart failure, and also may require restricted exercise and medication for several months after recovery.



29. Neurological safety concerns are emerging as the vaccine is rolled out to the public, including **Guillain-Barre Syndrome and Bell's Palsy** (paralysis of the facial nerve). More details and references are available in a recent report by HART in the UK^{xxxviii}. Neurological damage and complications have previously been reported following vaccinations. Cases of transverse myelitis, which affects the spinal cord, have been described^{xxxix xl} as well as other neurological adverse events, including Bell's palsy in the Pfizer^{xli} and Moderna trial data^{xlii}.

Discrimination

30. Many employees or job seekers may be unable to have the vaccine due to "protected characteristics" such as disability, age, sex, race or certain medical conditions falling under the Equality Act 2010. Discrimination under the Equality Act 2010 applies equally to existing employees and to job seekers. We once again refer to the contents of Paragraph 7.3.2 of the Resolution passed by the Council of Europe (set out above in paragraph 6).

31. Mandating a vaccine may be considered discrimination, which may allow the employee or job seeker to bring a claim for damages. This has been recognised by the Government in the guidance published for the proposed domestic "COVID Pass". The Government has stated that: "*Exemptions for domestic use:...if you have a medical reason which means you cannot be vaccinated or tested, you may be asked to self-declare this medical exemption*"^{xliii}. Discrimination can take the form of direct or indirect discrimination, harassment or victimisation, all of which could be relevant in this situation and are matters which any employer should be alert to.

32. Furthermore, any differentiation in treatment between those who have or haven't been vaccinated may amount to indirect discrimination. Potential situations where a claim for indirect discrimination may be made by an employee include:

- a. where an employee cannot return to their place of work without vaccination;
- b. an employer declines to pay sick pay to an employee who has refused the vaccine and subsequently has a Covid-19 related absence (e.g. is unwell or is otherwise required to self-isolate); or
- c. in the context of performance of their role (and associated impact on performance reviews/bonuses/promotion) they are unable to undertake business travel to countries which impose vaccination as an entry requirement.

33. Damages would be uncapped and include loss of earnings (or potential earnings), as well as injury to feelings and interest. In some situations, there can be aggravated damages if the court finds that the employer behaved in a malicious or heavy-handed way.

34. We highlight that some insurers may refuse to cover claims where there are very real concerns over the vaccines and where the employer is clearly, or should be on notice, of such concerns, but proceeded to mandate the vaccine in any event in a manner contrary to the Equality Act 2010.

35. Employers also need to be aware that even if the Contract allows for the vaccine, if they continue to mandate this requirement and fail to take into consideration the personal circumstances of the employee and any protected characteristics, they could face a claim for indirect discrimination in the terms set out above.

Requirement for Fully Informed Consent

36. The administration of any vaccine may only occur with the **fully informed and free consent** of the individual. The law in relation to informed consent is summarised below and is set out in more detail in the referenced leaflet that the UK Medical Freedom Alliance have produced^{xliv}. We urge



you to read this document carefully, as it sets out laws protecting bodily autonomy and the legal right of an individual to decline any medical treatment or intervention without punishment. We also re-iterate the contents of paragraphs 5 and 6 above.

- 37. The employee must be free to accept or decline any treatment^{xlv}.
- 38. The employee's decision must be voluntary and not influenced by pressure from medical staff, friends, or family. We argue that an employer would also be caught by this provision^{xlvi}.
- 39. The leading case on informed consent is the Supreme Court case of *Montgomery v Lanarkshire Health Board* (2015) UKSC. The Supreme Court is the highest Court in the UK, and derogation from this decision is not an option open to employers without risk of claims. We draw your attention to the following statements made in that decision:

"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. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments"

Furthermore, Lady Hale stated in this judgment that:

"...it could now be stated "with a reasonable degree of confidence" that the need for informed consent was firmly part of English law."

"It is now well recognised that the interest which the law of negligence protects is a person's interest in their own physical and psychiatric integrity, an important feature of which is their autonomy, their freedom to decide what shall and shall not be done with their body."

*"An important consequence of this is that it is not possible to consider a particular medical procedure in isolation from its alternatives. Most decisions about medical care are not simple yes/no answers. There are choices to be made, arguments for and against each of the options to be considered, and sufficient information must be given so that this can be done: see the approach of the General Medical Council in *Consent: patients and doctors making decisions together* (2008), para 5, quoted by Lord Kerr and Lord Reed at para 77 and approved by them at paras 83 to 85."*

The above statements are clear. Informed consent is firmly embodied in English Law, and it is a legal requirement to ensure that **all medical treatment is administered only with informed and free consent.**

- 40. The Universal Declaration on Bioethics and Human Rights also states that any preventive, diagnostic and therapeutic **medical intervention must only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.** The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice^{xlvii}.
- 41. If an employer still wishes to proceed with mandating the vaccine, despite what is stated above, they must ensure that the employee is given the opportunity to consent to or decline the vaccine and that **this consent must be "free" and "voluntary"**. To threaten the employee with dismissal, or to refuse a job offer based on refusal to have the vaccine, or to apply any other restrictions or penalties, may be considered to amount to coercion on the part of the employer and may allow the employee or job seeker to bring potential legal action.



Liability for Covid-19 vaccine-related injuries / deaths

42. There has been an awareness of potential harms that will occur as a result of Covid-19 vaccines, amongst policymakers and pharmaceutical companies. The UK's Medicines and Healthcare products Regulatory Agency (MHRA) updated their software to be able to capture adequately the "expected high number of adverse events", that their legacy system would otherwise have been unable to cope with^{xlviii}. **Covid-19 vaccine manufacturers demanded and have been granted exemption from any liability for adverse effects** caused by their products as they could not "take the [financial] risk of liability"^{xlix} ¹. There is therefore no recourse for compensation from manufacturers, and only limited compensation (£120,000 lump sum) will be available from the Government Vaccine Damage Payment scheme^{li} in the event of serious disability or death. In order to qualify for any payment under this scheme, the applicant will have to show at least 60% disability AND a causal link between the vaccine and the harm caused. The scheme takes many months and even years for a payment to be approved. It is worth noting that between the inception of the scheme in 1979 until December 2014, only 931 vaccine damages payment awards were made out of total of 6,026 claims submitted^{lii}. The financial consequences to a family, should the main breadwinner be harmed by the vaccine, are potentially catastrophic and lifechanging.
43. This letter provides you (the employer) with evidence and notifies you of potential risks of harm from Covid-19 vaccines. If an employer makes any recommendations or mandates in relation to the vaccine, those must be considered against the backdrop of Health and Safety legislation and must take account of any health risks associated with the vaccine itself for certain groups and preferably (from a risk perspective) for individual employees.
44. **Mandating the vaccine could give rise to claims from employees who suffer an adverse reaction** to a Covid-19 vaccine. In the event of an employee dying or suffering serious injury after receiving the vaccine and a link being established (i.e. it being proven on a balance of probabilities that the vaccine caused the employee's death or serious injury and but for the employer mandating the vaccine, the employee would not have taken it), a claim may be brought by the deceased employee's family or the injured employee against the employer.

DATA PROTECTION AND PRIVACY

45. If an employer requests evidence of vaccination from employees, this in itself gives rise to significant data protection issues and privacy law concerns, opening up an employer to even further legal risks. Further explanation is beyond the scope of this letter, but this issue should be considered by employers.

SUMMARY

46. We understand the wish of many employers to protect their workforce and customers. However, in the context of Covid-19 vaccines, this should be weighed against the wider legal and ethical issues surrounding a policy of vaccine mandate, as well as the state of the existing evidence on Covid-19 vaccine safety and efficacy. It is important to fully acknowledge the current available scientific evidence regarding the efficacy and safety of these vaccines. Employers should be alive to the pitfalls of a misguided or misjudged approach to these issues and should seek legal advice if in any doubt.
47. Employers must appreciate that the employee and job seeker have certain legal rights, and that ultimately the employee's decision must be respected and upheld, without penalty. Employers owe a duty of care to all of their employees, irrespective of vaccine status.



48. Finally, regard must be had to an employee's and job seeker's right not to be subject to any inhumane or degrading treatment, which is a protected right under Article 3 of the Human Rights Act 1998. This is an absolute right and cannot be derogated from.

UK Medical Freedom Alliance <http://www.ukmedfreedom.org>

Workers of England Union <http://workersofengland.co.uk>

Lawyers for Liberty <https://lawyersforliberty.uk>

ⁱ <https://www.bbc.co.uk/news/uk-57829135>

ⁱⁱ <https://pace.coe.int/en/files/29004/html>

ⁱⁱⁱ <https://www.fda.gov/media/144245/download>

^{iv} <http://bmj.com/content/bmj/371/bmj.m4037.full.pdf>

^v <http://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed/>

^{vi} [https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247\(21\)00069-0.pdf](https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247(21)00069-0.pdf)

^{vii} https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2021/Ausgaben/02_21.pdf Page 27

^{viii} <https://mises.org/wire/what-weve-learned-israels-covid-vaccine-program>

^{ix} <https://francesoir.fr/videos-debriefings/vaccination-en-israel-des-chiffres-de-mortalite-qui-interpellent-video>

^x https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880?inner_span=True

^{xi} https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

^{xii} <https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13423>

^{xiii} <https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12?r=US&IR=T>

^{xiv} <https://www.bmj.com/content/bmj/371/bmj.m4037.full.pdf>

^{xv} <https://www.dailymail.co.uk/news/article-9126855/People-social-distancing-wearing-masks-getting-Covid-vaccine.html>

^{xvi} <https://www.nature.com/articles/s41591-021-01299-5>

^{xvii} <https://uk.news.yahoo.com/uk-approves-covid-19-vaccine-biontech-pfizer-drug-revolution-143157644.html>

^{xviii} <https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>

^{xix} <https://medicalxpress.com/news/2021-04-sars-cov-spike-protein-lung.html>

^{xx} <https://www.bmj.com/content/371/bmj.m4347/rr-6>

^{xxi} <https://www.pnas.org/content/117/15/8218>

^{xxii} <https://www.scientificamerican.com/article/the-risks-of-rushing-a-covid-19-vaccine/>

^{xxiii} <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421>

^{xxiv} <https://www.nature.com/articles/s41564-020-00789-5>

^{xxv} <https://pubmed.ncbi.nlm.nih.gov/33113270/>

^{xxvi} <https://www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions>

^{xxvii} <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergic-reaction.html>

^{xxviii} <https://emergency.cdc.gov/coca/ppt/2020/dec-30-coca-call.pdf>

^{xxix} <https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-covid-19-vaccine-pfizer-biontech/>

^{xxx} <https://www.openvaers.com/covid-data>

^{xxxi} <http://www.adrreports.eu/en/index.html>

^{xxxii} <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

^{xxxiii} https://b3d2650e-e929-4448-a527-4eeb59304c7f.filesusr.com/ugd/593c4f_74a5f6d8ea484e15ac25e87099615bc2.pdf

^{xxxiv} <https://jinnp.bmj.com/content/early/2021/05/20/jinnp-2021-326984>

^{xxxv} <https://ashpublications.org/blood/article/136/18/2080/463611/Direct-activation-of-the-alternative-complement>

^{xxxvi} <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf>

^{xxxvii} <https://www.sciencemag.org/news/2021/06/israel-reports-link-between-rare-cases-heart-inflammation-and-covid-19-vaccination>

^{xxxviii} <https://www.hartgroup.org/vaccine-update/>

^{xxxix} <https://journals.sagepub.com/doi/abs/10.1177/0961203309345730>

^{xl} <https://www.rt.com/news/501221-astrazeneca-vaccine-neurological-condition/>

^{xli} <https://www.dailymail.co.uk/health/article-9030943/Four-volunteers-got-Pfizers-vaccine-developed-Bells-palsy.html>

^{xlii} <https://www.ibtimes.com/coronavirus-vaccine-side-effects-some-suffer-bells-palsy-after-inoculation-fda-3102900>

^{xliiii} <https://www.gov.uk/guidance/nhs-covid-pass>



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- xliv https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fd9fe45bcece3d0481412af_UKMFA_CV19_vaccine_consent_form_v3.pdf
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- xlviii <https://pharmaphorum.com/news/mhra-looks-to-ai-to-hunt-for-covid-19-vaccine-side-effects/>
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