17 January 2022

**Open Letter from the UK Medical Freedom Alliance to:**

- Members of the UK Parliament

**Re: Parliamentary Debate 24 January 2022 to discuss petition "Prohibit employers from requiring staff to be vaccinated against COVID-19"**

The UK Medical Freedom Alliance is an alliance of medical professionals, scientists and lawyers who are campaigning for Informed Consent, Medical Freedom and Bodily Autonomy to be protected and preserved.

This letter aims to provide up-to-date information and evidence for the scheduled Parliamentary debate triggered by the petition "Prohibit employers from requiring staff to be vaccinated against Covid-19" which gathered over 100,000 signatures. This would, presumably, include discussion of the agreed mandate of COVID-19 vaccines for NHS and CQC-regulated healthcare professionals and staff, as well as any extension of this mandate to employees of private companies, where any risk from infection and transmission of the virus is likely to be even lower.

We implore you to thoroughly consider at least three points, which we further expand on with supporting evidence below:

1. **COVID-19 Vaccines do not prevent viral transmission or infection**
2. **Informed consent is paramount in Good Medical Practice**
3. **The safety of the COVID-19 vaccines has not been established**

**We argue and bring evidence that mandating COVID-19 vaccines even within the healthcare sector is not justifiable. It follows that there is even less rationale to consider this for any workplaces outside healthcare settings.**

**All government policies must be demonstrably proportionate and ethical. There is no scientific justification to support the implementation of COVID-19 vaccine mandates as a condition of employment, as a proportionate response to the rapidly reducing public health threat of COVID-19.** The latest COVID-19 infection fatality rate (IFR) figures from December 2021 in the table below, calculated by leading epidemiologist Prof Ioannidis and his team from analysis of 25 seroprevalence surveys across 14 countries, clearly demonstrate that **for the vast majority of the population this is not a life-threatening illness, and therefore extreme measures are not required or justified**[i].

| Age | Infection Fatality Rate (IFR) |
|---|---|
| 0-19 | 0.0013% |
| 20-29 | 0.0088% |
| 30-39 | 0.021% |
| 40-49 | 0.042% |
| 50-59 | 0.14% |
| 60-69 | 0.65% |
| 70+ (non-care home) | 2.9% |
| 70+ (all) | 4.9% |
| Source: https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v2.full | |

May we also take this opportunity to remind you of your duties as a public office holder and the legal position should you breach those duties if you contribute to any and all harms that may be caused by decisions you make or comply with pertaining to COVID-19 vaccinations and any and all related mandates.

## 1. COVID-19 Vaccines do not prevent viral transmission or infection

### a. Vaccinating NHS and other healthcare staff does not benefit patients

It is now commonly acknowledged that COVID-19 vaccines do not prevent infection and therefore do not prevent transmission[ii] [iii] [iv] [v]. Vaccinated individuals are just as likely to harbour and spread the virus with comparable viral loads in vaccinated and unvaccinated people [vi] [vii] [viii]. It may even be argued that the vaccinated are potentially more likely to transmit the virus to others whilst they are unaware of their infection due to reduced symptoms. **Vaccination therefore does not confer any benefit to any other person but the vaccinee.**

### b. COVID-19 Vaccines do not preserve the workforce

In a report published on 30 November 2021, the House of Lords Secondary Legislation Scrutiny Committee stated that the Government's plan to mandate COVID-19 vaccines for all staff working in health and social care settings regulated by the Care Quality Commission (CQC) by 1 April 2022 had not been thoroughly thought through, leaving the House of Lords unable to scrutinise the proposed legislation. **The Committee said that the benefit of increasing the protection from vaccinating staff who had not yet taken up offers of the vaccine *"may be marginal"* and that the government had failed to publish any contingency plans on how it would cope with the loss of staff who do not want the vaccine.** The report estimated that of the 208,000 NHS staff who were currently unvaccinated, 54 000 (26%) would accept the vaccine under the law and 126 000 (61%) would leave their jobs which could be catastrophic for the ability of the NHS to provide quality care to all patients[ix].

**Younger age groups are at minimal risk of being seriously affected by COVID-19 infection and hence may gain little benefit, individually, from the COVID-19 vaccines**[x] [xi]. Furthermore, there is still no robust evidence from any clinical trial data, and certainly not from a "gold standard" randomised control trial (RCT), that COVID-19 vaccination reduces either hospitalization or death[xii]. An analysis of Pfizer's own trial data by the Canadian Covid Care Alliance (an independent alliance of over 500 doctors, scientists and healthcare workers) suggests there may even be a negative effect for the vaccinees[xiii].

Analysing all-cause mortality in Scotland reveals that more people have died after the COVID-19 vaccine rollout in 2021 compared to 2020, both from COVID-19 related disease and from other causes[xiv] [xv]. **According to real life data it therefore does not appear that mass vaccination against COVID-19 is an effective measure to prevent severe illness and death**.

**It is becoming increasingly clear that vaccine immunity is short-lived**[xvi], even according to the Pfizer CEO Albert Bourla[xvii], with protection lasting only 4-6 months. Recently published data from Denmark (Fig 1)[xviii] even suggests a potentially negative effect of the vaccines against COVID-19 infection. There is also evidence from San Francisco / California suggesting that *"vaccine breakthrough cases are preferentially caused by circulating antibody-resistant SARS-CoV-2 variants, and that symptomatic breakthrough infections may potentially transmit COVID-19 as efficiently as unvaccinated infections"* [xix]. A high proportion of cases infected with the current Omicron variant also appears to occur in vaccinated individuals[xx] [xxi]. This undermines any case for using vaccine mandates to reduce spread of COVID-19 in workplaces or the community.

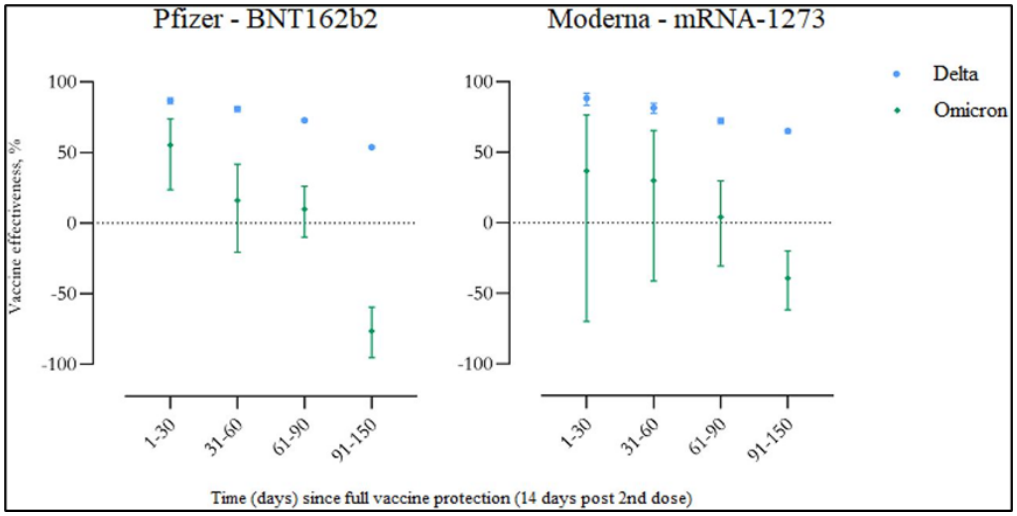


Fig 1 Vaccine effectiveness wanes over time and is negative for Omicron after 3 months[xvi]

Currently, the NHS and other workplaces, including essential infrastructure, are experiencing severe staff shortages due to absences relating to isolation requirements. Employees are instructed to isolate after any positive PCR test, whether they are symptomatic or not. As COVID-19 vaccination does not prevent infection, it cannot therefore prevent staff sickness or absences, or preserve the workforce by reducing "cases". However, **the loss of employees dismissed for refusing to comply with the mandates has the potential to cause a complete (and entirely self-inflicted and avoidable) collapse of the NHS, which is already at breaking point, and subsequently other public and private businesses if mandates are applied further.**

## 2. Informed consent is paramount in Good Medical Practice

### a. Informed consent

**Informed consent is a fundamental principle that every member of the NHS workforce is intimately familiar with, as it is the cornerstone of Good Medical Practice**[xxii] and firmly enshrined in Domestic and International Law. This is documented clearly in Article 6 of the Universal Declaration on Bioethics and Human Rights 2005, where it states that, "*any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information*" [xxiii].

**It is a criminal offence to carry out any medical procedure, intervention, or treatment without fully informed consent** – for example:

> S:22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 makes it an offence for a "*registered person to fail to comply*" with certain regulations, one of which is that "*Care and treatment of service users must only be provided with the consent of the relevant person*".

The UKMFA have produced a summary document of the legislation and guidance relating to informed consent[xxiv].

The NHS workforce consists of medically trained professionals, many of whom have also been scientifically educated. Of all groups in society, they are likely to be in the best position to assess, analyse and evaluate scientific, healthcare-related evidence and reach their conclusions based on the available data.

It is absolutely unthinkable that this group of educated healthcare professionals should now be forced to accept that, as individuals, they are not entitled to the core ethical principle of informed consent, which stipulates that people must be free to refuse any medical treatment without penalty or restriction. Instead, they are being coerced, under threat of losing their careers and livelihoods, to agree to a treatment for which, they may consider, the risks outweigh the benefits to them. **An individual must be allowed to weigh up the risks and benefits of any medical treatment based on their own individual circumstances. A one-size-fits-all approach to medicine is never ethical or safe.**

**b. <u>Mandating an experimental product is unlawful</u>**

**Vaccines are given to healthy people who may be at extremely low-risk or at no risk from the illness, with no guarantee that they will personally benefit**. All medical products, including vaccines, come with a risk of side-effects to the individual, which may be serious and even life-limiting or life-threatening. Therefore, it is paramount that this is always voluntary, and that the vaccine is proven to have an exceptionally high safety profile in both the short- and long-term.

It is important to remember that **COVID-19 vaccines are still being used under temporary emergency authorisation, and do not yet have full approval**. The regulatory trials were not due to conclude till 2023, and these trials have also been compromised by allowing participants in the placebo group to cross over into the treatment arms[xiii]. No data from completed clinical trials is available. Certainly, no data is available regarding potential long-term effects of this completely novel gene-based (mRNA or DNA viral vector) technology, that has never before been used in humans on such a large scale. **We simply do not know what the health or fertility of the vaccinated will be in 2, 5 or 10 years as there is no-one in the world who has had any of these vaccines in their body for more than 18 months**.

**Section 45E of the Public Health (Control of Disease) Act (1984) specifically prohibits the introduction of regulations mandating medical treatments or vaccines**[xxv].

If the proposed medical intervention is experimental, **both the Nuremberg Code**[xxvi] **and the Declaration of Helsinki**[xxvii] **(first adopted in 1964 and most recently amended in October 2013**[xxviii]**) state that experimental treatment must only be carried out with the fully informed consent of the study participant**. Suggesting that an experimental product should be mandated is therefore clearly in breach of these important international codes and tenets.

**c. <u>Threatening the NHS workforce or any employees with dismissal is profoundly unethical</u>**

The NHS workforce has cared for all patients throughout this pandemic. Even in the initial stages, when the scale of the threat from COVID-19 was uncertain and the availability of protective equipment was insufficient, they selflessly continued to work, putting patients' needs above any fears for their own safety relating to COVID-19.

**The majority of healthcare staff will have been exposed to SARS-CoV-2 in the course of their work and are likely to have developed robust, comprehensive and long-lasting natural immunity, which has been shown in over 140 published studies to be far superior to the highly specific, limited and short-term vaccine immunity**[xxix]. For these workers, and the majority of the wider public, there is no benefit in taking a COVID-19 vaccine. On the contrary they will be exposed to potential short-term or long-term risks[xxx].

**It is profoundly unethical to threaten staff, many of whom have served on the front lines of the pandemic for the last two years, with the loss of their livelihoods and careers for declining**

**a COVID-19 vaccine**. In addition, a recent Lancet article calls for a halt to the inappropriate stigmatisation of the unvaccinated[xxxi].

**d. <u>Removing the right to informed consent will cause the demise of ethical medicine</u>**

The UK policy framework for health and social care research[xxxii], endorsed by Professor Chris Whitty[xxxiii], has 15 guiding principles, and the first principle states that "*the safety and well-being of the individual prevail over the interests of science and society*."

Employees in the healthcare sector are supposed to uphold the principles of this framework as well as the principles of medical ethics, including the right to informed consent.

**A COVID-19 vaccine mandate overrules the very foundation of ethical practice as it is based on coercive control, threats, intimidation, economic and emotional abuse[xxxiv] as well as being "*unnecessary, disproportionate and misguided*"** according to Professor of Public Health Allyson Pollock and Professor of Law Lydia Hayes[xxxv].

It is hard to conceive how the NHS workforce will continue to safeguard their own patients against unethical practices if they themselves suffer psychological devaluation and coercion to accept an unwanted medical intervention. Such treatment of staff is highly abusive and dehumanising, and once this line is crossed there must be a significant risk that the same healthcare workers will feel justified in treating patients with the same lack of respect and ethics, putting everybody at risk of harm and abuse and making the practice of medicine much more unsafe for patients. **Medical ethics is destroyed in any system where "the greater good" is put above individual bodily autonomy and where the sacred doctor-patient relationship is not honoured.**

**This proposed mandate constitutes a profound threat to the values of Good Clinical Practice and therefore a threat to the dignity, bodily autonomy, and medical freedom of every person in this country.**

## 3. <u>The safety of the COVID-19 vaccines has not been established</u>

As we have clearly laid out in our Open Letter to all members of the UK Parliaments dated 9 November 2021[xxxvi], concerns regarding the safety of COVID-19 vaccines are mounting. Initial theoretical concerns regarding possible mechanisms of harm were followed by anecdotes of adverse events and are now confounded by large numbers of officially reported cases in the US (VAERS[xxxvii]), Europe (Eudravigilance[xxxviii]) and the UK (MHRA[xxxix]).

In the report published by the MHRA on 16 December 2021, there were **over 1.3 million adverse reactions in the UK** from 404,783 reports, some of them extremely serious, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. This report includes **1,852 fatalities**. It is widely recognised that only up to 10% of adverse events are officially reported, indicating that the actual number of adverse events is likely to be much higher.

**Life-threatening adverse effects, such as blood clots and myocarditis[xl], have been reported and listed as vaccine side-effects by regulators around the world, and the risks appear higher in young people, who make up much of the NHS and wider workforces.** Although many cases of myocarditis are described as "mild", these carry a significant long-term risk of heart failure, and may require restricted exercise and medication for several months after recovery. The heart muscle does not regenerate, and therefore all damage, no matter how minimal, is permanent. It has now been acknowledged that there is an association between myocarditis and COVID-19 vaccines[xli xlii], and

certainly for younger age groups the risks of COVID-19 vaccine adverse effects are likely to outweigh their benefits[xliii xliv xlv xlvi].

Clinical reports of adverse events are supplemented by reports of pathologists observing an increase in aggressive cancers in vaccinated patients[xlvii] and findings of autoimmune disease in autopsies of patients who died shortly after vaccination[xlviii], which do nothing to provide reassurance about the safety of these products, whilst **the potential long-term effects of the COVID-19 vaccines on autoimmune diseases, carcinogenesis and fertility are entirely unknown**.

We cannot understand how, with these known and unknown risks and serious concerns about COVID-19 vaccine safety, it can be argued that it is justified to override the fundamental human rights of bodily autonomy and to earn a living, in the misguided and false hope of providing some (unquantified) benefit to vulnerable patients and wider society. If those patients are not protected by their own vaccines, it is disingenuous to claim that anyone else's vaccine could possibly provide any meaningful protection – especially as the vaccines do not prevent infection or transmission of the virus. **In addition, we are unaware of any published risk or impact assessments for this policy stating the number of workers that would need to be vaccinated to prevent one "case" or one hospitalisation or death of a patient and the corresponding number of vaccine injuries or deaths that would be expected among the vaccinated staff**.

Furthermore, in the event of injury or death resulting from a COVID-19 vaccine mandated by employment, it is not clear who will be liable to pay compensation to the person or their family for loss of future earnings and care. Vaccine manufacturers have been granted complete immunity from liability for any harms resulting from their products, and the vaccine injury compensation scheme run by the Government is inadequate to compensate for loss of future earnings and disability with a maximum pay-out of £120,000 and a poor track record of accessibility. Life insurances may potentially be void on the basis that COVID-19 vaccines are experimental medical interventions not covered by their policies[xlix l]. **Private employers would potentially be liable for any damages caused to employees who are injured as a result of a mandated vaccination**.

## Conclusions & Requests

A) **What you are asked to debate is an unlawful and unethical mandate of an ineffective and unsafe product**, firstly for the NHS workers who are trained to assess scientific evidence in order to make informed health choices and then for the wider workforce.

B) **The NHS and many other businesses are already in crisis**. We cannot afford to lose a single highly qualified worker if there is any hope of tackling the enormous waiting lists of patients needing care and the consequent declining health and rising all-cause mortality in our nation. Dismissing staff could bring about the complete collapse of the NHS and would be an unprecedented, self-inflicted public health disaster.

C) As no robust trial data regarding COVID-19 vaccine safety is available, we are dependent on post-marketing surveillance. The fact that healthcare staff, who are caring not just for COVID-19 patients but also patients presenting with adverse effects following vaccination, are declining to take these vaccines should be taken very seriously and respected.

D) It is grossly disproportionate and unnecessary to override fundamental medical ethics and dismiss tens of thousands of healthcare workers for a disease like COVID-19 that has an infection fatality rate similar to influenza, at a point when the pandemic is nearly over, and with most people having either acquired natural immunity or protection from their multiple vaccinations.

E) We urge you to heed the conclusion of the House of Lord's Scrutiny Committee that the *"DHSC has provided no single coherent statement to explain and justify its intended policy, and this undermines the ability of the House to undertake effective scrutiny of the proposed legislation,"* and to oppose this destructive bill.

F) In the interests of a democracy in which medical freedom and bodily autonomy is valued and respected, we appeal to you to do everything within your remit to oppose any proposed COVID-19 vaccine mandate for employees and the NHS workforce.

**We ask that you carefully consider all the points made in this letter and raise them in the debate on 24 January, which will be pivotal for the future of the NHS and the health of our nation.**

UK Medical Freedom Alliance

www.ukmedfreedom.org

---

[i] https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v2.full
[ii] https://www.youtube.com/watch?v=fL00v2YjWKI&t=1s Boris Johnson Oct 2021
[iii] https://odysee.com/CNN_CDC_Walensky_Vaccines_Cant_Prevent_Transmission:8
[iv] https://edition.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html
[v] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html
[vi] https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext
[vii] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733
[viii] https://www.ucdavis.edu/health/covid-19/news/viral-loads-similar-between-vaccinated-and-unvaccinated-people
[ix] https://www.bmj.com/content/375/bmj.n2957/
[x] https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7947934/
[xi] https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1
[xii] https://www.bmj.com/content/371/bmj.m4037
[xiii] https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf
[xiv] https://assets.website-files.com/5fa5866942937a4d73918723/617be04a0055cf11cf716f79_UKMFA_Open_Letter_Scottish_Excess_Mortality.pdf
[xv] https://assets.website-files.com/5fa5866942937a4d73918723/61c1b50249ae1ffa69bd09a3_Open_Letter_UKMFA_Scottish_Mortality_Data.pdf
[xvi] https://www.nature.com/articles/s41467-021-26672-3.pdf
[xvii] https://www.cnbc.com/video/2022/01/10/watch-cnbcs-full-interview-with-pfizer-ceo-albert-bourla.html
[xviii] https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3.full.pdf
[xix] https://www.medrxiv.org/content/10.1101/2021.08.19.21262139v1
[xx] https://www.westernjournal.com/cdc-announces-79-us-omicron-cases-occurred-vaccinated-individuals/
[xxi] https://www.heraldscotland.com/news/19843315.covid-scotland-case-rates-lowest-unvaccinated-double-jabbed-elderly-drive-rise-hospital-admissions/
[xxii] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent
[xxiii] http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html
[xxiv] https://www.ukmedfreedom.org/open-letters/covid-19-vaccine-informed-consent-legal-summary
[xxv] https://www.legislation.gov.uk/ukpga/1984/22/section/45E
[xxvi] https://www.cirp.org/library/ethics/nuremberg/
[xxvii] https://www.who.int/bulletin/archives/79(4)373.pdf
[xxviii] https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/

[xxix] https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/
[xxx] https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2
[xxxi] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02243-1/fulltext
[xxxii] https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/Final_Accessibility_uk-policy-framework-health-social-care-research_.pdf
[xxxiii] https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/
[xxxiv] https://www.bmj.com/content/374/bmj.n1684/rr-12
[xxxv] https://www.bmj.com/content/374/bmj.n1684.long
[xxxvi] https://assets.website-files.com/5fa5866942937a4d73918723/619f638de3d6036aa3e32d6f_UKMFA_Open_Letter_Misfeasance_MPs_MSPs_MSs.pdf
[xxxvii] https://www.openvaers.com/covid-data
[xxxviii] http://www.adrreports.eu/en/index.html
[xxxix] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions
[xl] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html
[xli] https://www.sciencedirect.com/science/article/abs/pii/S0146280621002267
[xlii] https://www.gov.uk/government/publications/myocarditis-and-pericarditis-after-covid-19-vaccination/myocarditis-and-pericarditis-after-covid-19-vaccination-guidance-for-healthcare-professionals
[xliii] https://probabilityandlaw.blogspot.com/2021/09/all-cause-mortality-rates-in-england.html?m=1
[xliv] https://trialsitenews.com/serious-group-of-scientists-declare-covid-19-vaccine-risks-too-high-to-ignore/
[xlv] https://www.telegraph.co.uk/news/2021/09/09/teenage-boys-risk-vaccines-covid/
[xlvi] https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1
[xlvii] https://www.lifesitenews.com/news/idaho-doctor-reports-a-20-times-increase-of-cancer-in-vaccinated-patients/
[xlviii] https://doctors4covidethics.org/on-covid-vaccines-why-they-cannot-work-and-irrefutable-evidence-of-their-causative-role-in-deaths-after-vaccination/
[xlix] https://freewestmedia.com/2022/01/14/life-insurer-refuses-to-cover-vaccine-death/
[l] https://principia-scientific.com/life-insurance-voided-because-covid-vaccines-are-medical-experiments/?utm_source=feedburner&utm_medium=email