



4 January 2022

Dear <Sir/Madam>,

We hope you are keeping well in these trying times. This letter comes to you as a group of your staff who for various personal, medical and clinical reasons have so far chosen not to take up the offer of the Covid-19 vaccine.

Between us we have amassed many years' service to the population covered by the Trust and we have done this to the best of our ability. We as a collection of professionals pride ourselves on our ability to critically analyse fact based, evidence-based, and science-based information to apply in our practice. We are the people who will be affected by the recent Parliamentary decision to make the covid-19 vaccine mandatory and a condition of deployment. Like the public, we have all been affected, both professionally and personally, as this pandemic caused devastation throughout the world. We have continuously worked throughout the various waves. We were there on the frontline, together, as people suffered and struggled, and we unremittingly supported them. However, as we witness the increase in broad-brushed policies by our Government, our tear-filled eyes have been opened.

The current Government has imposed mandatory vaccination as a condition of deployment using the pretext of public protection in its legislation entitled The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021. This legislation is now being considered to increase its scope to cover the wider National Health Service (NHS).

We, as a collective group, oppose these policies on the following grounds:

1. Emerging scientific evidence that is contrary to the narrative of mandatory vaccinations:

We point to the work of Dr. Gunter Kampf of the University of Greifswald published in The Lancet Regional Health Europe on 19 November 2021. In this published article Dr. Kampf pointed out: 'It appears to be grossly negligent to ignore the vaccinated population as a possible and relevant source of transmission'.

Weekly reports from the UK Health Security Agency consistently show that among adults, the number of cases of Covid 19 in vaccinated population greatly outnumbers that of the unvaccinated population since the rollout of the vaccine programme. We point to the work of Singanayagam et al published on 29 October 2021 in The Lancet Infectious Diseases which showed that people with breakthrough infections have the same viral load regardless of vaccination status. It further adds that regardless of vaccination status the rate of spread from an infected person is the same among household contacts.

This is not an exhaustive list however we are highlighting these articles as examples to cast reasonable doubt on the assertions made by the Secretary of State, Sajid Javid. Mr Javid declared that our 'Duty of Care' towards our patients could only be discharged through the act of inoculating our bodies with a product, that there is now growing evidence of it being inadequate in preventing the transmission of this virus.

2. We wish to assert our right to give consent to medical treatment

The broad-brush approach to this legislative policy for us is a complete departure from the well-established institution of informed consent, where individuals with capacity have the ability to weigh the benefits and risks for medical intervention. We understand that the pandemic brings rise to a unique situation. The Secretary of State for Health stated that most of the country have been vaccinated, therefore, those individuals should be protected. However, for those remaining individuals who have, at present, declined the vaccine, it must also be respected as their right to express bodily autonomy with capacity to consent to medical interventions. Our status as healthcare workers does not and should not invalidate this right.

Moreover, section five of the explanatory memorandum of The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 commented briefly on Human Rights by using a quote by Mr. Matt Hancock. The quote asserted that in Mr. Hancock's view this legislation is compatible with convention rights without further explanation. We believe in Mr. Hancock's right to express his opinion; however, the explanatory memorandum has not given an adequate and detailed analysis as to why this legislation is compatible with convention rights. If it is that this Government is taking us towards suspending the right to give informed consent to medical treatment, then surely there needs to be a robust public debate and due to the enormity of this matter, it should be democratically voted on in a referendum.

3. Impact statement

We have read in its entirety the Secondary Legislation Scrutiny Committee 21st Report of Session 2021-22. We agree entirely that this current Government failed on its explanatory memorandum to provide the people, and indeed the House of Lords, adequate information on how this legislation will impact individuals and society at large. We believe that this legislation will exacerbate the current staffing shortage in the NHS. To us it seems counter intuitive to be advocating for the forced departure of experienced NHS staff when there is a known considerable staffing shortage already.

In addition, the memorandum also failed to consider the personal individual impact for the people who will lose their income as a result of this legislation. The impact on the mental health of those staff who for now have chosen at this stage not to take the vaccine, cannot be over-stated. The anxiety and worry about having to choose between losing their jobs, or having a medical intervention imposed upon them goes totally against all we represent as evidence-based clinicians.

4. Questionable safety data

- Up to and including 8 December 2021, the Medicines and Healthcare Products Regulatory Agency (MHRA) received and analysed 141,866 UK Yellow Cards from people who have received the COVID-19 Pfizer/BioNTech Vaccine. These reports include a total of 405,234 suspected reactions (i.e. a single report may contain more than one symptom). The first report was received on 9 December 2020.

- Up to and including 8 December 2021, the MHRA received and analysed a total of 239,314 UK reports of suspected ADRs to the COVID-19 Vaccine AstraZeneca. These reports include a total of 848,326 suspected reactions (a single report may contain more than one symptom). The first report was received on 4 January 2021.
- Up to and including 8 December 2021, the MHRA received and analysed a total of 22,270 UK reports of suspected ADRs to the COVID-19 Vaccine Moderna. These include a total 73,833 suspected reactions (a single report may contain more than one symptom). The first report was received on 7 April 2021.
- Additionally, up to and including 8 December 2021, the MHRA received 1,333 Yellow Card reports where the brand of vaccine was not specified by the reporter.
- Which equates to 3-7 adverse reaction reported per 1,000 doses administered.⁸
- The influenza vaccines, whose adverse reaction data collection started in 1963, does not come close to the sheer number of adverse reactions reported for the Covid 19 vaccine.⁹
- The Astra Zeneca vaccine alone recorded a total number of 428 cases of thrombo-embolic events with concurrent thrombocytopenia, 74 of which were fatal.
- There are 1408 reports of myocarditis, pericarditis and other related terms between Pfizer, AstraZeneca, and Moderna vaccines.
- The yellow card reporting showed 1852 people who died shortly after receiving one of the corona virus vaccines.¹⁰
- US data on the Pfizer vaccine also revealed multiple adverse reactions from the vaccine, most notably the death of 1200 people.¹¹

This list is not exhaustive and there is increasing data becoming available to the public regarding the sub optimal safety profile of the Covid 19 vaccines. The safety report from the MHRA however confuses us, the readers of their report, as they have their own interpretation of these numbers and conclude that the vaccines are “safe”. While again we recognise the eminence of the scientists behind this report, we assert that behind each of these numbers is an actual human being, whose suffering is real and painful. We advocate that an urgent review is required immediately to this vaccination programme, based on safety, and that an impartial judicial review is undertaken to compensate the people who have been injured by this vaccine.

5. Lack of popular support

On 9 November of this year the Department of Health and Social Care (DHSC) carried out a public consultation on making vaccination a condition of deployment in care homes. In this consultation of 13,500 respondents, a clear majority of 57% did not support the mandate proposal. Moreover, looking deeper into the crosstabs, 77% of the respondents were members of the public, 63% of healthcare providers, and 61% of service users and their relatives all opposed these severe measures.

The report undermined its own poll results by implying that the responses were ‘mixed’. Moreover, in a report that was meant to highlight the perception of the public, the DHSC, showed its disdain for the public’s opinion and used the pretext of public protection stating that the mandatory vaccinations had a ‘clear’ public health rationale begging the question why was it put out to public consultation? However, we view that this assertion has barely been debated in Parliament. We point to the work of Sir Christopher Chope, MP whose bill for an independent judicial review for compensating those who have been injured by the vaccine has been held in second reading in the House of Commons since September.

Finally, using DHSC's own poll as evidence, we believe that the 'clear public health rationale assertion' has failed to convince the majority of the British public to agree with mandatory vaccinations.

6. Real-world effectiveness and impact of Covid-19 vaccines

We would also like to highlight the current situation of significant numbers of staff across health settings being absent due to either testing positive or being in contact and whether as a Trust there had been any analysis of the numbers of staff that are absent in terms of their vaccination status and how this is impacting on services? As the national statistics of the population indicate a significant proportion of individuals testing positive have received at least 2 doses.¹⁴ This is evident from the table shown below taken from week 51 of the Covid 19 vaccine surveillance report pg36 (23 December 2021). This demonstrates how limited these vaccines are in terms of reducing the spread amongst individuals which was the very basis for the argument of staff being mandated in health care settings for Public Health Safety.

COVID-19 vaccine surveillance report – week 51

Table 8. COVID-19 cases by vaccination status between week 47 and week 50 2021

Please note that corresponding rates by vaccination status can be found in [Table 11](#).

| Cases reported by specimen date between week 47 and week 50 2021 | Total | Unlinked* | Not vaccinated | Received one dose (1-20 days before specimen date) | Received one dose, ≥21 days before specimen date | Second dose ≥14 days before specimen date ¹ |
|--|--|-----------|----------------|--|--|--|
| | [These data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures] | | | | | |
| Under 18 | 395,335 | 25,523 | 312,528 | 8,990 | 46,126 | 2,168 |
| 18-29 | 257,526 | 23,829 | 51,992 | 1,693 | 16,198 | 163,814 |
| 30-39 | 254,435 | 18,013 | 42,799 | 1,112 | 10,911 | 181,600 |
| 40-49 | 230,670 | 12,518 | 22,244 | 471 | 5,117 | 190,320 |
| 50-59 | 147,033 | 7,548 | 10,045 | 203 | 2,425 | 126,812 |
| 60-69 | 58,233 | 3,449 | 3,747 | 91 | 948 | 49,998 |
| 70-79 | 18,858 | 1,327 | 1,268 | 27 | 246 | 15,990 |
| ≥80 | 9,067 | 695 | 714 | 16 | 160 | 7,482 |

*individuals whose NHS numbers were unavailable to link to the NIMS

We invite you to consider all of the areas that we have highlighted to support us in our cause, to not only maintain our professions but also preserve our rights to consent to medical intervention and also decline, without fear of job losses and the impact that this will have within the NHS and Social Care on service delivery.

As this mandate is still at the pre-legislation phase, we implore you as our Chief Executive, to defend our right to choose, to uphold the principle of informed consent, the cornerstone of our practice, without the threat of losing our jobs or redeployment.

With best wishes,

Yours sincerely,

NHS100K Team

References:

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6. Explanatory Memorandum to The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 available at: https://www.legislation.gov.uk/ukdsi/2021/9780348224993/pdfs/ukdsiem_9780348224993_en.pdf
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