



9 February 2022

Dear Sir Chris Whitty

Thank you for your letter dated 7 February. Firstly, we would like to thank you for recognising the dedication and commitment of NHS healthcare staff and the sterling jobs we do, especially in light of the circumstances over the past two years. However, your support for the staff vaccine mandate has been another reason for the staff crisis and service disruption.

In your letter you state that 'one aspect of our professional responsibility is to reduce the risk of infection to others as far as possible so getting vaccinated against disease is part of that responsibility'.

Firstly, where is the categorical and peer reviewed evidence that staff and students being fully vaccinated will protect others? All current Emergency Use Authorisation (EAU) vaccines in this country state in their product summary found on the MHRA, that the therapeutic indications are for 'Immunisation to prevent covid-19'. There is no documented evidence for prevention of transmission of the virus and in the initial clinical trials for the current vaccines, this data could not be evaluated as it was not collected. Studies looking at transmission have not been in the hospital setting. However, the weekly vaccine surveillance reports clearly indicate the vaccines are not stopping transmission in the vaccinated as the case rates are significantly higher in that group. As frontline clinicians ourselves, it is apparent with our own vaccinated colleagues that these vaccines are certainly not stopping or even reducing transmission.

The EMA (European Medicines Agency) states the impact of vaccination on community spread of covid-19 is not yet known, nor does it know how long protection lasts. If the indication for the use of a drug (in this case the covid-19 vaccine) is to prevent disease, then this means that any protection gained will be for the individual who receives it and that the reason for them taking it would be to protect themselves, not others.

Boris Johnson has stated to the public live on TV that '*the vaccine does not stop you catching the virus or stop you passing it on*' and Sajid Javid is quoted as saying '*two vaccines do not work against the new variant*' but the mandate has not included boosters. These same people are willing to tell regulatory bodies and NHS trusts to mandate vaccines as a condition of employment or membership it would seem without any justifiable reason.

You state the covid vaccines are 'safe and effective' and provide a very high degree of protection from serious disease.

However, data from both the yellow card reporting system and the VAERs reporting system gives grave concerns that these vaccines are not 'safe and effective'. It is apparent and concerning that you are ignoring the abhorrent adverse drug reactions and deaths evident on both reporting systems. Your failure as Chief Medical Officer to acknowledge the harm these are causing suggests that you are in contravention of your own professional responsibility. With this worrying data evident you still continue to push these vaccines on NHS staff in a coercive and threatening manner even when the evidence clearly proves they are not stopping transmission and in fact the cases are (a) significantly higher overall compared to the same time last year (b) the cases are significantly higher in the vaccinated as opposed to the vaccine-free.

Up until now, workers may have chosen to be vaccinated to protect themselves. The major factor here being 'they chose'. Choice is a fundamental Human Right. If limits or restrictions are going to be placed upon these rights, then the following three tests must be adhered to, it must be lawful, it must be legitimate, and it must be proportionate. How does it meet these and specifically how does it meet proportionality?

In order to be proportionate, it must also identify all the options and choose the one that is least restrictive to achieving the aim, as well as ensuring it is not discriminatory (British Institute of Human Rights). We all also have a right to bodily autonomy and decisions over the treatment we undergo. Consent is a legal and ethical principle that must be valid, informed and voluntary. As health care professionals these are core values and principles to our daily interactions with our patients and is something we abide by, take pride in upholding and for some of us we are regulated on it by our relevant professional bodies.

Enforcing this mandate as a condition of employment or registration means that employees and students are not being given a choice; they are being given an ultimatum. They are not being given the autonomy to decide what treatment they may have and basically being told that negative and detrimental consequences will be placed upon them if they do not take that treatment. This amounts to coercion. Being told the vaccine is 'safe and effective' and only being provided with a select set of biased evidence surrounding the benefits and risks, and not providing reasonable alternatives to it, does not qualify as being 'informed'. Any 'consent' to the covid-19 vaccine would therefore not be legally valid as it would not be fully informed, free, voluntary or without coercion. No one would expect to be treated in this way, but this is the reality. The 'Registered person' will be the one carrying this out, with their only defence 'it's following government rules'.

Part of the reason we cannot be told what the true risks and side effects are, is because the covid-19 vaccines are still trial drugs and so there is still insufficient data available on safety concerns. Not only that but certain cohorts were excluded from certain initial trials so there was zero data on safety or efficacy (for example the immunosuppressed, pregnant and those with previous covid infection) (covid19.trackvaccines.org). 'The long-term safety of Covid-19 mRNA vaccine is unknown at present'. It goes on to say further data is required and will be collected for up to 2 years following the second dose of the cohort vaccine/placebo.

Other vaccines have had periods of suspension by some countries due to safety concerns, Astra Zeneca changed its recommendations for under 40's due to blood clots and both

Moderna and Pfizer have also had evidence showing links to cardiac events. These updates and facts are on their own website.

Natural immunity and antibody testing are historically areas of science in which there is a huge amount of data and research, yet this is continuously overlooked, not only as an alternative but it is also not given full consideration when looking at the safety of having antibodies prior to getting vaccinated. If we are found to have antibodies to Hep B, Measles or chicken pox, we are not then injected with the same vaccine because this would be unnecessary, wasteful and potentially harmful.

There have been numerous studies carried out and published in both the Lancet and the BMJ (BMJ 2021;374:n2101) as well as other journals, regarding naturally-acquired antibodies from covid-19 as well as potential increased systemic risks to those who have had covid and then go on to be vaccinated.

If this is about health and about science, then why is this being overlooked? There are the same links to data repeatedly given by the government and the media with no scope for anything else and with it comes the rhetoric: 'safe and effective'. But how factually correct is this statement? Following rhetoric is not being a critical thinker; it does not evoke change.

Makary, 2021 in the British Medical Journal states: *"If we want to be scientific, we should talk about the immune and the non-immune... not the vaccinated and unvaccinated"*

Many of the NHS100k team are paramedics and one example of the many elements of a duty of care as a paramedic is:

The paramedic HCPC standards of conduct, performance and ethics 7;7.1 'you must report any concerns about the safety or well-being of service users promptly and appropriately' -

As clinicians we have concerns that patients' lives will be put at risk as a result of the request to regulators to require vaccination and we have concerns over the safety, welfare and lives of NHS staff and students potentially facing mandates or dismissal.

We plead and appeal to your conscience to do the right thing in the interest of the public and immediately cease the unnecessary implementation of mandates and pseudo-mandates for staff and students entering the NHS.

Yours sincerely

For and on behalf of the

NHS100k