



Lord Hodgson of Astley Abbots

Member of the House of Lords

Dear Lord Hodgson,

We wish you, the members of the House of Lords, and your loved ones wellness and good health during this time of pandemic.

We come forward to you today with this letter, as a group of people who work in the healthcare sector, both public and private. Our group is a diverse and reliable collection of people spanning the whole spectrum of the workforce within the National Health Service (NHS) and private care services. We are the proven and tested working class whose experience collectively aggregate to thousands of years dedicated to our health sector. We as a collection of professionals pride ourselves in 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 this Parliament's decision on mandatory vaccines.

Like the general public we were all affected in many and deep ways as this pandemic wreaked havoc throughout the world. We braved through this plague. We were there on the frontlines, together, as people suffered and struggled and we unremittingly supported them. We watched as families were separated not knowing if they would ever get to see a loved one again, as the emergency services rushed them to the hospital for immediate care. We held the hands of people who struggled for every breath as we reassured them through our gloved hands that relief would be coming soon. We grieved in secret by the bedside as heart-broken families saw their loved

ones pass away through a tablet screen without being able to hold them. Our tears were well hidden by our face coverings.

However, as we witness the increase in broad brushed policies by this Government, our tear-filled eyes have turned into an awakening. 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<sup>1</sup>. This legislation is now being considered to increase its scope to cover the wider National Health Service (NHS).

We as a group oppose these totalitarian inclined 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<sup>2</sup>. 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<sup>3</sup> consistently show that among adults, the number of cases of Covid 19 in vaccinated population greatly outnumbered that of the unvaccinated population since the roll out of the vaccine programme.
  - We point to the work of Singanayagam et al<sup>4</sup> published on 29 October 2021 in The Lancet Infectious Diseases which showed that people with break through 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 list is non exhaustive and there are ample amounts of evidence-based publications on the database that are contrary to the fear driven narrative of this current Government. We highlight these published articles to cast reasonable doubt on the assertions made by Secretary of State for Health Sajid Javid<sup>5</sup>. 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 we now have evidence showing to be inadequate in stopping 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. We assert our humanity as sentient beings with agency and the capacity to weigh out the risks and benefits. We understand that the pandemic brings rise to a unique situation however, as the Secretary of State for Health stated, the majority of people in the country have been vaccinated and should, logically, already be protected. For whatever reason, the remaining people who refuse to inoculate these products into their bodies, it must be respected as their right to bodily autonomy. 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<sup>6</sup>. 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 the suspension of the right to give informed consent to medical treatment, we urge for a robust public debate on this matter. Due to the enormity of this, it should be democratically voted on in a referendum.

### 3. Impact statement

We have read in its entirety the Secondary Legislation Scrutiny Committee 21<sup>st</sup> Report of Session 2021-22<sup>7</sup>. 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 effectively remove staff when in a situation of staffing shortage.

Moreover, the memorandum also failed to consider the individual impact on the people who will lose their income as a result of this legislation. Our group communication platform is filled with horrific stories of anxiety and worry from those having to choose between losing their jobs or having a vaccine that they do not want. There is no doubt that these draconian measures are adversely affecting all our fragile mental health which is just barely recovering from the pandemic.

### 4. Conflicts of interests

We note further that the explanatory memorandum hinged its analyses of the benefits of this legislation on the advice from the Scientific Advisory Group for Emergencies (SAGE). However, we also note that on the Government website showing a register of participant's interests for SAGE that some members have conflicting interests<sup>8</sup>. One person for example is Professor Wei Shen Lim who is also the chairman of the Joint Committee on Vaccination and Immunisation (JCVI). Professor Wei Shen Lim has a declared band three grant from Pfizer which is a grant over £25,000<sup>9</sup>. Further on in the JCVI advice on the Government's booster programme<sup>10</sup> last September it stated:

'The JCVI advises a preference for the Pfizer-BioNTech vaccine for the booster programme, regardless of which vaccine brand someone received for their primary

doses. This follows data from the COV-BOOST trial that indicates the Pfizer-BioNTech vaccine is well tolerated as a third dose and provides a strong booster response'.

While we fully respect the qualifications and the eminence of these erudite scientists we request a fair and transparent process where the decision makers are not riddled with conflict of interests.

#### 5. Questionable safety data

- According to the Medicines and Healthcare Products Regulatory Agency (MHRA) yellow card reporting system, the Covid 19 vaccines collectively have amassed 400,000 adverse reaction reports. Which equates to 3-7 adverse reaction reported per 1,000 doses administered.<sup>11</sup>
- 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.<sup>12</sup>
- The Astra Zeneca vaccine alone recorded a total number of 427 cases of thrombo-embolic events with concurrent thrombocytopenia, 74 of which were fatal.
- There are 1291 reports of myocarditis, pericarditis and other related terms between Pfizer, Astra-Zeneca, and Moderna vaccines.
- The yellow card reporting showed 1645 people who died shortly after receiving one of the corona virus vaccines.<sup>13</sup>
- US data on the Pfizer vaccine also revealed multiple adverse reactions from the vaccine, most notably the death of 1200 people.<sup>14</sup>

This list is not exhaustive and there are large amounts of data available to the public regarding the sub optimal safety profile of the Covid 19 vaccines. The yellow card reporting system's safety report from the MHRA however riddles us, the readers of their report, as they have their own gaslighting interpretation of these numbers and

conclude that the vaccines are safe. While again we recognise the eminence of the scientists behind this report, we are mindful that each of these numbers represent an actual human being whose suffering is real and painful. We urge an urgent review of this vaccination programme as it currently stands, on the basis of safety and an impartial judicial review to compensate the people who have been injured by this vaccine.

## 6. 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<sup>15</sup>. 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 draconian measures.

However, in yet another attempt at gaslighting, this government's DHSC showed its disdain for the public. The report undermined its own poll results through a play of words implying that the responses were 'mixed'. Moreover, in a report that was meant to highlight the perception of the public, the DHSC starts off again with the pretext of public protection stating that the mandatory vaccinations had a 'clear' public health rationale. However, our view is that this assertion had been barely debated in Parliament due to fear mongering and the public shaming of Members of Parliament who dared to question the top loftiness of 'science' and its high 'scientists'. 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<sup>16</sup> 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' despite all the gaslighting propaganda and fear mongering has failed to convince the majority of the British public to agree with mandatory vaccinations.

We wish to conclude this letter as an invitation. In his book Ordinary Men, Christopher R. Browning highlighted the proclivity of people in power to attenuate their own personal responsibility and use peer group pressures to propagate their favoured societal norm. As a group, we see this clearly and we resist the slow encroachment on our right to bodily autonomy and the rising tide of authoritarianism. In our horizon, are draconian policies worthy of our opposition. We rise now and we invite your support towards this cause by voting **NO** to the mandatory vaccinations for NHS staff.

Yours sincerely,

## References:

1. The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 available at: [The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) \(Coronavirus\) Regulations 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukdsi/2021/9780348224993/pdfs/ukdsiem_9780348224993_en.pdf)
2. Kampf, Günter. (2021). The epidemiological relevance of the COVID-19-vaccinated population is increasing. *The Lancet Regional Health - Europe*. 11. 100272. 10.1016/j.lanepe.2021.100272.
3. COVID-19 vaccine weekly surveillance reports (weeks 39 to 48) available at: [COVID-19 vaccine weekly surveillance reports \(weeks 39 to 48\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/covid-19-vaccine-weekly-surveillance-reports-weeks-39-to-48)
4. Singanayagam, A. et al., 2021. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *The Lancet Infectious Diseases*,.
5. Health Secretary statement on Vaccines as a Condition of Deployment available at: [Health Secretary statement on Vaccines as a Condition of Deployment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statements/2021-09-22-health-secretary-statement-on-vaccines-as-a-condition-of-deployment)
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](https://www.legislation.gov.uk/ukdsi/2021/9780348224993/pdfs/ukdsiem_9780348224993_en.pdf)
7. Secondary Legislation Scrutiny Committee 21<sup>st</sup> Report of Session 2021-22 available at: [Twenty First Report \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/secondary-legislation-scrutiny-committee/21st-report-of-session-2021-22/)
8. SAGE COVID-19 register of participants' interests available at: [SAGE COVID-19 register of participants' interests - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/sage-covid-19-register-of-participants-interests)
9. Professor Wei Shen Lim declaration of interest from the British Thoracic Society available at: [Professor Wei Shen Lim | British Thoracic Society | Better lung health for all \(brit-thoracic.org.uk\)](https://www.brit-thoracic.org.uk/our-people/professor-wei-shen-lim/)
10. JCVI issues updated advice on COVID-19 booster vaccination available at: <https://www.gov.uk/government/news/jcvi-issues-updated-advice-on-covid-19-booster-vaccination>

11. Coronavirus vaccine - weekly summary of Yellow Card reporting available at: Coronavirus vaccine - weekly summary of Yellow Card reporting - GOV.UK ([www.gov.uk](http://www.gov.uk)). Accessed on 07 December 2021.
12. Case Series Drug Analysis Print Name: FOI 21/257 Inactivated influenza vaccine available at: [FOI 21-257 PDF Attachment 2.pdf \(publishing.service.gov.uk\)](#)
13. How many people have died as a result of a COVID-19 vaccine? Available at: [How many people have died as a result of a COVID-19 vaccine? | National Statistical \(ons.gov.uk\)](#)
14. Cumulative analysis of post-authorization adverse event reports of PF-07302048 (BNT162B2) received through 28-Feb-2021 available at: [5.3.6-postmarketing-experience.pdf \(phmpt.org\)](#)
15. Making vaccination a condition of deployment in care homes: government response. Available at: <https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes/outcome/making-vaccination-a-condition-of-deployment-in-care-homes-government-response#executive-summary>
16. Covid-19 Vaccine Damage Bill available at: [Covid-19 Vaccine Damage Bill \(parliament.uk\)](#)