

22 September 2021

Open Letter from the UK Medical Freedom Alliance to:

- Professor Malcolm Gracie “Calum” Semple – Paediatrician at Alder Hey Hospital Liverpool

Re: “Answering children’s questions about the Covid jab”

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

We would like to respond to and take serious issue with your contributions to the [BBC Podcast](#)ⁱ answering children’s questions about the Covid jab, released on 15 September 2021. We set out below our grave concerns regarding some of your statements, especially as you are professionally involved in the care of children.

Concerns are mainly related, but not limited to, your gross misrepresentation of the Covid-19 vaccine safety profile and your contribution to the propagandization of Covid-19 vaccines for children.

1. Misrepresentation of the Covid-19 vaccine safety profile in children

Your description of potential Covid-19 vaccine side effects, which are “not uncommon” but “short lived” is mostly limited to feeling “shivery, tired and achy”. Whilst you refer to “inflammation around the heart” describing it as “angry hotness”, you indicate this would occur “very very rarely”, in the region of 1-10 per million.

Data about side effects in teenagers and children are currently very limited, as this age group was not included in the regulatory trials. Therefore, we argue that the **expected incidence of any risks in children cannot be stated with confidence at all at this stage**. The US Centers for Disease Control and Prevention (CDC) published estimates regarding risks of peri- and myocarditis based on their Vaccine Adverse Event Reporting System (VAERS) with a risk in 12-17 year-old males of 66.7 per million doses. These figures significantly exceed the ones you quoted. Furthermore, it has been acknowledged that cases reported to VAERS are likely to under-represent the true numbersⁱⁱ. The **risk of myocarditis following the Covid-19 vaccine appeared to be 30-200x the normal background risk**, as shown by the CDC’s Advisory Committee on Immunization Practices (ACIP), after investigating 1200 cases of vaccine-associated myocarditis and pericarditis in the USⁱⁱⁱ. A recent study found the risk to be as high as 1 in 1000 in adults^{iv}.

We would argue it is most irresponsible for any medical professional to deprecate the significance of myocarditis, as it is potentially life-threatening and life-limiting, both acutely and chronically, and the risk associated with Covid-19 vaccines seems to be particularly relevant in young people^v. Although many cases are described as “mild” and resolve, myocarditis carries a long-term risk of heart failure, and may require restricted exercise and medication for several months after recovery. Especially in children, this needs to be off-set against their risk from Covid-19 disease, as data increasingly suggest that **for teenagers, the cardiac risks from Covid-19 vaccines may exceed the risk from the virus**^{vi vii}.

Your response completely fails to mention any of the other serious side effects and deaths that have been reported through databases in the US (VAERS^{viii}), Europe (Eudravigilance^{ix}) and the UK (MHRA^x).

In the report published by the MHRA on 9 September 2021, there were **over one million adverse reactions in the UK**, some of them very serious, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. This report includes **1632 fatalities**. For further details regarding vaccine safety concerns specifically relating to children and teenagers, may we refer you to our [Open letter](#) sent to the MHRA on 7 June 2021^{xi}. Specifically following the Montgomery ruling regarding informed consent^{xii}, we would suggest that most teenagers would consider this information relevant and important to consider.

2. Misrepresentation of the benefits of Covid-19 vaccines in children

You state that the Covid-19 vaccines “will stop most children getting Covid” and indicate that they will “reduce your chances of passing it on”.

This statement completely fails to consider the fact that the regulatory Covid-19 vaccine trials have not demonstrated whether asymptomatic infection or transmission is reduced, and therefore the vaccine recipient is still likely to spread the virus to others^{xiii xiv}. **It has never been claimed by the vaccine manufacturers that their products will prevent transmission or even infection.**

We acknowledge your specific reference to natural immunity, which will effectively protect young children and will help deal with Covid-19 as it “will be with us for several hundred years” to come. You also concur that the virus “doesn’t really hurt children very much” but it does “disrupt your school life”, which is the “most worrying” impact.

You categorically state that “the vaccine is better than the virus and that’s as simple as it gets”. You claim that “all” your colleagues have come to this conclusion, although you will surely be aware that the Joint Committee on Vaccination and Immunisation (JCVI) has not supported the universal vaccination of teenagers^{xv}. You state that a for a “younger child, the risks from the virus become very, very, very, very, very small but still the virus is nastier than the vaccine” without any supporting evidence.

We are most concerned that your conclusions are scientifically incongruent with your statements and with the science of immunology. Natural immunity is likely to protect most children, and evidence continues to emerge that for children, vaccine-related risks likely outweigh their benefits, as outlined above. **We suggest that in order to achieve your stated goal for a “class more likely to stay in school” and young people to “enjoy education, sports and social life”, the obvious conclusion is not to subject children to the known and unknown risks of vaccination but to amend government policies^{xvi}.**

3. Trivialisation of completely novel gene-based technology

In response to a very valid question as to what is in the Covid-19 vaccines, you state that they contain a “tiny tiny little ball of fat” inside of which is a “little bit of genetic code” and “there is not much else in it actually, it’s just tiny little balls of fat and the genetic code inside it”.

Whilst we appreciate your attempt at simplification for the benefit of children, we suggest that this is a gross misrepresentation of what these products actually contain and an irresponsible trivialisation of the fact that they are based on novel gene-based technology, never previously applied to humans on this scale. There is no precedence of introducing a genetic code into the human body and therefore no data regarding potential adverse effects in the long-term.

The tiny little balls of fat you refer to are in fact lipid nanoparticles, and whilst your description is clearly intended to sound entirely benign and insignificant, it obfuscates the fact that there is limited experience

with their effect on human physiology per se and in particular when coupled with novel gene-based technology. We refer to our previously published summary regarding possible toxic effects^{xvii}.

It is simply untrue that the vaccines contain “not much else”. May we refer you to our previously published information regarding the detailed ingredients in each of the Covid-19 vaccines^{xviii}. Specifically significant is the ingredient polyethylene glycol (PEG), which is highly allergenic with a risk of causing life-threatening anaphylaxis, as highlighted by the CDC^{xix}. You completely fail to mention this potentially severely harmful ingredient and to warn of its possible risk of causing anaphylaxis.

Given the significant known and unknown potential risks of ingredients that have never been used on a large scale in humans before, we suggest that your response to this question constitutes gross negligence and participation in propaganda.

4. Depiction of vaccination as an act of selflessness

The medical intervention of taking a Covid-19 vaccine is described by the teenagers in this program as an act of selflessness which is done “to protect other people”, and you completely fail to correct this. Indeed, teenagers who are keen to be vaccinated against their parents’ wishes are portrayed as exemplary citizens, which you appear to condone by describing them as “well informed” and “sensible”.

Guidance from the UK government is that vaccinated individuals will still need to socially distance and wear masks^{xx}. The US Centers for Disease Control and Prevention (CDC) has recently advised that “preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others”^{xxi}. In these circumstances, **there is simply no justification for suggesting that Covid-19 vaccines benefit the safety of others.**

Suggesting to young people that they should subject themselves to an experimental medical intervention by appealing to their altruism, when there is absolutely no evidence that either themselves or their communities will actually benefit in any significant way, is in our opinion manipulative and amounts to nothing but propaganda. Suggesting further that Gillick competence may be applicable when children and teenagers have been manipulated in this way, constitutes a profound misunderstanding of the essence of fully informed consent and the law.

5. Categorization of individuals with concerns regarding Covid-19 vaccine safety

Your response to the teenager’s question why some people would be against vaccinating children is most astonishing, when you begin by saying that there “are some people that don’t trust science”. You then expand on that by giving an analysis of the behavioural pattern of people who “take up a very firm view” and “make mistakes”, and continue to state that you find it “very objectionable” when they cause “other people to make the same bad decision based on the wrong information”.

May we first of all point out that the respected body of the JCVI in the UK, whose advice has hitherto always been followed when it comes to issues of vaccinations, has argued against vaccinating all children, and we assume that you would not imply that the JCVI consists of people not trusting science.

May we further question your definition of science in this context, as you continue by saying “there are some people that don’t trust authority”.

Science is supposed to be at the heart of all evidence-based medicine, but it implies a continuous debate as evidence evolves and meticulous scrutiny of scientific data as it emerges.

Science is not dictated by authority, but relies on investigative processes that are then analysed by independent professionals. It is entirely unscientific to disregard anyone's concerns out of hand without acknowledging the details of the raised arguments.

We are deeply perturbed that a paediatrician of your standing, whose duty it is to have the interest of children's health at the heart of their practice, completely dismisses the concerns of parents, colleagues and scientists, regarding the uncertain safety profile of Covid-19 vaccines in children, by engaging in rhetoric which does not befit free scientific debate instead of scrutinizing the scientific literature, clinical evidence and safety reports.

Anyone including teenagers should be allowed to make their own decisions, but they must be allowed access to the full spectrum of all available information. They should be trusted to assimilate and analyse that information themselves, and it should not be necessary to silence or smear anyone with a different view. If arguments are wrong, it should become self-evident as the scientific process unfolds.

At no point did you acknowledge that concerns may be related to the lack of safety data, as at this point, Phase 3 clinical trials for all Covid-19 vaccines are ongoing, not due to conclude till 2023, and the original trials did not include children. This is a very valid argument for deciding to await further data in due course, and to withhold this point from your audience amounts to misinformation and a breach of duty to act with honesty and integrity on your behalf.

As a professional with an interest in the health of our children, we argue that you should be mindful to protect them not from their parents but from many influences that are driven by financial interests. Instead, you have presented them with a very simplified and biased message, tainted with an emotional appeal that includes encouragement to defy their parents.

You have also deliberately withheld crucial information about concerns regarding the safety of Covid-19 vaccines from these teenagers and the large audience that was listening, and we find that very objectionable.

Conclusion & Request

In the current situation, which is fraught with uncertainty and fear, the public is looking to professionals for balanced and well-resourced advice. We suggest that any medical doctor bears the responsibility to convey information comprehensively and based on all available evidence. You have a privileged and influential position of reaching a large audience via the BBC Podcast, and it is imperative that you hold to the highest standards of ethical medicine based on scientific evidence.

The simplified, one-sided and propagandised tone and content of your contribution fell far below the bar set by "good medical practice", disregarding readily accessible safety data and communicating a lack of respect for anyone questioning the narrative.

We therefore strongly recommend that you immediately review and redact your statements and issue more balanced responses to the questions you were asked, including comprehensive and scientifically validated information regarding the available evidence on safety concerns in teenagers.

We thank you for reading this letter and sincerely hope you consider its contents in full.

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- i <https://www.bbc.co.uk/sounds/play/p09w0dj2>
- ii <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
- iii <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf>
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- vii <https://www.telegraph.co.uk/news/2021/09/09/teenage-boys-risk-vaccines-covid/>
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- ix <http://www.adrreports.eu/en/index.html>
- x <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>
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- xii <https://www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf>
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- xvi <https://adc.bmj.com/content/105/7/618>
- xvii https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/603f7c2bc3f872e7e67deb52_Potential_risk_of_cationic_lipid_in_the_Pfizer-BioNTech_vaccine.pdf
- xviii <https://www.ukmedfreedom.org/resources/covid-19-vaccine-info>
- xix https://dsh.ca.gov/COVID-19/docs/Vaccination/COVID-19_Vaccines_Update_on_Allergic_Reactions_Contraindications_and_Precautions.pdf
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- xxi <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>