

Response from the UK Medical Freedom Alliance (UKMFA) to the Department of Health and Social Care – 11 October 2021

**Re: Open Public Consultation published 9 September 2021 - “Making vaccination a condition of deployment in the health and wider social care sector”**

Website with details of Consultation:

<https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector>

Website to send in a Submission:

<https://consultations.dhsc.gov.uk/612f51cbbf327c44607a7bb9>

**DEADLINE 22nd October 2021**

**Questions (Q) and UKMFA Submitted Answers (A – in bold and “”) follow**

**Government aims for consultation**

The aim of the government’s consultation is to seek views on whether or not the government should:

1. extend the existing statutory requirement for those working or volunteering in a care home to be **vaccinated against coronavirus (COVID-19) to other health and care settings**, as a condition of deployment, and in addition,
2. whether to introduce a **statutory requirement to be vaccinated against the flu** as a condition of deployment.

**Proposed code of practice change for Providers of regulated activities**

*Registered providers of regulated activities should ensure they have policies and procedures in place with regard to COVID-19 and flu vaccination such that:*

- *those deployed to undertake direct treatment or personal care as part of the carrying on of a CQC regulated activity must provide evidence to the registered person, demonstrating that they have received the required doses of an MHRA approved COVID-19 vaccine and flu vaccine within the specified grace period, unless: those deployed can provide evidence that there are clinical reasons why they should not be vaccinated with any authorised COVID-19 and/or flu vaccine, in line with the Green Book on Immunisation against infectious diseases*
- *for those deployed who are unable to be vaccinated due to clinical reasons, registered managers (or the equivalent person) will have completed risk assessments and taken appropriate actions to mitigate risks*

*The registered provider will need to be able to demonstrate that:*

- *there is a record to confirm that evidence stated above has been provided. This record will be kept securely by the registered manager (or equivalent person) in compliance with the Data Protection Act 2018*

- *the eligibility for vaccination of those deployed is regularly reviewed in line with Regulation 12*
- *there is appropriate support and education of those deployed in relation to the vaccine*
- *those deployed are provided with the appropriate support to access vaccination*

**Q1/Q2** Which of the following best describes your preference about the COVID-19 and flu vaccination status of the people who provide your care, your family member's care or your friend's care?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

- I feel strongly that they should be vaccinated
- I would prefer that they are vaccinated
- I don't mind either way
- I would prefer that they are not vaccinated
- I feel strongly that they should not be vaccinated
- I don't know

**A1 I don't mind either way (Covid-19 vaccine)**

**A2 I don't mind either way (Flu vaccine)**

*Note: UKMFA are fighting for medical freedom and bodily autonomy for everyone so believe that people must be left free to choose whether or not to be vaccinated, once they have all the information about risks and benefits so they can make a fully informed decision. We are not anti-vaccine but are completely pro-informed choice on vaccination. We think that if you answer "Strongly oppose vaccination" then that will be interpreted as anti-vax and anti-choice and the submission will not be taken seriously.*

**Q3/Q4/Q5/Q6** Which of the following best describes your preference with respect to COVID-19 vaccination and flu vaccination being compulsory for those deployed to provide your care, your family member's care or friend's?

Please provide a separate response for healthcare and social care.

- I feel strongly that vaccination should be compulsory
- I would prefer vaccination to be compulsory
- I don't mind either way
- I would prefer vaccination not to be compulsory
- I feel strongly that vaccination should not be compulsory
- I don't know

**A3/4 Feel strongly that COVID-19 vaccination should not be compulsory (Healthcare and Social Care)**

**A5/6 Feel strongly that Flu vaccination should not be compulsory (Healthcare and Social Care)**

Please provide details to support your answers on **Covid-19 Vaccine** (500 words max) – use same answer for both questions on Covid-19 Vaccine:

***“The scientific data clearly shows that the Covid-19 vaccines do not prevent infection with or transmission of SARS-CoV-2, so you are just as likely to catch the virus from a vaccinated worker as from a non-vaccinated worker. The vaccinated are showing viral loads equal to or higher than unvaccinated in recent studies from Israel and also in a paper published in the Lancet which examined fully vaccinated healthcare workers in Vietnam who had an outbreak of Covid-19 and found that viral loads of SARS-CoV-2 were 251 times higher than earlier in the pandemic in unvaccinated people - [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3897733](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733). Therefore, there is no public health benefit to anyone beyond the vaccine recipient.***

***Vaccines work primarily to protect the person who has had the vaccine from severe illness - so vulnerable patients have the option to take the vaccine to protect themselves if they choose. Vaccine immunity appears to be very short-lived - 4-6 months - so this is not a rational or sustainable way to protect more than the most vulnerable people. Many of the cases, hospitalisations and deaths are now in fully vaccinated people and it seems to give little if any protection against the new variants making it a pointless exercise to continue using these vaccines to attempt to reduce spread. The goal of a policy of vaccinating healthcare workers is not clear given these well-established facts.***

***Healthcare workers have worked throughout the last 2 years in a pandemic with no vaccine, and there is a high likelihood/certainty that they have already been exposed to the virus and have either developed natural immunity through infection or had pre-existing cross-reactive immunity, so requiring a Covid-19 vaccine at this point would be shutting the stable door after the horse has bolted. No-one who already has natural immunity should be asked to have a vaccine as the published science shows that natural immunity is superior to vaccine-induced immunity (more robust, comprehensive against variants and long-lasting), that a vaccine adds nothing to natural immunity, and vaccine side-effects are likely to be more severe. They would be taking on the known and unknown risks of the vaccine for no benefit which is unethical and against the fundamental principle of medicine to "First do no Harm".***

***These novel gene-therapy vaccines are still in Phase 3 clinical trials so there is no long-term safety data, and there are well established serious short-term risks - clotting, neurological disorders, myocarditis, sudden deaths - so there are good reasons for people to be hesitant or not wish to take the vaccine at this stage, even if they are normally pro-vaccines. It is a fundamental rule of ethical medical practice that no-one should be coerced in any way to have a medical treatment - to do so violates the basic human right to informed consent, to freely accept or refuse a medical treatment without penalty or restriction, and bodily autonomy.”***

Please provide details to support your answers (500 words max) for **Flu Vaccine** – use same answer for both questions on Flu Vaccine:

***“Flu vaccines are notoriously poor in efficacy (as low as 10% in some years and rarely over 40%) and they have never been shown to reliably reduce overall morbidity or mortality in the recipients. In addition, as a live, attenuated vaccine they cause the recipient to shed live attenuated viruses which can cause illness in those around them, especially if immunocompromised. Studies have shown that if a person who has had a flu vaccine gets infected with influenza, they have viral loads many times higher than an unvaccinated person, but with fewer symptoms, making them very effective super spreaders of the flu virus as they are less likely to stay at home.***

***Vaccines should only be taken by people who actively wish to have them and who give informed consent in the absence of coercion or pressure. This is appropriate if they are at high-risk from an illness and fully understand the risk v benefit profile, as a matter of principle and the practice of the highest standard of ethical medicine. All vaccines and medical treatments (including flu vaccines) come with potential risks and side-effects which although rare can be life-limiting or life-ending (e.g. Guillain-Barre syndrome thrombocytopenia, encephalopathy, Stevens Johnson Syndrome). Vaccines cannot be guaranteed to be 100% safe or 100% effective, so should never be mandated for anyone.”***

**Q7/Q8/Q9/Q10** Which of the following best describes your preference with respect to COVID-19 vaccination and flu vaccination being compulsory for those who would be providing your care?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

- I feel strongly that vaccination should be compulsory
- I would prefer vaccination to be compulsory
- I don't mind either way
- I would prefer vaccination not to be compulsory
- I feel strongly that vaccination should not be compulsory
- I don't know

**A7/A8**            **Feel strongly that COVID-19 vaccination should not be compulsory (Healthcare or Social Care)**

**A9/A10**          **Feel strongly that Flu vaccination should not be compulsory (Healthcare or Social Care)**

Please provide details to support your answers on Covid-19 Vaccine and Flu Vaccines (500 words max) – use same answers as used in A3/4 (Covid) and A5/6 (Flu)

**Q11** Are there particular groups of people, such as those with protected characteristics, who would particularly benefit from COVID-19 vaccination and flu vaccination being a condition of deployment in healthcare and social care?

**A11**    **No**

**Q12** Are there particular groups of people, such as those with protected characteristics, who would be particularly negatively affected by COVID-19 and flu vaccination being a condition of deployment in healthcare and social care?

**A12** Yes

**Q13** Which groups may be negatively affected and why (max 500 words)?

***“People with underlying medical conditions or family history of medical conditions that can be caused or exacerbated by vaccines - CFS/ME, autoimmune conditions, clotting disorders. People with natural immunity who will not gain any benefit from vaccination as they already have superior immunity. The aim must be to promote immunity not just to inflate vaccine numbers. Also, people with specific religious or philosophical objections to vaccines or who wish to support their health in a more natural way through healthy diet, exercise, supplements and complementary medicine. We must allow freedom of choice and medical freedom - bodily autonomy is a fundamental human right “My body, my choice” and without this respect for human autonomy we are effectively slaves with no rights. Western pharmaceutical medicine is just one of many valid and effective approaches to health and wellbeing used by humans for millennia and the government/state cannot be allowed to restrict the choices of people to choose other healthcare systems.”***

**Q14** What could the government do to encourage those working in unregulated roles to have the COVID-19 and flu vaccine? (max 500 words)

***“There is no role of the government to proactively encourage vaccines which only benefit the individuals who receive them. The public must be treated as adults who are entitled to make their own decisions and who do not need the government's help or encouragement to do so - this is government overreach.***

***Government should merely make the vaccines freely available to workers, with a full list of risks and benefits, and treat workers respectfully as adults who can make their own decisions, without the need for coercion or pressure to be applied. The government MUST respect and honour people's freedom to choose what is right for them and their individual circumstances.”***

**Q15** We would welcome any comments you may have relating to Annex B - proposed addition to the code of practice – criterion 10

***“Firstly - The proposed Annex B contains a misleading statement (MHRA approved COVID-19 vaccine and flu vaccine) that is used as the basis for the proposed mandates to COVID-19 vaccination. The MHRA has given temporary authorisation for certain COVID-19 vaccines only. The term ‘approved vaccines’ is far too wide and is clearly used to allow for experimental and temporary ‘medicines’, even though under no circumstances should any experimental COVID-19, or other, vaccine be mandated as the vaccines are still in the trial stage.***

***Secondly the 'clinical reasons' although not defined in the proposed changes is expressly stated to include those clinical reason exemptions to vaccination to be in-line with the Green Book on Immunisation against infectious diseases. This is obviously deliberate and is used to mislead employers and employees into the belief that other exemptions, except those allowed in the Green Book, are not possible. The Green Book is advice/guidance and not law and thus 'clinical reasons' is limited to that of the Green Book and can include any reasonable exemption that applies to a specific person."***

**Q15** We welcome further comments you would like to make about this consultation (Max 500 words)

***"This proposal, along with all vaccine mandates, is a dangerous proposal which stands to irreversibly change UK society for the worse. It will create a medical apartheid and two-tier society and cause deep divisions and unhappiness in the population as well as poverty and immense damage to the healthcare system.***

***This new policy will be in breach of existing laws on Informed Consent, which applies to all medical interventions. The principle of consent is an important part of medical ethics and is enshrined in national and international law. It is UNLAWFUL to breach the requirements of Informed Consent and will leave any medical professional so doing open to legal proceedings for Negligence, Misconduct, and a report to their Regulatory body. Unvaccinated people are not a threat to public health and should not ever be locked out of society and denied the ability to work as these are not measures to protect public health. These measures are not about public health and not justified because they do not address the actual risk of COVID-19. These measures can only be about punishing those who choose not to be vaccinated. We vigorously oppose the introduction of a system of medical apartheid and segregation in the UK.***

***It also gives enormous power and profits to the pharmaceutical industry, who are completely shielded from any liability for harms or deaths caused from the vaccine, while putting all of the risk onto the public who will be required to take on the risks to their lives and health in order to have the right to go to work. This is morally and ethically wrong and we cannot go down this path. If the goal is to reduce cases of Covid then there is no scientific basis to this policy as the vaccines do not prevent infection with or transmission of the virus. It is time to return to normal, stop testing healthy people and allow healthcare to focus on all illness in society and not just this myopic obsession with Covid-19, a viral respiratory illness that is of little consequence to the vast majority of people.***

***Implementing this policy, in an attempt to blackmail and coerce healthcare workers into taking the vaccine, will instead lead to the loss of thousands of healthcare workers from the NHS and Care sectors who will rightly refuse to submit to this gross and unethical attempt to violate their medical freedom and bodily autonomy. No one should be required to share their medical history as medical confidentiality is a central tenet of ethical medicine and it should remain private between a patient and their doctor. The deaths and suffering that will result to the wider society from the collapse in healthcare, from losing thousands of dedicated and experienced workers, will be an entirely unnecessary***

***avoidable act of self-harm, inflicted on the UK public by their government. This would be unforgivable.***

***The original plan to offer the vaccine to the known vulnerable groups, to reduce death and hospitalisation by 95%, was all that should ever have happened. This mission-creep and vaccine obsession is dangerous and completely misguided, especially when there are now highly effective, evidenced-based, early treatment protocols with cheap drugs and nutraceuticals, which massively reduce the mortality and morbidity from Covid, even in the most vulnerable.***

***It is the ultimate irony that these brave healthcare workers, who worked throughout the pandemic with high exposure to Covid-19 and who were rightly applauded, are now facing the sack for choosing (for a myriad of legitimate reasons) not to take the vaccines that most of them do not even need. This is morally wrong and would cause the Government to permanently lose the respect of the British public.”***