

Open Letter from UK Medical Freedom Alliance to Headteachers and Teachers **Re: Administration of Covid-19 vaccines to school children**

Dear Headteacher/Teacher,

7 July 2021

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

The UK's regulatory agency (MHRA) has granted approval of the Pfizer-BioNTech Covid-19 vaccine for emergency use in 12- to 15-year-old children. It appears increasingly likely that UK children will be offered Covid-19 vaccines at the end of the Summer Term or in the Autumn Term, potentially in school.

The UKMFA are extremely concerned about this proposed Covid-19 vaccine rollout to children. The purpose of this letter is to inform you of our concerns, to allow you an opportunity to address them, and to advise you of potential liability in the event of harm caused to children whilst under your care.

Covid-19 vaccines – Safety and Effectiveness

Every decision to vaccinate an individual should only be taken with fully informed consent, following a comprehensive risk-benefit analysis for that individual. For children, the benefits of Covid-19 vaccines are minimal and the risks unknown. Many doctors and scientists around the world are calling for restraintⁱ.

We have summarised and referenced the key issues relating to children below.

1. The **risk of death or serious disease** from Covid-19 to children is **close to zero**^{ii iii iv v}.
2. Children play an **insignificant role in transmission** of Covid-19^{iii vi vii viii ix x}.
3. All Covid-19 vaccines used in the UK, including the Pfizer-BioNTech vaccine most likely to be offered to children, are based on **completely new gene technologies**^{xi}. They have not been licensed^{xii}, and remain **experimental** until Phase 3 trials have been completed in 2023.
4. **Serious adverse events and vaccine-related deaths** have been reported to Government databases in the UK^{xiii}, the US^{xiv} and Europe^{xv}. As of 9 June, **949,276 adverse reactions** and **1332 vaccine-related deaths** had been reported to the MHRA in the UK^{xiii}. Some effects, such as blood clots^{xvi} and heart inflammation (myocarditis)^{xvii}, have occurred specifically in young adults^{xviii xix}. The CDC is currently investigating over 1200 children and young adults with vaccine-related myocarditis and have issued a warning^{xx}. In the US, several children under the age of 18 are reported to have died after a Covid-19 vaccine^{xxi}.
5. **Medium- and long-term effects** of Covid-19 vaccines, including effects on fertility, carcinogenesis, autoimmune diseases, are **completely unknown**, which is most relevant for children.
6. Vaccine manufacturers have an almost complete **exemption from liability** for any injuries or deaths that may be caused by their products^{xxii xxiii xxiv}.

7. In children, **acquiring natural immunity** will serve a better purpose, as this will last longer and cover a broad range of virus variants, contributing to herd immunity^{xxv xxvi xxvii xxviii xxix}.
8. There is **no precedent of vaccines successfully halting or mitigating an ongoing pandemic**, and they may even risk the promotion of more virulent variants^{xxx}. Without the concept of ending a pandemic by vaccinating the entire population, there is **no imperative for vaccinating all children**.

Informed Consent and Application of Gillick Competence

Informed consent is the cornerstone of good, ethical medical practice and is enshrined into UK and International Law and professional guidelines. Carrying out any medical procedure without informed consent is unlawful and medical negligence, which can lead to charges of misconduct. Without factually accurate information, with full disclosure of risks as well as benefits, and any other available treatments, it is simply not possible for anyone, let alone children, to make a fully informed decision and give informed consent to Covid-19 vaccination. **In this instance, data regarding long-term safety and risks, that would be required for fully informed consent, does not yet exist.**

In terms of the applicability of Gillick Competence, this cannot be assumed under current circumstances. **Gillick competence** is the principle deriving from the English and Welsh case of *Gillick v West Norfolk and Wisbech Area Health Authority* [1985] UKHL 7^{xxxi}, which provides that children under the age of 16 may be able to consent to their own treatment, if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. The judgment in *Gillick* makes it clear it is to apply only in exceptional cases:

"No reasonable person could read it as meaning that the doctor's discretion could ordinarily override parental right. Illustrations are given in the text of exceptional cases in which the doctor may take the "most unusual" course of not consulting the parent. Only in exceptional cases does the guidance contemplate him exercising his clinical judgment without the parent's knowledge and consent." (per Lord Scarman at paragraph 181)

It has been stated that:

"The right to decide on competence must not be used as a license to disregard the wishes of parents whenever the health professional finds it convenient to do so. Health professionals who behave in this way would be failing to discharge their professional responsibilities and could expect to be disciplined by their professional body." ^{xxxii}

For a child to even be considered Gillick Competent, they **MUST** have "*a sufficient understanding and intelligence to enable them to comprehend fully what is proposed*" and:

1. understand the nature and implications of the decision and the process of implementing that decision;
2. understand the implications of not pursuing the decision;
3. retain the information long enough for the decision-making process to take place;
4. be of sufficient intelligence and maturity to weigh up the information and arrive at a decision; and
5. be able to communicate that decision.

Deciding competence must be decision-specific, child-specific, made with the specific factual context in mind and based on the available evidence. It can only be determined by a medical practitioner who knows the child, not any other personnel administering the vaccines in schools.

Furthermore, following the High Court case of **An NHS Trust v A, B, C and A Local Authority** [2014] EWHC 1445^{xxxiii}, Mr Justice Mosytn also stated the decision of the child must be given freely. He stated:

“Dr Ganguly was also clear that the decision that was reached by A was hers alone and was not the product of influence by adults in her family. Dr Ganguly did not detect in her any sign of distress when she set out her position to her.”

As I am sure you are aware, children are often subject to peer pressure from their fellow pupils. Children also look up to their teachers and can be influenced by the media and celebrities. In the current circumstances, relating to the prevailing dialogue around Covid-19 vaccines, it certainly cannot be the case that any child can provide fully informed consent which will be free from any undue influence.

All teachers and school staff owe a **Duty of Care** to their pupils. We argue that this Duty of Care requires schools to ensure that the legal requirements of Gillick Competency are properly adhered to when it comes to considering the administration of vaccines on school premises. In light of the above, and following the legal principles, we do not accept that any child would be considered able to consent to the vaccine.

Materials explaining Vaccines

We have stated above that according to our understanding of the law, children would not be able to consent to any Covid-19 vaccine by relying on Gillick Competency. We maintain that position. Whilst we will now address materials promoting the vaccine, this is not to be taken as any waiver of our position set out above.

It is likely that local authorities will send information material to schools and parents of children in the age brackets for proposed vaccination. We are aware of widely published material, aimed specifically at children inside and outside schools, conveying a one-sided and simplified message, without reflection or consideration for individual circumstances, or disclosure of the known and unknown risks^{xxxiv xxxv xxxvi}.

To comply with your Duty of Care, you are required to scrutinize any material you are asked to share with children, for accuracy, balance, and bias. We would also urge you to oppose the condoning by some school leaders of using peer pressure on children, in order for them to accept a Covid-19 vaccine, as this would constitute coercion and therefore a violation of Informed Consent^{xxxvii}.

Notice of legal liability

Based on experiences to date with Covid-19 vaccinations in adults, and in US and Israeli children, there is a real risk that a child may suffer **potentially serious harm and injury** as a consequence of being vaccinated. If the reaction is immediate, this incident may occur on your premises if vaccines are administered in schools. If vaccination is allowed to proceed on your premises, you are at risk of liability for such incidents.

You are further at risk of potential liability for unlawful practices, if participating in the **propagation of biased information and coercion** relating to vaccination of pupils, even if vaccination itself does not take place on school premises or during usual school hours.

We hereby notify all school staff and any other adults with access to the children whilst under your care (including vaccinators, nurses, and other public health staff) of potential liability for harms caused.

Any attempt to rely on Gillick competence in relation to the consent of children under 16 will be robustly challenged. If Gillick competency is not satisfied and a pupil is nonetheless vaccinated, this would amount to a clear breach of Duty of Care, reckless or criminal negligence, and also the crime of assault.

We would also advise you to check your insurance position relating to your potential liability.

Conclusions and Appeal

Your school has a duty of care to all the children, and you must always act according to their best interest. Failing to do so would be a dereliction of this duty of care and, should any harm befall any one of the children, could result in action being taken against staff personally or the school as a whole. For the reasons set out above:

- **We appeal to you to resist the proposed rollout of Covid-19 vaccines to children, and specifically the administration of vaccines in schools.**
- **We further appeal to you to resist any propagation of material in your school conveying simplified and incomplete information.**

Yours sincerely

UK Medical Freedom Alliance

<http://www.ukmedfreedom.org>

ⁱ <https://blogs.bmj.com/bmj/2021/05/07/covid-vaccines-for-children-should-not-get-emergency-use-authorization/>

ⁱⁱ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

ⁱⁱⁱ <https://pubmed.ncbi.nlm.nih.gov/33289900/>

^{iv} <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

^v <https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#epidemiology>

^{vi} <https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.14937>

^{vii} <https://adc.bmj.com/content/archdischild/early/2021/03/17/archdischild-2021-321604.full.pdf>

^{viii} [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30251-0/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30251-0/fulltext)

^{ix} <https://pediatrics.aappublications.org/content/pediatrics/early/2021/01/06/peds.2020-048090.full.pdf>

^x <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011>

^{xi} <https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources/types-vaccines-for-covid-19>

^{xii} <https://www.pfizer.com/science/coronavirus/vaccine/about-our-landmark-trial>

^{xiii} <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

^{xiv} <https://www.openvaers.com/covid-data>

^{xv} <http://www.adrreports.eu/en/index.html>

^{xvi} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984404/PHE_COVID-19_AZ_vaccine_and_blood_clots_factsheet_7May2021.pdf

^{xvii} <https://www.cdc.gov/vaccines/acip/work-groups-vast/technical-report-2021-05-17.html>

^{xviii} <https://abc7.com/johnson-covid-teen-vaccine/10537228/>



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- ^{xix} <https://www.fox13now.com/news/local-news/utah-teen-hospitalized-with-blood-clots-in-his-brain>
- ^{xx} <https://www.hartgroup.org/vaccine-update/>
- ^{xxi} <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>
- ^{xxii} <https://www.nejm.org/doi/full/10.1056/NEJMp2030600>
- ^{xxiii} <https://www.reuters.com/article/us-astrazeneca-results-vaccine-liability-idUSKCN24V2EN>
- ^{xxiv} <https://www.independent.co.uk/news/health/coronavirus-pfizer-vaccine-legal-indemnity-safety-ministers-b1765124.html>
- ^{xxv} <https://www.nature.com/articles/s41467-021-22036-z>
- ^{xxvi} <https://www.nature.com/articles/s41586-021-03207-w>
- ^{xxvii} <https://www.bmj.com/content/370/bmj.m3563>
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- ^{xxix} [https://www.cell.com/cell/fulltext/S0092-8674\(20\)30610-3](https://www.cell.com/cell/fulltext/S0092-8674(20)30610-3)
- ^{xxx} <https://www.nature.com/articles/414751a>
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- ^{xxxii} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962726/>
- ^{xxxiii} https://www.familylaw.co.uk/news_and_comment/an-nhs-trust-v-a-b-c-and-a-local-authority-2014-ewhc-1445-fam
- ^{xxxiv} <https://stephenhawkingfoundation.org/vaccines/>
- ^{xxxv} <https://www.youtube.com/watch?v=OC9vnISihKM>
- ^{xxxvi} <https://www.bbc.co.uk/newsround/57389353>
- ^{xxxvii} <https://www.telegraph.co.uk/news/2021/05/02/schools-back-mass-vaccinations-children-headteachers-say-peer/>