

Open Letter from the UK Medical Freedom Alliance to UK Universities and Colleges

Re: Covid-19 Vaccination as a Condition of Access to Higher Education

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

We appeal to you to refrain from imposing any Covid-19 health-related conditions on students accessing education at your institution, as this would amount to discrimination. We urge you specifically, and in the strongest possible terms, to resist imposing any requirements for students to accept a Covid-19 vaccine.

It is entirely unprecedented that interventions interfering with bodily integrity and autonomy should be stipulated as conditions to receiving higher education, and excluding students based on such requirements would grossly violate the basic freedoms and human rights, which have been essential components of our Western, liberal democracy.

Below we set out specific reasons for our concerns regarding:

- I) Safety and Efficacy of Covid-19 vaccines in young people
- II) Conditional Access to Education

I) Safety and Efficacy of Covid-19 vaccines in young people

The launch of the Covid-19 vaccines was welcomed by public authorities and hailed as an unequivocally safe and effective intervention. The vaccines were given temporary authorisation for emergency use, prior to completion of the Phase 3 trials (due to end in 2023). Prompt and widespread implementation has been encouraged. Initially, Covid-19 vaccine rollout was only planned for population cohorts most at risk from Covid-19 disease, for whom the risks of an experimental vaccine were deemed to be outweighed by potential benefits. Over the last few months, official advice has been gradually amended to include the entire adult population, with talk of vaccinating children in the near future.

Despite all this publicity, it is vitally important to appreciate that all Covid-19 vaccines used in the UK are based on **completely new gene-based technologies**ⁱ. mRNA and DNA viral-vector vaccines have never previously received full regulatory approval for mass rollout in humans and are more akin to genetic manipulation/modification than traditional vaccination. They have not been licensed and remain **experimental** until Phase 3 trials have been completedⁱⁱ. There is only **limited short-term safety data, and we cannot infer long-term safety** without observing the impact on human health in those who have received the vaccines over the next few years. Specifically, the **potential for late-onset effects such as development of autoimmune diseases, cancer, neurological disorders, and infertility**, most relevant for young people who have a lifetime ahead of them, need to be assessed and ruled out with certainty before we can proceed with confidence in this cohort.

It is important to be aware that the regulatory trials will not adequately reflect the safety profile of the Covid-19 vaccines, even on completion, as participants have been unblinded prematurely, and some of those in the placebo groups have been offered Covid-19 vaccines, thus removing the control armⁱⁱⁱ. However, we would like to highlight the available interim trial data, and the adverse events reports following the rollout of Covid-19 vaccines to the population, which indicate that we should be very cautious before actively encouraging young people to take a Covid-19 vaccine at this stage.

We have summarised the available evidence below:

1. Manufacturers' claims of up to 95% effectiveness of the vaccines are based on evidence of effectiveness in preventing mild symptoms^{iv}. **Outcomes such as severe disease, Long Covid, hospitalisation and death have NOT been assessed in the Covid-19 vaccine regulatory trials^{v vi}.**
2. Published claims of effectiveness are based on interim analyses of trial data, comprising an extremely small number of trial participants. Claims of up to 95% effectiveness are misleading, as they refer to relative risk reduction, whilst **absolute risk reduction to any individual is only in the region of 1%^{vii}.**
3. **Covid-19 has an infection fatality rate of <0.1% for most of the population**, and certainly for young people, who will mostly remain asymptomatic or experience mild symptoms only. Even in the elderly, the recovery rate from Covid-19 is in the range of the claimed effectiveness of the currently approved vaccines^{viii ix}.
4. There is currently **no peer-reviewed evidence that the Covid-19 vaccines prevent infection with or transmission of the virus**, so the recipient is still able to spread the virus to others^x. Recent data from the Zoe app shows that with the current delta variant, symptomatic infections are surging in the vaccinated while plateauing in the unvaccinated^{xi}. This indicates that there is no wider public health benefit to receiving the vaccine and no rational reason to insist on Covid-19 vaccines in students to "protect others".
5. In a population cohort at minimal risk of severe disease, such as young people, **acquiring natural immunity will serve a better purpose**, as this will be more comprehensive, longer lasting, and cover a broad range of virus variants. Vaccine-induced immunity does not cover the full spectrum of protection (mucosal immunity, IgA, and T-cell immunity to the whole virus) and may only be short-lived. Acquiring natural immunity will therefore also benefit the wider population, contributing to herd immunity^{xii xiii xiv xv xvi}.
6. There is a risk that **Covid-19 vaccines may worsen clinical disease due to antibody-dependent enhancement (ADE)**, which has been observed in animal trials during previous attempts at developing a vaccine against coronavirus^{xvii xviii xix}. Trials have so far not addressed this significant concern, and this information must be shared prior to vaccination to allow fully informed consent to be obtained^{xx xxi}.
7. The Pfizer and Moderna vaccines contain polyethylene glycol (PEG). PEG is a known allergen which carries a **risk of serious, potentially fatal allergic reactions^{xxii}**. The US Centre for Disease Control (CDC) has issued advice that anyone allergic to PEG or its close relative, Polysorbate, should not receive either of the currently available mRNA vaccines^{xxiii}.
8. Since the start of the Covid-19 vaccine rollout to the population in December 2020, **thousands of vaccine-related illnesses and deaths have been reported** through databases in the US (VAERS^{xxiv}), Europe (Eudravigilance^{xxv}) and the UK (MHRA Yellow Card System^{xxvi}) raising serious concerns about safety.
Dr Tess Lawrie, from the independent Evidence Based Medicine Consultancy, published an Open Letter to the MHRA on 9th June with an analysis of UK Yellow Card adverse event data, concluding that **"The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans"**^{xxvii}.
9. **Some life-threatening effects, such as blood clots^{xxviii} and myocarditis^{xxix}, have been reported specifically in young people^{xxx xxxi}**. In the report published by the MHRA with data up to 23 June 2021, there were **1,007,253 adverse reactions in the UK**, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. The report includes **1403 fatalities^{xxxvi}**.

10. It has emerged that some Covid-19 vaccines carry the risk of a rare blood clotting disorder “**Vaccine-induced Immune Thrombotic Thrombocytopenia**” (VITT). Recent UK government advice for young people is to avoid the AstraZeneca vaccine for this reason. VITT often presents as ischemic strokes, including over 100 reported cases of the rare Cerebral Sinus Venous Thrombosis^{xxxii}. It is possible and plausible that this reaction could be a **class effect caused by spike proteins induced by all current Covid-19 vaccines** and therefore not specific or limited to the AstraZeneca vaccine^{xxxiii}.
11. Multiple concerns have been raised by scientists regarding possible short- and long-term adverse effects, specifically relating to the spike protein^{xxxiv xxxv}. Covid-19 vaccines introduce a synthetic gene which induces the recipient’s own cells to produce viral spike proteins. **Spike proteins appear to contribute significantly to the pathogenicity of SARS-CoV-2**, and there are studies suggesting that they have the potential to cause pathology on their own^{xxxvi xxxvii}. It is unknown how much spike protein will be produced by an individual, and it is plausible that younger, healthier people may produce higher quantities, potentially increasing the risk of side-effects. **The safety of this novel approach needs to be thoroughly investigated and firmly established** prior to full licensure in adults and prior to any use in young people.
12. There is increasing concern in the US and Israel about reports of myocarditis, especially in teenagers and young adults, following the mRNA Covid-19 vaccines. This appears to be more prevalent in young males. The **risk of myocarditis following the Covid-19 vaccine seems to be 30-200x the normal background risk**, as shown in a recent presentation by the US CDC’s Advisory Committee on Immunization Practices (ACIP), who are currently investigating 1200 cases of vaccine associated myocarditis and pericarditis in the US^{xxxviii}. In Israel the reported incidence of myocarditis following vaccination is estimated to be between 1/3000 to 1/6000 doses^{xxxix}. Although many of these cases are described as “mild” and resolve, myocarditis carries a long-term risk of heart failure, and also may require restricted exercise and medication for several months after recovery.

II) Conditional Access to Education

The mere consideration and concept of imposing health-related conditions on access to any and specifically higher education is unprecedented in a free and democratic society, for the reasons laid out below:

1. Young people and children have already suffered immensely, as a result of multiple measures and restrictions introduced in response to the pandemic, despite the fact that they have at no point been at any substantial risk from Covid-19. Their education, academic and social development, and mental and physical health have been profoundly affected due to enduring harsher restrictions than were imposed during two world wars. There is an **urgent requirement to allow the younger generation to progress and develop their potential**, and to not submit them to further conditions that are of no benefit to them, and potentially of significant harm.
2. Universities and colleges are institutions of higher education, where the ethos of critical thinking should be nourished. For example, the University of Cambridge states as its core values the “**freedom of thought and expression**” and “**freedom from discrimination**”^{xl}. The university aims to provide “*education which enhances the ability of students to learn throughout life*” and defines education as the “*encouragement of a questioning spirit*”^{xxxi}.
In addition, universities and colleges are institutions where robust scientific methodology and rigorous appraisal of scientific research are taught and encouraged. We argue that **mandating students to submit themselves to a medical intervention based on insufficient evidence for its effectiveness and safety, as a condition of access, directly contradicts the highly valued ethos of higher academic education** - to encourage a questioning spirit and arrive at conclusions through independent study of the available evidence.

3. Specifically, we encourage all professional academics to question why the implementation of the Covid-19 vaccination program has been in complete incongruence with the concept of **evidence-based medicine**, which is the gold standard of good clinical practice.

Contrary to established practice, recommendations have been based only on interim analyses of data from incomplete clinical safety trials, and not on peer-reviewed published science. Ongoing trials to establish efficacy and safety of the Covid-19 vaccines are not being conducted by independent research teams, but by the pharmaceutical companies who stand to gain financially from the sale of their products. Raw trial data are not yet available to be publicly and independently scrutinized. Interim analyses and claims have been communicated by press release, without peer review, and instantly assimilated into advice to the public.

These issues further justify a cautious approach to giving Covid-19 vaccines to young, healthy people:

- a. The justification for accelerated timelines, and the unprecedented temporary emergency use authorization of Covid-19 vaccines, has been the stated urgency of the ongoing pandemic. Yet, instead of relying on established vaccine technology, a completely novel, gene-based vaccine technology, never previously used in humans on a large scale, has been employed.
 - b. **There is no historical precedent where a pandemic was successfully ended or mitigated by vaccinating the entire population.** Indeed, concerns have been raised that this approach may prolong the pandemic and risk promotion of more virulent variants^{xli}. French virologist and Nobel Prize winner Luc Montagnier recently highlighted and warned about this potential issue^{xliii xliii}.
 - c. **Covid-19 vaccine manufacturers demanded and were granted exemption from any liability for adverse effects** caused by their products^{xliiv xliiv}. A spokesperson for AstraZeneca acknowledged the potential for unexpected long-term side-effects, stating that as a company, they “*simply cannot take the risk if in ... four years the vaccine is showing side-effects*”^{xlii}. **If the risk is significant enough for manufacturers to anticipate economic loss, young people must not be expected to take the same risk to their long-term health.**
4. **Informed consent is the cornerstone of good, ethical medical practice** and is firmly enshrined in the code of conduct issued by the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the NHS Constitution^{xlvii}, as well as in UK^{xlviii} and International Law^{xlix}. Consent should be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. **An individual must be free to accept or refuse any treatment and their decision should be voluntary and must not be influenced by pressure** from medical staff, friends, family or others.

The Universal Declaration on Bioethics and Human Rights states that any preventive, diagnostic, and therapeutic medical intervention must only to be carried out with the **prior, free, and informed consent of the person concerned**, based on adequate information.

Furthermore, the Parliamentary Assembly of the Council of Europe passed Resolution number 2361 of 2021 on 27 January 2021¹ in which it was stated that:

6.1 Paragraph 7.3.1 - ensure that citizens are informed that [the Covid-19] vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;

6.2 Paragraph 7.3.2 - ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated;

Informed consent cannot be given freely if it constitutes a condition of access to education.

Mandating any medical intervention as a condition for access to education denies young people the opportunity to assess and appraise all available information, and to weigh up the benefits and risks to them as individuals. It also puts a penalty or restriction on any student who declines a Covid-19 vaccine, which is not consistent with ethical and lawful practice of medicine and indeed constitutes a violation of the principle of Informed Consent.

Conclusion and Request

We have presented evidence that **young people are at minimal risk from Covid-19, but face known and unknown risks from Covid-19 vaccines, including potentially life-changing injury and death.** Some of the serious reported injuries, such as blood clots and myocarditis, have specifically occurred in young people. In addition, they have a lifetime ahead of them and the impact of these novel, gene-based vaccines on their health or fertility in 5-10 years' time is completely unknown at this stage.

Mandating Covid-19 vaccines as a condition to accessing higher education risks harming an entire generation of the very people who would be hoped to lead the future development of science.

Denying young people the opportunity to appraise scientific evidence for themselves, and denying them the freedom of choice based on their own assessments, would set a **dangerous precedent of violating the ethos of academia**, which has evidence-based practice and informed consent at its core. Subjecting an individual to an intervention that interferes with bodily integrity, based on a government's edict marks the turn from a democratic society to state and medical dictatorship.

In the interest of the health of your students, and the interest of upholding the core values of academia and democracy, we therefore implore you to allow each individual student to make their own health choices and not to impose any conditions on their access to education at your institution.

We thank you for taking the time to read this letter and consider its contents in full.

UK Medical Freedom Alliance

www.ukmedfreedom.org

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

ⁱⁱ <https://www.pfizer.com/science/coronavirus/vaccine/about-our-landmark-trial>

ⁱⁱⁱ <https://www.nature.com/articles/s41591-021-01299-5>

^{iv} <https://www.fda.gov/media/144245/download>

^v <http://bmj.com/content/bmj/371/bmj.m4037.full.pdf>

^{vi} <http://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed/>

^{vii} [https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247\(21\)00069-0.pdf](https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247(21)00069-0.pdf)

^{viii} https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

^{ix} <https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13423>

^x <https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12?r=US&IR=T>

^{xi} <https://lockdownsceptics.org/2021/07/10/infections-decline-in-the-unvaccinated-as-they-surge-in-the-vaccinated-demolishing-the-argument-for-vaccinating-children-and-young-people/>

^{xii} <https://www.nature.com/articles/s41467-021-22036-z>

^{xiii} <https://www.nature.com/articles/s41586-021-03207-w>

^{xiv} <https://www.bmj.com/content/370/bmj.m3563>



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- xxxv <https://medicalxpress.com/news/2021-04-sars-cov-spike-protein-lung.html>
- xxxvi <https://pubmed.ncbi.nlm.nih.gov/33300001/>
- xxxvii <https://pubmed.ncbi.nlm.nih.gov/33053430/>
- xxxviii <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf>
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