

[Your name]
[Your address]

[Manager's name]
[Employer]
[Employer's address]

[Date]

Dear [Manager's name]

Stand Against Mandatory Covid Vaccines

By sending this letter, I stand with colleagues in the NHS and the wider health sector in seeking to stop the damage that will be done by the introduction of mandatory Covid-19 vaccination in April 2022. The loss of thousands of workers with all their knowledge, skills and experience, at a time when there are already severe staff shortages, will only diminish the service we are able to provide to our patients, fellow citizens, families and friends.

Many of us consider these measures disrespectful of the unflinching service that our colleagues have given since March 2020 throughout the pandemic and for whom so many members of the public stood on the streets to clap. And although not yet widely appreciated, it is not only NHS workers but a whole web of thousands of businesses and individuals involved with the NHS other suppliers of regulated health care activities who may have face to face contact with a service user for whom the vaccines will also be mandatory.

There are many legitimate reasons why an individual may choose to decline the offer of a vaccine or any 'booster'. I do not rehearse those reasons here and will not state my personal choices. I believe that everyone should unite in support of medical freedom and bodily autonomy for all.

In making this stand, we also share the widespread and ever-growing concerns that fundamental medical duties and ethics, such as the needs to first do no harm and to obtain informed consent for every medical treatment or procedure, are recklessly being breached or tossed aside.

It is imperative that we make this stand. We cannot and should not allow colleagues to feel alone or unsupported, to feel pressured or coerced, to have their legitimate rights invalidated or to be forced to choose between losing their job or abandoning principles of medical values and ethics.

With this in mind, I am seeking specific assurances and information. Listed briefly below for convenience, these are further explained and placed in context within the longer Annex that follows.

Assurances and information required

1. I reject, and do not wish to engage in discussion of, any change to my terms of employment in relation to acceptance of any medical treatment or procedure or the disclosure of personal information. Please acknowledge and confirm this stance will be respected.
2. I request written confirmation that I will not be subjected to any conduct that attempts to persuade me or anyone else to accept any vaccines (including the examples listed in the Annex).

3. Please confirm the Trust's policy in respect of encouragement for vaccination, what measures have been taken to assess the risk of harm from that policy and what measures, if any, have been and/or be put in place to remove that risk.
4. Please confirm what steps have already been taken or will now be taken to ensure that informed consent for vaccination is obtained on all occasions and to identify and correct any misunderstanding of the recipient (and, indeed, the vaccine administrator) in this regard.
5. Please confirm what steps, if any, are being taken within the Trust to ensure that staff are aware of the existence and purpose of the MHRA's Yellow Card vaccination adverse event reporting scheme and are encouraged to use it (both on their own behalf and that of patients).
6. Please inform me in writing, having regard to my age and race and assuming that I am in good health with no underlying health conditions
 - what injuries or illnesses might be caused by the vaccines (*risks*)
 - what is the statistical likelihood of serious injury, illness or death from the vaccines (*risks*)
 - what is the statistical likelihood of serious injury, illness or death from Covid-19 (*what will happens if treatment does not go ahead*)
7. Please inform me in writing, having regard to my age and race and assuming that I am in good health with no underlying health conditions, both if I should have protection
 - (a) only by natural immunity arising prior infection, or
 - (b) only by immunity arising from full course of vaccine protection (including any booster),

in percentage terms as accurately as you can, to what extent the Covid-19 vaccines will be likely to reduce my risk of

 - getting the virus
 - spreading the virus
 - getting seriously ill
8. Given the government's removal of any ability to claim against manufacturers and those administering the vaccine, please confirm that the Trust will compensate me and other workers in respect of any damage, including death, injury, illness or financial losses caused by vaccination.
9. Please confirm whether or not the Trust envisages dismissing 20 or more employees or unilaterally changing their terms of employment.
10. Please advise what steps have or will be taken to review arrangements for employee representation in respect of the issues raised in this letter, particularly in view of the relative silence of nearly all trade unions.

I look forward to your reply within 14 days.

Yours sincerely,

[name]

Annex follows

Annex to letter: Stand Against Mandatory Covid Vaccines

I wish to record my objection to pressure, or any form of coercion, being exerted on me or any person to

- disclose personal medical information, particularly in relation to Covid Vaccines
- to take any medical treatment.

Every worker in the UK, including in the NHS and any organisation affected by regulations introducing requirement to evidence having taken a course of Covid vaccines (the "[Regulations](#)"), has the right:

- *To decide for themselves* with or without clinical advice from a treating doctor whether or when they should choose to accept any medical treatment (this includes a first, second or any subsequent number of vaccinations or any so called 'booster')
- *Not to disclose information* as to their vaccination status
- *Not to give a reason* for not disclosing vaccination status
- *Not to disclose fact or of reason for exemption, medical or otherwise*, from proof of vaccination requirements that may apply to them

I acknowledge employers need to plan and that employees generally have a duty to provide reasonable cooperation to their employer. Nevertheless, I also understand that this duty does not override the above rights. Assuming the Regulations will not be repealed or declared unlawful by legal challenge, I will make myself aware of the dates by which I might review or disclose my own decisions. However, I do not expect to be pressured to make decisions or disclose personal information before I am ready to do so.

I appreciate that an employer may have to consider whether it is possible to continue the employment of staff where evidence of vaccination or exemption is not provided. I also appreciate that, depending upon the decision any individual makes in due course, a necessary formal process may become necessary to consider if termination of employment may be reasonable and justified in view of the obligations to be imposed by the Regulations.

However, for clarity and to avoid confusion or interference with my right to privacy and bodily autonomy, unless and until I confirm otherwise in writing, please note I reject, and I do not wish to engage in discussion of, any change to my terms of employment in relation to acceptance of any medical treatment or procedure or the disclosure of personal information.

Avoiding pressure being applied

I am aware of pressure being applied by employers to persuade or coerce staff to accept medical treatment or to divulge personal information. I am concerned such pressure is unlawful and unethical, breaching the requirement to obtain informed consent in respect of any medical treatment or procedure.

Examples of such pressure include:

- repeated requests for vaccination status
- expressing views or intentions in relation to Covid vaccines or mandates

- offer or denial of payments related to vaccination status
- asking about vaccination status or other personal information in presence of others
- encouraging wearing of badges or other identifiers of vaccination status
- dismissing as invalid, or of less worth than the views of others, concerns that the benefits and harms of Covid vaccines are being misrepresented
- suggesting, or promoting the idea, that individuals who do not accept Covid vaccines are selfish, have a low level of intelligence, or are a danger to others
- threatening dismissal or other sanction for refusal to disclose personal information relating to Covid vaccines
- attempting to make individuals feel isolated by telling them they are alone or in a small minority
- name-calling or disparagement, for example by use of the term “anti-vaxxer”
- seeking informal meetings with individuals to elicit further information or suggest an individual is unusual, selfish or causing difficulties by not accepting vaccination etc.
- conducting one to one meetings without opportunity for the employee be accompanied
- arranging meetings with people presented as expert or with higher professional status or qualifications or position of authority, so as to be likely to cause the worker to feel intimidated
- refusing by reference to information about vaccine status access to any benefit or service

Regardless of anyone’s motive, I object to and will request written confirmation that I shall not be subjected to any of the conduct listed above or to any similar pressure being applied. Any discussion or information provided should be done openly in formal process and with ability to challenge.

Where an employer, particularly in the health sector, is aware of any conduct likely or intended to undermine the principle of informed consent, it should be stopped and appropriate disciplinary action taken.

Managers

It is divisive and unfair to put managers in a position where they are being asked to assist in a campaign of persuasion. Many may share the concerns set out in this letter and may want to seek advice regarding their ability to stand with their colleagues who are sending this or similar letters.

Breach of Health and Safety

Apart from health and safety issues arising from the vaccines themselves, you will be aware that there is risk of harm to the mental health of those feeling under threat or pressure to decide whether to accept any medical treatment or procedure.

Please confirm the organisation's policy in respect of encouragement for vaccination and, in particular, in accordance with obligations under the Management of Health and Safety at Work Regulations 1999, what measures have been taken to assess the risk of such harm and what measures, if any, have been put in place and now will be put in place to remove that risk.

Informed Consent

The [NHS website](#) succinctly summarises the ethical and legal position in respect of any medical treatment. It states:

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

The meaning of these terms are:

- voluntary – the decision either to consent or not to consent to treatment must be made by the person, and **must not be influenced by pressure from medical staff, friends or family**
- informed – the person **must be given all of the information** about what the treatment involves **including** the benefits and **risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead**
- capacity – the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision

I am concerned that the duty to obtain informed consent is being breached in respect of workers and in respect of members of the public being given the Covid vaccines.

Regardless of the actions of the government or media, all NHS staff and all medical practitioners remain under the duty to ensure compliance with the principles of informed consent. It is clear that the government policy and actions, directly or through the media, of

- restricting of access to travel and service,
- name-calling of individuals who choose not to accept a vaccine as selfish, dangerous or “anti-vaxxers”
- accusing such people as being responsible for illness of others

have influenced many people in their decisions. It must be assumed that it in many cases, perhaps now all, that informed consent cannot be obtained without taking steps specifically to correct common misconceptions, for example wrongly believing that vaccines stop transmission or prevent infection.

In addition, of serious concern is the apparent disregard of one of the most fundamental principles of medical ethics: 'first do no harm'.

Whereas adverse effects when reported in the media are invariably described as ‘extremely rare’, the relevant information when providing medical treatment must be whether the risk of serious injury or death from Covid-19 is greater than that from taking the vaccine *for any given individual*. For a very significant section of the population, dependent on age and health, I understand the data from the vaccine trials and from reports following vaccination indicate that the risks from taking the vaccine are greater than the risks from Covid-19.

Many adverse events have been reported in respect of the Covid vaccines including reports of death, cardiac issues, other blood-related issues and other serious adverse effects, but the risks of suffering such an event are not being revealed sufficiently or at all when these vaccines are offered. The sheer number of reports to the scheme of death and injury is disturbing. (At 14 December 2021, [1,852 deaths and 1,328,726 adverse reactions](#) suspected to be linked to Covid vaccines have been reported in the UK to the [MHRA’s Yellow Card](#) adverse event reporting scheme.)

The reports of injuries disclosed on publicly available sources such as the [MHRA’s Yellow Card](#), the USA’s [Vaccine Adverse Event Reporting System \(VAERS\)](#), and the EU’s Eudravigilance scheme which the majority of the public and even many doctors are unaware of, cannot reasonably be dismissed on the basis “if you treat millions of people then you can expect more reports, but in relative terms injuries remains rare” or that “those injuries are not confirmed as caused by the vaccines”. The very point of gathering this data under these systems is to identify warning signals of deaths or injuries of unexpected nature or frequency.

Can you please confirm what if any steps are being taken within the organisation to ensure that staff are aware of the existence and purpose of the Yellow Card scheme and are encouraged to use it, and that in order to make a report of a reaction following a vaccine it is not necessary for the reporter to be certain that the vaccine is the likely cause.

In all events, it is clear the information currently being provided in respect to the type, severity and likelihood of adverse effects is inadequate. Information must not be withheld simply because the doctor disagrees with the decision the patient would then be likely to make.

Risk of serious illness or death from Covid-19

Please inform me in writing, having regard to my age and race and assuming that I am in good health with no underlying health conditions

- what injuries or illnesses might be caused by the vaccines (*risks*)
- what is the statistical likelihood of serious injury, illness or death from the vaccines (*risks*)
- what is the statistical likelihood of serious injury, illness or death from Covid-19 (*what happens if treatment does not go ahead*)

If you are unaware or have not sought to discover this, can you please state so.

If you have access to this information in respect of a range of ages, perhaps in a table, please provide this to me. If you do not and cannot obtain access, can you please state so.

I am aware that any individual can very quickly and easily look up the assessment of risk of serious injury of illness provided by the Oxford University [QCovid calculator from Oxford University](#) available

here. However, at the time of writing it appears the calculator has not been updated since March 2021. Since then, it would appear that the SARS-CoV-2 virus has weakened in strength, even if variants might be more transmissible. For these reasons alone, the expectation would be likelihood of serious illness or death from the virus would be reduced very significantly.

Reduction of risk of getting or spreading the virus

I am concerned that government and media messaging makes broad sweeping assertions that the Covid-19 vaccines are

“safe and effective and can reduce the risk from:

- getting and spreading the virus
- getting seriously ill even if you do get Covid-19, and
- can protect your family, colleagues, patients and people around you”

These are generic statements, misleadingly conveying an idea of universal protection against risk equal for everyone, and as a result simply not correct.

Who is ‘you’? What is meant by ‘can’ reduce? When and in what circumstances is this? If the risk, for example, of a young individual without existing getting seriously ill is next to nil, by how much can a vaccine reduce that risk?

The Prime Minister stated most clearly in [interview on 22 October 2021](#), “It doesn’t protect you from catching the disease and doesn’t protect you from passing it on.” So what, precisely, is the level of reduction or risk and what is the evidence for that assessment?

And if family, colleagues, patients and others have natural immunity or have vaccine protection – as is the case for the large majority of the population according to the Office for National Statistics - how much reduction in risk for those people can there be?

These are questions which are not asked in the media but if such assertions or similar are made by an employer, the employer should be capable of answering them.

When is a course of ‘vaccines’ complete?

I understand that the Regulations will require workers to provide evidence of having been vaccinated with the ‘complete course’ of doses of an ‘authorised vaccine’.

However, I also understand what constitutes a ‘complete course’ may change according to decisions of relevant government agencies without need for further legislation. Accordingly, I also understand that even if I and other workers have had a complete course by April 2022, we could find ourselves being required to take further doses or ‘boosters’ or indeed another authorised vaccine in the future, potentially every three to six months or whenever a new variant is announced and with no end date. This is particularly significant as we do not yet know the cumulative health impacts of the vaccines.

I further understand that these ‘vaccines’ use mRNA technology that works in a very different way from traditional vaccines and which has never before been used in humans prior to the current trials. I understand they remain under clinical trial under the Clinical Trial Regulations 2004.

I understand it is accepted by government scientists that the vaccines cause myocarditis and clotting of the blood.

I understand the UK government has indemnified the vaccine manufacturers against any claims for compensation for injury or death caused by vaccine injury and has legislated to provide immunity from civil claims against those involved in administering the vaccines. (One might wonder why the manufacturers would refuse to sell the vaccines without this protection if there was confidence that the vaccines were safe.) Given the removal of those protections, please confirm that the Trust as my employer will compensate me, other workers and/or our families for any damage, including in respect of any death, injury, illness or financial losses caused by vaccination.

Clearly employers and workers alike need fully to understand these issues in order to consider future expectations and for the purposes of informed consent. Please confirm my understanding above is correct or if it is not, why not.

Collective Consultation

Where an employer envisages dismissing or unilaterally changing the terms of employment of 20 or more employees at any establishment, the employer is legally obliged to arrange and engage in formal collective consultation (Trade Union and Labour Relations (Consolidation) Act 1992).

If the organisation as my employer wishes to alter the terms of the terms of employment of its workforce in this way, please confirm that it will conduct a formal consultation with the whole of the workforce and in the presence of elected representatives who will represent those expressing the concerns raised in this letter.

I am concerned that existing arrangements for employee representation, particularly in view of the relative silence of nearly all trade unions, are not adequate or appropriate in light of the proposals to require evidence of vaccination status. Please advise what steps have been or will be taken to review this.

Discrimination

Although this letter raises many other issues of the utmost importance, I take this opportunity to record my concern, without prejudice to any individual complaint of discrimination I might raise, that the Regulations are discriminatory and unlawful.

Workers of black and ethnic minority are indirectly discriminated against having regard to the greater representation of those groups in the NHS and health sector. Young workers are discriminated against because the benefits and risks of vaccination are vastly different for them than those who are much older. Many workers may also have objections to vaccination on grounds of religious or philosophical belief.

I will point out that if the Regulations are declared unlawful they will provide no defence to claims made against the Trust in respect of discrimination and detriment caused by seeking to pressure or coerce any person into taking any vaccine.

Although this letter has been obtained as a [template from lawoffiction.com](http://www.lawoffiction.com) drafted by lawyers working with the [Workers of England Union](http://www.workersofenglandunion.com) and healthcare professionals, it reflects my concerns. I look forward to a substantive written reply as soon as possible and in any event within 14 days.

Various concerns disclosed in this letter are protected disclosures under the Employment Rights Act 1996. If any worker should suffer any victimisation or detriment as a result of sending this letter, they may steps to issue proceedings to assert that protection via the Employment Tribunals and/or in the Courts for remedy in respect of breach of contract.