HANSARD TRANSCRIPT – Andrew Bridgen debate on covid 'vaccine' efficacy, 17th March 2023.

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ANDREW BRIDGEN OPENS AT 14:35 PM

On 13 December last year, I was kindly granted an Adjournment debate on the potential harms that emergency use experimental mRNA covid-19 vaccines cause. It is fair to say that, that night, my life changed. During that speech, in the evidenced data that I presented to the House, which no one has effectively rebutted, I highlighted to the Minister the scale of harms that the experimental vaccines have caused and continue to cause. In giving that speech to an almost empty Chamber, on this most important of issues—quite literally life and death—two things happened to me immediately. First, I was cancelled by the mainstream media. Despite sending a data sheet in the wake of the debate, scientifically evidencing every point that I made, not one media organisation wanted to talk about the issue of serious harms or deaths occurring as a result of the mRNA vaccines.

I fully expect that the media will show the same level of disinterest in today's debate. It is what we have come to expect from a media more interested in navel gazing at the pontifications of Britain's foremost football pundit instead of the horror and tragedy of excess deaths taking place before their eyes. Some three months on from that speech, a scattering of reports are now just appearing in the mainstream media. Sadly the number of people affected in the UK and across the world cannot be ignored or hidden indefinitely.

Sir Christopher Chope

Does my hon. Friend accept that there is a bit of light on the horizon in that, this week alone, the *Express* has had four full pages on the subject?

Andrew Bridgen

My hon. Friend is a stalwart supporter of those who have been vaccine-harmed. I do hope that we can see some light at the end of the tunnel. Hopefully, this speech today will bring more light into the darkness.

In truth, I care little about being cancelled by the media, because, in the wake of that speech, something far more important has happened. I was contacted by thousands of people offering their support, and received many hundreds and hundreds of emails from all around the globe recounting to me their own stories of the harms caused in the wake of their or their loved ones' covid vaccination.

I have been contacted by parents in my own and surrounding constituencies, thanking me for questioning why we were giving these experimental vaccinations to healthy children and young people who patently do not need them and who gain no protection from them. I was contacted by far too many relatives who had lost loved ones suddenly after having the Moderna, Pfizer or AstraZeneca experimental gene therapy treatments shot into their arms. Many of them asked in their emails why this vital issue was not being taken more seriously by many of my hon. and right hon. Friends and colleagues. That, Mr Deputy Speaker, is a question for my colleagues to answer.

Many more questioned why, as evidence continues to emerge, almost on a daily basis, the fourth estate was so remiss in its coverage. That, Mr Deputy Speaker, is a question for the lobby to answer. But every one of those who contacted me, asked me to keep up the fight and to continue to raise awareness of vaccine harms and vaccine deaths. That is the question that I am here to answer today.

Despite the media silence, there is huge, enormous and growing interest in this topic. Today, I once again ask the Minister why more is not being done, both in the United Kingdom and globally, to investigate and publicise the clear and well-documented adverse effects of covid-19 vaccines—vaccines that have made big pharma billions, and also vaccines that have resulted in completely unprecedented levels of yellow card reports. The Government's own data in this respect is damning. It is interesting that only this week, the Medicines and Healthcare products Regulatory Agency announced that it will no longer be publicly reporting the yellow card updates on the reported harms of these experimental treatments. Can the Minister explain the reasoning behind that decision, especially given that the number of yellow card reports of adverse events is far higher for the experimental covid-19 vaccine than the total yellow card reports of all conventional vaccines administered for the past 50 years?

If you will grant me a little leeway, Mr Deputy Speaker, I will start by looking at data from the US state of Florida and the reported level of vaccine harms there. Prior to the covid pandemic, there were never more than 2,500 incidents per year of harms reported to the state's surgeon general as a direct report of vaccination. In 2021, that number shot up to over 41,000

cases—a surge of more than 1,600%. Of course, some will understandably point out that the increase in cases was inevitable, as more vaccines were being administered. The answer to that, Mr Deputy Speaker, is that in the state of Florida, there was a 400% increase in vaccine administration in 2021, not 1,600%. In the state of Florida and in the rest of the world, 1,600 does not go into 400; it never has, and it never will.

The real-world data from Florida shows that the mRNA vaccines are resulting in vaccine harms disproportionate to the number of vaccines being administered when compared with all previous vaccinations. That backs up the clear warning signal from our own yellow card system in the UK. Data held by the US Government's National Library of Medicine was used for research by Dr Joseph Fraiman that details the frequency of serious adverse events following vaccination with both Pfizer and Moderna mRNA vaccines. For clarity, a serious adverse event is defined as anything that results in death; is life-threatening at the time of the event; or results in in-patient hospitalisation or prolongation of existing hospitalisation, persistent or significant disability or incapacity, a congenital anomaly or birth defect, or something considered to be medically important based on medical judgment.

Using that definition, the study confirms that there are 10.1 serious adverse events for every 10,000 Pfizer vaccinations administered. That means that one in every 990 people vaccinated with the Pfizer booster will have a serious adverse event. The risk with the Moderna vaccine is even greater: there are 15.1 serious adverse events for every 10,000 Moderna jabs. That means that one in 662 people vaccinated with the Moderna booster will have a serious adverse event. Combining the data for the Pfizer and Moderna mRNA vaccines or boosters, we can see that there are an average of 1,250 serious adverse events for every 1 million vaccine boosters administered—in other words, an average one in 800 chance of a serious adverse event every time someone is boosted.

Let us now move on to the UK Government data. On 25 January this year, the Department of Health and Social Care published data from a presentation given by the UK Health Security Agency to the Joint Committee on Vaccination and Immunisation. The data published split the population into groups by age, and further divided those age groups into those considered healthy and those considered at risk. The numbers needed to vaccinate for each of those subgroups were calculated to prevent first, a single hospitalisation, and secondly, a single serious hospitalisation requiring oxygen or intubation—effectively, intensive care.

The figures are stark. To prevent just one healthy adult aged between 50 and 59 from being hospitalised due to covid, the Government's own

published data states that 43,600 people had to be given an autumn booster jab. With a serious adverse event rate of one in 800, that means that in the healthy 50 to 59-year-old group, as a result of using the mRNA boosters, 55 people would die or be put into hospital with side effects to prevent one single covid case presenting in hospital. The same data shows that, for healthy younger people, the number needed to be boosted to prevent a single hospital admission with covid-19 is far higher. Some 92,500 booster jabs were required to be administered to prevent one hospitalisation due to covid in the healthy 40 to 49 age group, which would simultaneously have put 116 people at probability of death or serious adverse reaction into hospital from the jab. The healthy 30 to 39 age group required 210,400 booster jabs to prevent a single covid hospitalisation, so 263 of this group will have been into hospital or, sadly, died as a result of the booster side effects just to keep one covid case out of hospital.

However, the data gets worse because hospitalisation does not necessarily mean a serious medical intervention such as intubation or oxygen. To prevent severe hospitalisation from covid-19, the numbers needed to be boosted become astronomical. I would suggest this is the real benchmark for comparison with the risks of death or serious adverse events from the boosters themselves.

The Government's own data shows that, in healthy adults aged 50 to 59, it was necessary to give 256,400 booster jabs to prevent just one severe hospitalisation, putting 321 people into hospital with a serious side-effect from the booster, which includes, obviously, risk of death. For healthy 40 to 49-year-olds, that number increases to 932,500 who needed to be boosted to keep one covid patient out of an intensive therapy unit, putting potentially 1,165 people into hospital with serious harms, death or disability. And for healthy 30 to 39-year-olds, no one knows the answer to the number needed to be boosted to prevent a serious hospitalisation because the Government's own data says that there has never been such a case of this age group being put into intensive care due to the current variant of covid-19. But many, indeed on average one in 800 of this group that has been boosted, will have died, or been disabled or seriously harmed by the booster itself.

Let me focus on the most vulnerable group for which the Government data is available, the over-70s with comorbidities—the most vulnerable group in our society. According to the Government's own data, it would be necessary to administer 800 vaccine boosters to prevent just one hospitalisation for a patient over the age of 70 in this highest risk group. That means that all the most vulnerable group in our society are doing by being boosted is swapping one risk from covid of hospitalisation for exactly

the same risk from the booster itself—but of course in the process big pharma are making huge profits.

We have looked at the health implications of the vaccine programme. Now I want to look at some of the cost implications of the booster programme in the UK. Total funding of the covid-19 vaccination programme in the UK up to the end of March this year is budgeted at £8.3 billion. In February 2022, the GPonline website, championing general practice professionals, published that GPs and community pharmacies were being paid £24 per dose for administering vaccines. That figure increased to £34 per dose at dedicated vaccination centres. These costs of course do not include the cost of the experimental vaccines themselves. For ease of calculation, I will count those at £20 per dose across the board. I will be generous and use the lower of the two figures for administering the vaccine, giving a total cost of £44 per dose, but even when I do, we see, from the Government's own data on the use of boosters, that it cost over £1.9 million to prevent just one hospitalisation among healthy 50 to 59-year-olds and over £11 million to prevent one serious hospitalisation due to covid-19 in that age group; the cost to the taxpayer of preventing a hospitalisation of one healthy 40 to 49-year-old is over £4 million; and for healthy 30 to 39-year-olds the cost of preventing just one hospitalisation is over £9 million. Of course, to prevent serious hospitalisation in these groups, the cost is far higher.

It is of course worth noting that, in setting up the vaccine programme, the Government indemnified vaccine manufacturers, which gave them total cover against all future claims of the adverse effects of their products. Given what I have already explained about the incidence of serious side effects, that cost may well be extremely significant to the taxpayer, on top of the obvious human tragedy and loss that is self-evidently happening.

The data is clear: for all healthy people and all those considered at risk under 70, the probability of being seriously harmed by covid is seriously outweighed by the risks associated with the experimental vaccines and boosters. Even for the most vulnerable group—the over-70s with health problems—the risks are absolutely identical. The Government data not only comments on the efficacy and effectiveness of the autumn booster campaign, which I have quoted from—we have already had that—but looks forward to this year's booster campaign. Not unsurprisingly, it predicts the same level of efficacy from the same boosters put into the same arms. Surely, in the light of the data, we will not continue with this absolute madness. If we were to perpetuate it, we would be engaging in expensive state-sponsored self-harm on a national level.

In the winter of 2020, the experimental mRNA vaccines were announced to the British public as "safe and effective". That narrative was repeated by

the vaccines Minister in her response to my speech in the Chamber on 13 December. It is interesting that the NHS website today describes the experimental vaccines as “safe and important”, and describes serious side effects as “very rare”. But the truth, as we know, is somewhat different. One in 800 is not rare, especially when the public are expected to take multiple doses, exposing themselves again and again to the same risk.

The Government need to be honest about this, just as they need to be honest about the fact that the MHRA is 86% funded by big pharma. Based on the manufacturers’ own trial data, the experimental mRNA vaccines are not safe, with an average of one in 800 people taking them facing death or serious injury as a result. Based on the Government’s own data, despite the initial and repeated assurances, the experimental mRNA vaccines are not effective in preventing infection, transmission or hospitalisation from covid-19. The experimental mRNA vaccines are not necessary given the risks and benefits of the treatment, and they are costing the country a fortune and creating huge pressure on the NHS from the side effects.

Given that the data released on 25 January by the UK Health Security Agency was actually presented to the JCVI on 25 October 2022, I ask the Minister: why was the booster roll-out not halted last October in the light of the clear lack of efficacy and the evidence of risks being greater than the benefits for all age groups, except possibly the over-70s with underlying health conditions, for whom the risk was absolutely identical? Was the data presented to the JVCI passed to the MHRA? If so, when? And if not, why not?

Why was the MHRA still asking the Government to authorise the administration of experimental vaccines to children as young as six months of age in December 2022, six weeks after the booster efficacy data was received by the JCVI? If the data was not passed to the MHRA, surely the JCVI should have spoken out against the vaccination of small children last December. Members of the JCVI declared between them interests of more than £1 billion of investments in big pharma, but I am sure that that would never have influenced their judgment. Can the Minister also confirm that two thirds of all NHS staff refused last year’s autumn booster?

The simple facts are that, in the light of the Government’s own data, covid vaccinations and boosters are not effective. From the evidence of the yellow card system, they are not safe, and for the UK taxpayer, they are not value for money. Indeed, given their side effects, if they were free, we could not afford them. The only ones who really benefit from the booster roll-out are big pharma, who have a licence to print money and indemnification against the harms that their products cause. Once again, big pharma have

put profits before people and, on this occasion, Governments across the globe have been their willing marketing agents.

The whole covid-19 vaccine narrative is slowly unravelling. As I believe I have demonstrated, no one should have been boosted after the efficacy data was received on 25 October last year, and, based on that data, no one should be boosted in future. Given the evidence of harms caused by the boosters, I now believe that we have the full explanation for both the continuing excess deaths that we have seen since the pandemic—63,000 in England and Wales in the last 12 months—and the huge and unrelenting pressure of demand on the NHS: the vaccines, the boosters and their side effects.

Sadly, I am confident that I will be proved correct, but I sincerely wish that it was not so. But the longer it takes our Government to accept the truth, the more people will be harmed and die. The first step to putting right the problem is always to admit that there is a problem. The Government narrative of “safe and effective” is in tatters, as evidenced by their own data. Three months on from my original speech in this House, we have surely now sacrificed enough of our citizens on the side of ignorance and unfettered corporate greed to satisfy everyone. I therefore call on the Government to immediately stop the mRNA vaccine booster programme and initiate a full public inquiry into not only the vaccine harms but how every agency and institution set up to protect the public interest has failed so abysmally in its duties.

I look forward to the Minister’s response. I am aware that it is neither his area of responsibility nor his area of expertise. I accept that, if there are any questions that he cannot answer at the Dispatch Box today, he will respond in writing.

2.56pm

The Minister for Health and Secondary Care
(Will Quince)

As the hon. Member for North West Leicestershire (Andrew Bridgen) says, I am responding on behalf of the Under-Secretary of State for Health and Social Care, my hon. Friend the Member for Lewes (Maria Caulfield).

Vaccines have underpinned the Government’s strategy for living with covid-19. They have saved tens of thousands of lives, have reduced the pressure on our NHS and were instrumental in allowing our economy and society to reopen. Covid-19 has not gone away. Thousands of people in the United Kingdom continue to be infected each week. Vaccines remain our best line

of defence and the most effective way to enable us to live with the virus. Countless studies have shown that vaccinated people are less likely to die or become seriously ill from the virus. Thanks to the huge efforts of NHS staff and the public, as of 5 March, 144 million vaccine doses had been provided in England alone. That includes more than 17 million in the recent autumn booster campaign, which concluded last month.

The hon. Gentleman referred to the efficacy of the mRNA covid-19 boosters. It is important to put on record that all the vaccines used in the UK covid-19 vaccination programme have been through a vigorous approval process. The UK has some of the highest safety standards in the world, and the independent Medicines and Healthcare products Regulatory Agency is globally recognised for requiring high standards of quality, safety and effectiveness. The mRNA covid-19 boosters approved for use in the United Kingdom have also been through similar rigorous approval processes by the European Medicines Agency in Europe and the Food and Drug Administration in the United States.

Each potential covid-19 vaccine is assessed by teams of scientists and clinicians on a case-by-case basis. There are extensive checks and balances required by law at every stage of vaccine development. Only once each potential vaccine has met robust standards of quality, safety and efficacy set by the MHRA will it be approved for use. Both the mRNA and non-mNRA vaccines have already been administered as booster doses, with the majority of doses administered in the recent autumn booster being the mRNA vaccine. Data shows that covid-19 boosters have been highly effective in reducing hospitalisations and deaths. The mortality rate has been significantly lower for people who have had at least a third dose or booster dose, compared with individuals who are unvaccinated, or have received just a first or second dose.

Earlier this month, the Office for National Statistics published its latest covid-19 effectiveness estimates, which showed that, between March ’21 and March ’22, a third booster dose was approximately 93% effective at reducing the risk of mortality from covid-19, compared with 58% for a first dose and 88% for a second dose. It was 77% effective at reducing the risk of hospitalisation, compared with 52% for a first dose and 55% for the second dose. That highlights the effectiveness of all covid-19 vaccinations and shows that protection only increases following a third dose or booster. This is supported by other extensive research such as UK Health Security Agency surveillance reports.

The most recent data from UKHSA on the autumn 2022 booster campaign showed that the mRNA bivalent boosters provided incremental protection against hospitalisations on top of the protection already provided by

previous doses in the period following 5 September 2022. It also showed that effectiveness against hospitalisation remained high at 10 or more weeks after vaccination, which was vital in supporting the NHS over a particularly challenging winter period.

The hon. Gentleman raised the matter of ongoing vaccine surveillance. The surveillance of vaccines does not stop at the point of approval. The MHRA and the UK Health Security Agency continuously monitor a wide range of data regarding the safety and effectiveness of the vaccines, including reports, as he pointed out, of adverse reactions from the UK and internationally. As part of this surveillance, the MHRA's monitoring role includes reviewing all suspected adverse drug reaction reports—known as yellow card reports—relating to covid-19 vaccines. Through the MHRA yellow card scheme, members of the public and healthcare professionals can report any suspected side effects. The nature of yellow card reporting means that reported events are not always proven side effects; some events may have happened anyway, regardless of vaccination. This comprehensive surveillance strategy alerts us to any unforeseen adverse reactions to the vaccines and enables us to act swiftly when required.

The Government are also committed to further research into covid vaccines. Since the start of the pandemic, the National Institute for Health and Care Research has allocated more than £110 million in funding for covid-19 vaccine research. That has included consideration of vaccine safety, including robust monitoring of adverse reactions to covid-19 vaccines.

In summary, we know that the covid vaccine programme has saved tens of thousands of lives and has prevented many more hospitalisations. The Government have recently announced that a targeted seasonal vaccination offer will come in on 17 April in England to top up the protection of those at highest risk. Vaccination of residents in older adult care homes will start ahead of that, from Monday 3 April. The primary aim of the spring programme continues to be the prevention of severe disease, hospitalisations and death. Older persons, residents in care homes for older adults and those who are immunosuppressed continue to be at the highest risk of severe covid-19 and are therefore prioritised for vaccination.

The covid vaccine programme is something of which this country can be very proud. I reiterate my thanks to the scientists, clinical staff, volunteers and others who have helped to make it happen.

Question put and agreed to.

3.02pm