

## **USFOR THEM** – Open Letter to Boris Johnson *et al.*

**TO: Boris Johnson PM, Mark Drakeford FM, Arlene Isabel Foster PC, Chris Whitty CMO, Dr Frank Atherton CMO, Dr Michael McBride CMO, Matt Hancock MP and Eluned Morgan MS**

**AND: JCVI, MHRA, Children’s Commissioners and Children’s Charities**

We are writing as professionals, medics, academics, parents, grandparents, and members of the public to express our grave concerns about suggestions to extend the Covid-19 vaccination programme to children. We believe this to be a hasty step that is uncalled for under present circumstances.

You have been clear that society can reopen once the vulnerable have been offered vaccination against Covid-19. This has now been achieved. All the highest risk groups have now been vaccinated and the Government’s own data confirms that 98% of over 60s have antibodies from either vaccination or infection.[1] The NHS has been protected and we are no longer in a crisis situation. Whilst the very old and very frail will, sadly, always be at risk of serious illness, our children are the future. Children’s lives have been put on hold for over a year already at great cost to their physical and mental wellbeing and education. We must not ask them to suffer further harm for the sake of adults.

### **LIMITED BENEFITS V UNKNOWN HARMS, ETHICS AND EFFICACY**

Thankfully, the evidence shows that children and young people are minimally affected by Covid-19. Vaccinating children, then, is of limited direct benefit to them but for the primary purpose of protecting adults. However, medical treatment cannot be justified if it poses a risk to the

individual which is greater than the harm it protects against and this approach would mark a significant departure from established principles of medical ethics. Kate Bingham of the Government Vaccine Task Force said last October, “we just need to vaccinate everyone at risk....there’s going to be no vaccination of people under 18.”[2] Furthermore, many of the Covid-19 vaccines involve new technology that represents a radical departure from previous forms of the vaccine. We should be especially cautious about using new technologies on our children. Novel vaccines fast-tracked to market have in the past caused devastating harm – we draw your attention, for example, to the many children who now live with severe nervous system injuries caused by the Swine Flu vaccine which was given to children in 2009-10 before being withdrawn.[3][3.1] In another recent example, Dengvaxia, a new vaccine against Dengue Fever, was rolled out to children ahead of the full trial outcomes, and 19 children died of possible antibody-dependent enhancement before the vaccine was withdrawn.[4]

We are aware that many medical doctors and researchers have warned about a variety of potential dangers to children from Covid-19 vaccines. In particular, we refer you to the Open Letter[5] written to the Medicines and Healthcare products Regulatory Agency (MHRA) as reported in the Daily Telegraph on 18 May 2021[6], which described the plan to vaccinate children as “irresponsible, unethical and unnecessary”. We urge you to re-read that letter.

It was further reported in the press on 23rd May that some teenagers and young adults who received Covid-19 vaccines have experienced heart inflammation.[7] The aforementioned letter informs you that there have now been a number of child deaths associated with covid vaccination in the U.S., despite these vaccines only being given to children within trials and a very recent rollout to 16-17 year olds. Repeating mistakes of the past with the Covid-19 vaccines would not only be devastating for the children and families affected but would risk fuelling vaccine hesitancy for other critical childhood vaccination programmes where there is a direct benefit for the child.

## **FULLY INFORMED CONSENT**

Fully informed consent is the bedrock of medical ethics and should underpin all vaccination programmes, but by contrast, a general assumption towards vaccinating young people against Covid-19 is already being created.

Examples include the statement by Professor John Edmunds, a member of the Scientific Advisory Group for Emergencies, that “there will continue to be a major disruption in schools until we have vaccinated our children”.<sup>[8]</sup> Similarly, Mark Drakeford, First Minister of Wales, said “we might, by the autumn, be able to have young people returning to schools with a vaccine available to them and as a result, some of the measures we currently have in schools, such as children wearing masks, might be able to be eased”.<sup>[9]</sup> Factually misleading and emotionally manipulative teaching material has been circulated to some schools,<sup>[10]</sup> and statements encouraging the use of peer pressure have been made by school leaders.<sup>[11]</sup>

## **SOCIETAL SEGREGATION**

The vaccination of children raises broader questions which go to the very heart of the society we wish for ourselves and our children. Would vaccinated children be treated differently to unvaccinated children – for example in access to facilities within schools, or indeed in relation to schooling itself as the statements above of Professor Edmunds and Mark Drakeford imply? The broader implications are disturbing.

## **INTERNATIONAL EQUITY**

To deploy a significant stock of vaccines on a very low risk group in the UK when many parts of the developing world are struggling to vaccinate even high risk groups is morally fragile. It has been heavily criticised by experts<sup>[12][12b]</sup> and has been labelled a “moral catastrophe” by World Health Organization’s Executive Director Tedros Adhanom Ghebreyesus.<sup>[13]</sup> However, even after vulnerable adults worldwide have been offered the vaccine, it still would be inappropriate to vaccinate healthy children.

## **NOT FOR THEM**

We are profoundly concerned that you are considering taking the UK down this road. As a society, we have striven over this last year to protect the vulnerable, but vulnerability comes in many forms and absolutely now includes children. We simply must not put children in unnecessary danger, nor in the situations described above. There is no need to rush to vaccinate children for Covid-19, and there may never be any need to do so. Individual children at very high risk can already receive vaccination on compassionate grounds.[14]

No Covid-19 vaccines should be approved or licensed for use in children until the current clinical trials are complete, all adult safety data is fully published and reviewed, and potentially serious long-term side effects have been conclusively ruled out. There must be an open scientific debate, including ordinary ethical standards with a routine assessment of potential conflicts of interest, as well as due process and Parliamentary scrutiny. Informed questions and criticisms should not only be welcomed but encouraged in order to prevent tragedies from occurring.

**In conclusion, we join together in urging you to call a halt to the roll out of the Covid-19 vaccination programme to children.**

This is a decision of generational significance. We do not believe you will ever regret a decision to be cautious when it comes to the health and welfare of the twelve million children of this nation.

**NOTE:** Full references are available on the website at the link above.

### **About *USFOR THEM***

We are a volunteer organisation of people who care about children. We campaign for their needs to be prioritised in response to decisions on Coronavirus, and beyond. We speak for children because we believe that a society which put children first would be brighter and fairer. We speak for children because often children cannot speak for themselves.

We launched in May 2020 in response to the first wave of closures of schools across the UK; a decision which had, and sadly continues to have, a devastating impact on children. Reopening schools remains our primary campaign. <https://usforthem.co.uk>

#### **Leadership Team:**

Molly Kingsley, Arabella Skinner, Marta Kotlarek, Rachel Maile, Dr Ros Jones