

# Not for Them. Do Not Vaccinate Our Children. Open Letter to PM Boris Johnson

By [UsforThem](#)

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***TO: Boris Johnson PM, Mark Drakeford FM, Nicola Sturgeon FM, Paul Gican MLA,***

***Chris Whitty CMO, Dr Frank Atherton CMO, Dr Gregor Smith CMO, Dr Michael McBride CMO***

***Sajid Javid 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.<sup>[1]</sup> 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.”<sup>[2]</sup>

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.<sup>[3][3.1]</sup> 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.<sup>[4]</sup>

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](#)<sup>[5]</sup> written to the Medicines and Healthcare products Regulatory Agency (MHRA) as reported in the Daily Telegraph on 18 May 2021<sup>[6]</sup>, 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.<sup>[7]</sup> 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.<sup>[14]</sup>

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.

### **Selected Signatories (a small selection)**

#### **Academics and Scientists**

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|--|---|
| Professor Anthony Fryer                | Professor of Clinical Biochemistry, Keele University        |
| Professor Antony Brookes<br>University | Professor of Genetics and Data Science, Leicester           |
| Professor David Paton                  | Professor of Industrial Economics, Nottingham University    |
| Professor Matthew Ratcliffe            | Professor of Philosophy (Mental Health), University of York |

Professor Richard Ennos of Edinburgh	Honorary Professional Fellow, Biological Sciences, University
Professor Robert Endres	Professor, Biological Physics., Imperial College, London
Professor Robert Sauer	Chair of Economics, Royal Holloway, University of London
Dr Lee Jones	University Lecturer, Queen Mary, University of London
Dr Tanya Klymenko	Lecturer in Biochemistry, Sheffield Hallam University
Dr David Critchley PhD Leicester	Emeritus Professor, Dept of Biochemistry, University of
Dr Branko Latinkic	Lecturer - molecular biologist - University of Cardiff
Professor Bill Durodie	Chair of Risk and Security at University of Bath
Professor Peter Allen	Lecturer, LSE
Professor Keith Willison	Chemical Biologist
Prof Georgina Ellison-Hughes	Professor, King's College London
Dr Markus Wolf	Senior Lecturer, School of Computing, University of Greenwich
Dr Peter Hewitson University	Senior Lecturer, Dept of Chemical engineering, Brunel
Dr Oliver Robinson	Associate Professor of Psychology, University of Greenwich
Jemma Dale	Biomedical Scientist
Suzanne Tomkinson	Biomedical Scientist
Jamie Jenkins	Statistician, Former head of health analysis of the ONS

### **Medical Professionals**

Professor John A Fairclough	Professor Emeritus Orthopaedic Surgeon
Dr Catherine Heaton	GP
Dr Emma Brierly	GP
Dr Fiona Underhill	GP
Dr Gabriella Fetherston	GP
Dr Helen McArdle	GP
Dr Helen Westwood	GP

Dr Jillian Wilson	GP
Dr Jonathan Eastwood	GP
Dr K Singh, MRCP	GP
Dr Kim Wilbraham	GP
Dr Lisa Clewing	GP
Dr Rachel Bristow	GP
Dr Renée Hoenderkamp	GP
Dr Rick Freeman	GP
Dr Ross Worthington	GP
Dr Anne Renfrew	GP (Retired)
Dr Claudia Wilkinson	GP (Retired)
Dr Elizabeth Burton	GP (Retired)
Dr Hugh Charles Pollard	GP (Retired)
Dr Katrina Young	GP (Retired)
Dr Leo Barragry	GP (Retired)
Dr Sandra Price	GP (Retired)
Dr. Mary Dainton	GP (Retired)
Dr Rosamond A K Jones	Consultant Paediatrician (retired)
Dr C.Geoffrey Maidment	Consultant Physician (retired)
Dr Christopher Paul Chilton	Consultant Urologist Emeritus
Dr Julie Maxwell	Community Paediatrician
Dr S Allam	Consultant Anaesthetist
Dr T. James Royle	Consultant general surgeon
Michael Anthony Church	Consultant Neuropsychologist (retired)
Dr Nichola Ling	Consultant obstetrician
Dr David Conkey	Consultant Oncologist
Dr Karen Horridge	Consultant Paediatrician

Dr John Roche	Consultant Psychiatrist
Dr David Bramble MD	Consultant Psychiatrist and Physician
Dr Anthony Hinton FRCS	Consultant Surgeon
Dr Lasantha Wijesinghe	Consultant surgeon
Dr Christian Duncan	Craniofacial Surgeon
Dr Tess Lawrie	Director, Evidence-Based Medicine
Dr Bryony Henderson	Doctor
Dr Chi Eziefula	Doctor
Dr Anne Mc Closkey	Doctor
Dr Helen Hawkins	Doctor
Dr Helen Macklin	Doctor
Dr Ian Wilson	Doctor
Dr Natalie Caves	Doctor
Dr Rob Duncan	Doctor
Dr Sarah Yardley	Doctor
Dr Tudno Watkins	Doctor (retired)
Dr Marco Chiesa	Doctor of Medicine
Dr Alistair Holdcroft	Medical Doctor
Dr Gerard Hall	Medical Doctor
Dr Vivienne Hornby	Medical Doctor
Morgan Kleczkowska	Former Immunologist
Dr David Green	Intensive Care Consultant
Dr Elizabeth Evans	Retired Doctor
Dr Margaret Ann Tottle-Smith	Retired doctor
Graham Crawley	Retired NHS Consultant
Dr John Mason	Doctor
Jessica Righart	Biomedical Scientist

Dr Paul Hughes	Retired dentist
Dr Charlotte Courtenay-Stamp	Dental Surgeon
Dr Robert Durling	Dental Surgeon
Dr Susan Hunter	Dental Surgeon
Dr David Gill	Dentist
Dr Matthew Jackson	Dentist
Dr Sylvia Krafft	Dentist
Dr Mark Atkinson	Retired Medicinal Chemist
Dr Susie Coughlan	Veterinary surgeon with PhD Immunology
Dr Ruth Elliott	Veterinary Surgeon
Dr Samantha Coe	Veterinary Surgeon
Dr Katharine Wiltshire	Veterinary Surgeon
Dr Jennifer Aspey	Veterinary Surgeon
Dr Rachel Mahoney	Clinical Psychologist
Andrea Halewood	Psychologist, Psychotherapist
Joanne Rees	Radiographer
Julie Deamer	Radiographer
Julia Dobson	Radiographer
Kirsten Fletcher	Radiographer
Dr Gary Sidley	Retired Clinical Psychologist
Alton Ainley	Chartered Psychologist
Darchana Patel	Child and Adolescent Psychiatrist
Sita Castillo	Child Psychologist
James Tapper	Clinical Neuropsychologist
Dr Zenobia Storah	Clinical Psychologist
Naomi Simcock	Clinical Psychologist
Stefania Pethica	Clinical Psychologist

Dr Faye Bellanca	Clinical Psychologist
Dr Harrie Bunker-Smith	Clinical Psychologist
Livia Pontes	Clinical Psychologist
Sasha Lillie Lyons	Clinical Psychologist
Camellia Kojouri	

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