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27th August 2026

Joint Letter from:

CCVAC – Children's Covid Vaccines Advisory Council

HART – Health Advisory and Recovery Team

The Perseus Group

UKMFA – UK Medical Freedom Alliance

Doctors for Patients UK

To: The Right Honourable Andy Burnham, Prime Minister

Dear Mr Burnham,

Firstly, congratulations on becoming Prime Minister.

You have a huge opportunity to right many of the wrongs done by both the Conservative government and the subsequent Labour government during the last 6 years.

The British public lived through the biggest assault on their civil liberties with the lockdowns and school closures of 2020 and 2021 and the psychological coercion to take a new technology gene-based vaccine produced in record time and regardless of the personal risk:benefit profile. This was especially true for children, for whom the policies imposed were completely disproportionate to their risk. The long term psychological and educational harms of school closures are still being felt.

Yet the one topic totally absent from the 2024 General Election campaign was the whole management of SARS-CoV-2: (i) the lockdowns and fear messaging and (ii) the denigrating of natural immunity and existing plans and treatments, all in favour of a rush to vaccinate the entire population. Indeed, Sir Keir Starmer, when Leader of the Opposition, played no serious role in questioning the then Government's actions, which was left largely to a handful of bravely outspoken backbench MPs.

This letter comes to you from a broad base of UK doctors and health professionals wishing to share with you some vital insights into the pervasive and ongoing harms resulting from Covid-19

management. Acknowledging mistakes is a matter of priority if they are not to be repeated in the next declared public health emergency. You were not an MP during any of the time, so it is incumbent on you to take a fresh look.

The UK Covid-19 Public Inquiry, although acknowledging the negative impacts of lockdowns, seems to be working largely on the assumption that the various measures were effective at slowing the spread of SARS-CoV-2 - hence its focus on the timing and order of implementation. But this begs the question, what if the measures themselves caused more harm than good? Much has been written and we cannot cover all the evidence in this letter but will highlight here some areas of controversy.

Non-Pharmaceutical Interventions

At some point in March 2020, a decision was made to abandon the existing evidence-based pandemic plans and instead adopt a policy of lockdowns and quarantining the healthy, as promulgated by China. Countries across the developed world appeared to adopt a similar groupthink and abandoned the precautionary principle. Risk assessments for the various measures adopted were never made public: one must presume that this is either because they were not carried out or because they did not support the chosen policy.

Four particularly damaging effects of these policies have ongoing impacts for your government:

1. **Primary care** was effectively closed at the outset of the pandemic, with patients advised to stay at home and only seek emergency care if they became blue or breathless. Along with the failure to look at repurposed readily available medicines, and the indiscriminate use of DNAR orders in care homes, these policies almost certainly led to substantial numbers of unnecessary deaths. The Scottish Covid-19 Inquiry[i] has recently highlighted the issue of DNAR orders effectively blocking access to secondary care, such that elderly and disabled citizens were denied standard care including oxygen, fluids and antibiotics, instead receiving 'end of life' drugs. Similar concerns have been raised at the UK COVID-19 Inquiry[ii] by the then CEO of Mencap. In addition, the failure to maintain normal NHS activities has resulted in huge and ongoing waiting lists;

2. **Business closures** had a huge impact on the economy, widening the gap between rich and poor;

3. **School closures** had a major impact on educational achievement,[iii] again with a disproportionate impact upon the most socially-disadvantaged children;

4. **Psychological impacts** of social isolation, mask mandates and constant fear messaging, coupled with loss of access to mental health services, has led to ongoing anxiety in the general population and a serious mental health crisis in all age groups, but particularly in the young and elderly. Moreover, the methods of fear messaging, including guilt and scapegoating exemplified by slogans such as *'I wear my mask to protect you'*, had a very divisive effect within families and communities.

Vaccines

In March 2020, the Chief Medical Officer Professor Chris Whitty is on record saying that the SARS-CoV-2 infection fatality rate of less than 1% was too low to risk a rushed vaccine. Yet, that is precisely the route that was followed, inexplicably favouring new gene-based technologies over standard vaccine platforms. Numerous potential safety concerns[iv] were highlighted early on, by experts in the medical and scientific spheres, regarding the new technology.

The initial plan was for this to be a vaccine solely for the elderly and frail. But this soon transformed into a stated aim to vaccinate the entire population as quickly as possible, despite the obvious age-related differences in risk from Covid-19 and therefore in the risk: benefit ratio for these novel products across the age range.

The vaccines were given, under some coercion (and shaming of refusers) to healthy young adults and to children largely on the basis of protecting other, older adults. This policy was both scientifically and ethically bankrupt, since the vaccines prevented neither infection nor transmission. In any case, in a civilised society it is the responsibility of adults to protect children rather than the reverse.

You will doubtless be aware of significant and ongoing excess deaths in the UK since the vaccine rollout in 2021, debated on several occasions in Parliament.[v] The fact that this is occurring in many Western countries and across all age groups, particularly in younger adults for whom there were no excess deaths during 2020 (i.e. before vaccine roll-out), should have triggered alarm bells and prompted an urgent investigation, yet the previous administration studiously avoided all requests for information.

In parallel with increased deaths, there has in addition been a significant rise in levels of sickness[vi] and disability recorded throughout the working age population. This has resulted not only in increased demands on the NHS but also has impacted the health and resilience of NHS staff themselves, with resulting high levels of staff sickness and absence causing additional strain on an already struggling system. Knock-on effects for the economy will inevitably follow.

The causes of excess mortality and morbidity are likely multifactorial, including the physical and mental impacts of lockdowns, delays in accessing treatment and long-term effects of Covid-19 itself. However, a fourth potential factor appears to be being deliberately ignored: that is, any possible role of the mRNA Covid-19 and DNA viral-vector vaccines themselves. The timing of the rise in disabilities and deaths, closely correlated to the vaccine roll-out, must make Covid-19 vaccination a prime suspect.

Until this question has been thoroughly investigated, it is premature and reckless to be talking of using mRNA technology for future prophylactic vaccines. The previous Conservative government and the subsequent Labour government seemed focused on the business opportunity for the UK offered by the expansion of use of these technologies, while ignoring potential risks to public health from these products, particularly to the immune and cardiovascular systems. In particular, it is unclear to what extent the various side effects associated with mRNA vaccines are resultant from (i) the mRNA platform itself; (ii) the use, in the case of Covid-19 products, of the inherently-toxic

Spike protein as the antigen and (iii) the production methods, which give products variably contaminated with bacterial DNA and in a presentation (lipid nanoparticles) that facilitates its import into human cells.

It is notable that babies were being recruited to a new mRNA vaccine clinical trial against Respiratory Syncytial Virus (RSV). This is despite the fact that we have no proper knowledge of the biodistribution (except that they are widely distributed in most body organs) or pharmacokinetics (except that they may persist for months or even years) of these gene-based products, and we wholly lack the long-term safety data that, ordinarily, would be an absolute requirement for a new medicinal product. The nature of an mRNA vaccine means that there is no control over how much antigen is produced. That depends on expression of the mRNA in the individual vaccinee. This is in defiance of normal good practice, which demands that drugs and vaccines are administered in carefully controlled dosages. Perhaps not surprisingly, the trial for children was dropped after it was shown to cause more severe disease in the vaccinated group.[vii] The latest Moderna mRNA flu vaccine had significantly higher side effects in the trials than the standard technology comparator with a negative benefit:risk balance, yet the FDA have approved it.[viii]

Failing to provide an urgent safety review of the Covid-19 vaccines (and of prospective mRNA vaccines in general) has major implications for future vaccine safety. In context, the failure of Covid-19 vaccines to stop viral circulation is now obvious to all. This failure, along with a growing concern about the products' safety, is undermining public trust in vaccination more generally. Yet these products are still being pushed on to the elderly and vulnerable, some of whom are onto their 12th injection. Meanwhile those injured or bereaved by vaccines injuries are largely ignored.

We have written repeatedly to the MHRA,[ix] the CMOs,[x] the JCVI,[xi] and your predecessors in No 10,[xii] regarding the many risks[xiii] of rolling these vaccines out to children, who were not at any risk from Covid-19. Members of the Pandemic Response All Party Parliamentary Group[xiv] wrote a letter in January 2022, over four years ago, regarding increased all-cause mortality in 15-19-year-old males but failed to receive a commitment to investigate. They also wrote to the Health and Social Care Committee regarding a *'wholly unsatisfactory set of serious safety compromises which the MHRA appears to be doing little to fix'*.[xv]

The first four signatories on today's letter were all asked by Baroness Hallett to provide Witness Statements for Module 4 (Vaccines and Therapeutics) of the UK Covid-19 Public Inquiry; we submitted these in January 2024, only to learn that the date for the Module 4 hearings was inexplicably and disappointingly postponed until January 2025. Moreover, the Inquiry team[xvi] (see page 8-9) stated that they would not look at the full evidence for the safety or efficacy of these products, as (remarkably) it was outside the scope of the Inquiry. Other signatories have also testified before a United States Senate subcommittee examining concerns surrounding Covid vaccination and scientific research into potential harms.

Our written and video statements have all been published at www.peoplesvaccineinquiry.co.uk[xvii] but ignored by Baroness Hallett despite her requesting them. Thousands of UK doctors and health professionals have joined with colleagues across the world to sign The Hope Accord,[xviii] calling for these products to be suspended and for all the Covid-vaccine-injured to be properly supported and

compensated. NORTH group[xix] is another international group of scientists and health professionals from 29 countries including the UK, all of whom have written to their Prime Minister regarding the dangers of the mRNA technology and calling for a suspension pending a thorough and independent safety review.

The health of the nation's citizens is of paramount concern and must surely be a high priority for any Prime Minister. We entreat you to apply the precautionary principle regarding the use of these products, which have been linked (in published scientific literature, adverse event databases and real-world epidemiological data) to numerous short- and long-term safety issues, particularly after multiple doses. Pausing their use is the only rational, responsible and morally justifiable course of action.

In your speech in the House of Commons last month, you highlighted the unacceptable delays and coverups of a number of scandals, from Hillsborough to the Post Office, to the contaminated blood products. It is time to recognise that the mRNA vaccines are another and ongoing disaster.

Conclusions and Requests

- **The United Kingdom is at a turning point. You can either continue with the mistakes of your Tory and Labour predecessors, or you can turn a fresh page and commit your government to transparency and honesty with the British public.**
- **We urge you to suspend the booster programme pending a full safety review. The booster regimens never underwent clinical trials. They were adopted *ad hoc* and self-evidently failed to stop viral circulation. The consequences of repeatedly inducing the vaccinee's body to manufacture a potentially toxic protein in variable amounts for indefinite (but often prolonged) periods are unclear and likely harmful.**
- **An immediate independent review is required into all aspects of Covid vaccine safety, as outlined in our letter to the MHRA[xx] now three years ago.**

The lead authors of this letter would be more than willing to meet you at any time to discuss our concerns more fully. We wish you well in your challenging job.

Yours sincerely

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