

Data from the Government and other official bodies
show that covid vaccines are not needed for children, will be
ineffective and will be highly dangerous and so
MUST NOT BE GIVEN TO CHILDREN

With a 0.00002% probability or a 1 in 5 million chance of dying with a covid diagnosis, **a healthy 10-19 year-old is known to be at least 225 times more likely to die immediately from the vaccine, which has a recorded risk of death of 0.0045% for two doses, than from covid.**

With a 0.00022% probability or a 1 in half-a-million chance of dying with a covid diagnosis, **a vulnerable 10-19 year-old is known to be at least 20 times more likely to die immediately from the vaccine than die of covid.**

This letter presents data from the UK Government, Office of National Statistics, NHS, MHRA, US CDC and FDA showing unequivocally that:

1. Children and young people, both vulnerable and healthy, are at an extremely low risk from covid, and are many more times likely to commit suicide or be killed in a road accident;
2. The general population is at less risk from covid than from influenza and pneumonia, two doses of the covid vaccine are proven to be only half as deadly immediately than covid for healthy individuals with the long term risks still unknown, and projecting an estimate from test data are likely to be immediately as deadly as covid for healthy individuals;
3. Children and young people, both vulnerable and healthy, are more at risk of dying from the vaccine than from covid;
4. The vaccines have a very low Absolute Risk Reduction rate and will make very little impact on covid cases or deaths in children or adults, and will have little impact on reducing transmission too;
5. There is no long-term safety data for the vaccines, and the vaccines are made using new techniques which have never before been approved for human use, and though are denominated vaccines contain elements essential to their functioning that also fall into the category of gene therapy, over which there are dangers in the long term recognised by official bodies;
6. The vaccines are in trial stages still, authorised only for temporary use in an emergency, which as stated and proved here cannot be seen to exist, so anyone taking the vaccine will effectively be participating in an experiment, which as it is not being declared openly to the public is a violation of the Nuremburg Code;
7. As the data and information regarding this situation and the vaccines, though not being hidden from the public is not being openly presented, children and young people especially are not able to evaluate this situation for themselves and understand the nature of the vaccine and the risks involved in taking it, so they cannot be asked for their own consent, and neither should parents be placed in a position where they are asked to consent to something whose necessity and risks they have not been able to evaluate;
8. As the vaccines are still in trial phases, children and young people will certainly not be able to comprehend the implications of being volunteers in such an experiment;
9. As the vaccines made available have all been produced using the cells of aborted fetuses, these vaccines will also be unacceptable to children and young people of Christian families, other faiths and those who believe in the sanctity of life and that life begins at conception;
10. There was not a situation with a high enough mortality rate and a high-consequence infectious disease to impose the emergency measures of lockdowns, restrictions on movements and meetings and the vaccination programme in the first place.

HERE IS THE EVIDENCE:

1) Children and young people, both vulnerable and healthy, are at an extremely low risk from covid, and are many more times likely to commit suicide or be killed in a road accident:

In 2020 the government says that in England and Wales there were 80,830 deaths "involving covid"; the ONS measured the population of England and Wales at 59,829,000 in 2020, which means that the overall death rate for people with covid on their death certificates (which means dying whilst having a flu-like or pulmonary disorder that could be given a diagnosis of covid, or having had a positive PCR/LAMP test within the previous 28 days, whilst possibly having other contributing illnesses) was 0.14%.

<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsbynhsagebands>

The ONS gives a figure of only 8.9% during 2020 of deaths certified to involve covid but with no other underlying conditions, which leaves a figure of 7,194 deaths:

<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/ukcovid19deathsbyagewithnounderlyingconditions>

That means the overall rate of deaths attributable only to covid (dying whilst only having a flu-like or pulmonary disorder that could be given a diagnosis of covid, or having had a positive PCR/LAMP test within 28 days), was 0,012%.

The age-group covid death data shows differences of mortality rates between age-groups, showing that the older people are the more at risk they are. young people, from 10-19 years of age, there were 16 deaths amongst a population of 6,909,000. If 8.9% of those 16 deaths were of healthy individuals, then **a healthy young person aged 10-19 has a 0.00002% probability or a 1 in 5 million chance of dying with covid symptoms or a positive covid test.**

<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/ukcovid19deathsbyagewithnounderlyingconditions>

Vulnerable 10-19 year-olds have a a 0.00022% probability or roughly a 1 in half-a-million chance of dying with covid symptoms or a positive covid test.

For children and young people, the suicide rate in the UK for 10-14 year-olds in 2018 was 0.0004%, and for 15-19 year-olds it was 0.0067%. Assuming proportions in England and Wales are similar to the UK, there are 1.1 10-14 year-olds to 15-19 year-olds, so the suicide rate of the secondary school and FE college age-group, 10-19 years old is 0.004%; compared to a 0.00002% probability or a 1 in 5 million chance of dying with a covid diagnosis, **healthy children and young people aged 10-19 are 200 times more at risk of suicide than covid:**

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations#suicide-patterns-by-age>

Compared to a 0.00022% probability or a 1 in half-a-million chance of dying with a covid diagnosis, **vulnerable children and young people aged 10-19 are 20 times more at risk of suicide than covid.**

There were 1,752 reported road deaths for all kinds of road users in the UK in 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/922717/reported-road-casualties-annual-report-2019.pdf

In 2019 the official estimate of the population for the whole of Great Britain was 66,796,807.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

This means a person has a 0.0026% chance of dying in a road accident, as a driver, passenger, cyclist or pedestrian, or a 26 in a million chance or 1 chance in 38,000 of it. So, a healthy 10-19 year-old with a 0.00002% probability or a 1 in 5 million chance of dying with a covid diagnosis is **130 times more likely to die in a road accident than die of covid.** A vulnerable 10-19 year-old with a 0.00022% probability or a 1 in half-a-million chance of dying with a covid diagnosis is **12 times more likely to die in a road accident than die of covid.**

2) The general population, including children and young people, is more at risk of dying from influenza and pneumonia than from covid:

In England and Wales there were 111,957 deaths “involving Influenza and pneumonia” 2020, which was 38.5% more than the 80,830 deaths involving covid as recorded on the death certificate, and was a risk to vulnerable people in the whole population of 59,829,000 of 0.187%; therefore, with a mortality rate of 0.14% with covid and other underlying conditions, **vulnerable people are 1.3 times more likely to die of influenza and pneumonia than covid.** In the same period there were 20,523 deaths “due to influenza and pneumonia”, or where “influenza and pneumonia were recorded as the underlying cause”, which is 185% more than the 7,194 deaths from covid where the patients had no underlying conditions and was a risk to healthy people in the whole population of 59,829,000 of 0.034%; therefore, with a mortality rate of 0.012% from only covid, **healthy people are 3 times more likely to die of influenza and pneumonia than covid.**

<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/influenzadeathsfrom1999to2021>

The numbers of deaths in England and Wales where Influenza and pneumonia underlying causes in the previous five years were: 29885 in 2015, 27504 in 2016, 27639 in 2017, 29516 in 2018, and 26398 in 2019; the 5 year average was 28188 deaths

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12267numberofdeathswhereinfluenzaandpneumoniaweretheunderlyingcauseofdeath2015to2019englandandwales>

The average population of the 5 year period (see previous ONS data sheet on yearly mortality rates) was 58,713,000, giving a death rate of 0.048% where influenza and pneumonia were the underlying cause; compared to a rate of 0.012% where deaths were recorded with covid as the underlying cause, we can see **historically 4 times as many healthy people died of influenza and pneumonia than died with covid** as the recorded underlying cause of death in 2020.

3) Children and young people, both vulnerable and healthy, are more at risk of dying from the vaccine than from covid

The data from the UK MHRA Yellow Card for up to 21st April 2021 shows the recorded risks of the vaccines:

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

Cumulatively 19 weeks for Pfizer (approx 18 million doses) and 15 weeks for Astrazeneca (approx 26.4 million doses) and 2 weeks for Moderna (approx 0.1 million doses).

33.3 million unique people received one or two doses (33,300,000 first doses and 11,200,000 second doses)

205,997 unique reports filed with Yellow Card, that is **0.6% of users; 1,047 were fatalities.** We must bear in mind that not all events are reported on Yellow Card, nor to VAERS in the US, and reports take time to be processed.

According to this exact data only, **a user has a 0,003% probability or a 1 in 32,000 chance of dying from the vaccine.**

However, the vaccine treatment is of two doses, so if these figures came when only one-third of users had taken a second dose, then figures would need to be multiplied by 3/2 to obtain a figure which would reflect accident rates after two doses; **so, a user would have a 0,0045% probability or a 1 in 22,000 chance of dying from the vaccine.**

Therefore, according to records, **a healthy 10-19 year-old with a 0.00002% probability or a 1 in 5 million chance of dying with a covid diagnosis is known to be 225 times more likely to die immediately from the vaccine than from covid.**

A vulnerable 10-19 year-old with a 0.00022% probability or a 1 in half-a-million chance of dying with a covid diagnosis is **20 times more likely to die immediately from the vaccine than die of covid.**

The first human test results for the AZ vaccine in December 2019, recorded by the **US CDC**, showed a **2.8% rate of accidents immediately after taking the vaccine requiring admittance to hospital and not being able to go to work:**

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf>
 or <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-Clark-508.pdf>

That is much higher than with normally approved vaccines, and only the immediate effects; long-term ones are not known.

The test data from the Pfizer vaccine prospectus from the UK Government shows on p40 that **amongst 37,586 participants, 21 had life-threatening adverse reactions, which is a 0.06% or 1 in 1,800 risk, and 2 died, which is a 0.005% risk or a 1 in 18,800 risk.**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944544/COVID-19_mRNA_Vaccine_BNT162b2_UKPAR_PFIZER_BIONTECH_15Dec2020.pdf

This is a similar figure to that obtained from the actual data, adjusted to the risk the CDC test data shows.

The CDC tests recorded a 2.8% accident rate, compared to 0.6% of users filling a Yellow Card; that means that in reality the accident rate could be much higher. The CDC tests showed events after a first dose; so, after a second (for a two-dose treatment), the accident rate could be 5.6%, which is 12 times higher than 0.45%, which is three-quarters of the reported rate of 0.6% after removing the proportion of the figure that corresponds to the amount of second doses. This means we can multiply the existing MHRA figures by a factor of 9, **so a user could have a 0.027% probability or a 1 in 3,700 chance of dying as an immediate result of taking the vaccine.**

This calculation is not far from the MHRA's estimate that only around 10% of adverse vaccine events are reported, the real risk of death could be 10 times, which would mean **a user might even have a 0,045% probability or a 1 in 2,200 chance of dying as an immediate result of taking the vaccine.**

*We might consider the previous calculation of a **1 in 3,700 chance to be the most accurate** or likely, whilst the most conservative, given its adjustment to known data specific to the vaccine.*

With a 0.00002% probability or 1 chance in 5 million from dying of covid, **a healthy child or young person aged from 10-19 is known to be at least 225 times, likely 1,350 times and possibly even 2250 times more at risk of dying immediately from the vaccine than from covid.**

With a 0.00022% probability or 1 chance in half-a-million from dying of covid, **a vulnerable child or young person aged from 10-19 is known to be at least 20 times but likely 123 times and possibly 200 times more at risk of dying immediately from the vaccine than from covid.**

A person will also have a 5.4% chance of having and serious adverse reaction after two doses of the vaccine, according to the CDC test results which show a 2.8% AER, as on the list of Yellow Card events or described in the CDC document as requiring medical attention and not being able to go to work.

Event	Number of users suffering	Percentage of users out of 33,300,000 recorded suffering after 1 1/3 doses	Percentage of users who would be recorded suffering after 2 doses	Likely 2-dose risk calculation using CDC test data <small>(0.6 yellow card 1 1/3 doses = 0.9 for 2 doses, CDCtestAER2doses(1dose2.8%x2)5.6%/0.9%YellowCard2doses (1&1/3doses0.6%x3/2) = 6)</small> = x 2 dose number by 6 <small>(x 1 1/3 dose number by 9)</small>
All yellow cards	205,997	0.6%	0.9%	5.4%
Psychiatric disorders	13,259	0.04%	0.6%	0.36%
Blood disorders	9751	0.029%	0.0435%	0.26%
Acute cardiac events	7721	0.023%	0.0345%	0.21%
Strokes	1240	0.0037%	0.0056%	0.033%
Blindness	166	0.0005%	0.00075%	0.0045%
Death	1047	0.003%	0.0045%	0.027%

Remember, the above is compared to a 0.00002% probability for a healthy 10-19 year-old and a 0.00022% probability for a vulnerable 10-19 year-old of dying from covid.

The data from VAERS (the US Government Vaccine Accident and Event Reporting System which started report on vaccine events in 1990), shows that **43% of all deaths from all vaccines since 1990 have been from the covid 19 vaccines**: <https://wonder.cdc.gov/vaers.html>

A viewer has to request a list of data or charts by inputting requirements:

Click "I agree" - request form - 1) choose "vaccine type" - 2,3,4) no change - 5) select "death" and leave the rest as they are, 6 onwards) no change - press "send" then choose "chart".

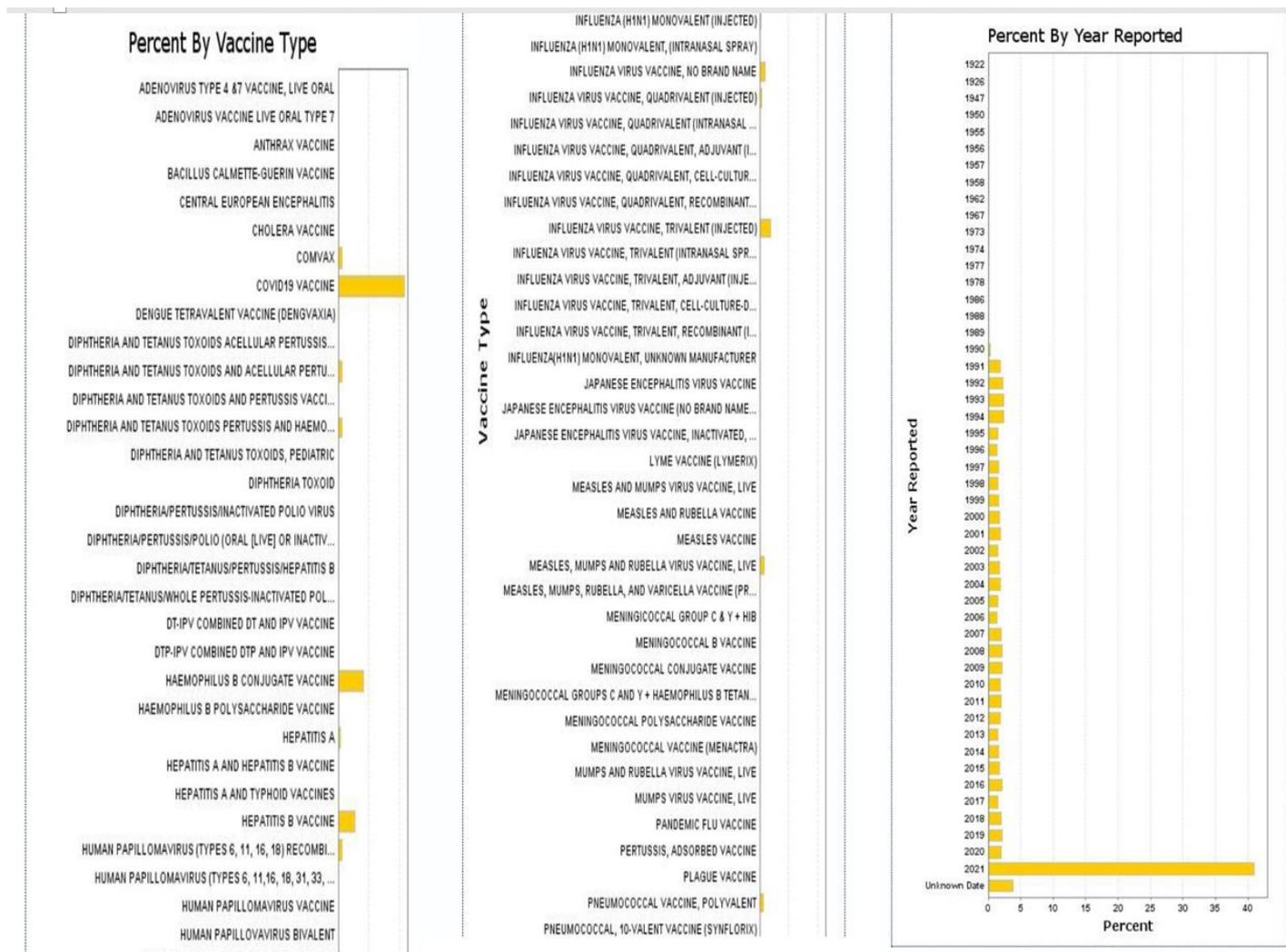
This is corroborated by the fact that **42% of all vaccine deaths since 1990 have been reported in the first four months of 2021, which is 15% of the time** (on step 1) choose "year reported".

The data of the first chart shows that from 1990 to 2021 there have been a total of 3,607 reported deaths from the covid vaccines, out of a total of 14,025 deaths for a total of 70 vaccines. That means that the average vaccine of the other 69 has caused 151 deaths. That means that the covid vaccines have caused 24 times the number of deaths than the others. However, the covid vaccines have done that in 4 months, whilst the others have done that in 364 months, 91 times the amount of time.

(The charts were requested at the beginning of May; at the time of revising this document the percentage in the first has risen to 47%, and in the second increased correspondingly)

That makes **the covid vaccines around 2,184 times more dangerous than the average vaccine**. The other vaccines may not have been present throughout the whole time, so this is an indication, but also most other vaccines are given to a larger part of the population, especially during childhood, whereas the covid vaccines have not been taken by all adults, approximately half, so in fact the covid vaccine may be even more dangerous.

VAERS data charts:



4) The vaccines have a very low Absolute Risk Reduction rate and will make very little impact on covid cases or deaths in children or adults, and little impact on reducing transmission:

On p9 of the Astra-Zeneca vaccine document, the test phase for the second dose after 12 weeks showed the following results: 15 out of 2,038 (0.7%) participants taking the vaccine tested positive for covid; 76 out of 2,093 (3.6%) participants taking the placebo tested positive:

Absolute Risk in Control Group (ARC) = $76 / 2093 = 0.036$

Absolute Risk in Test Group (ART) = $15 / 2038 = 0.007$

RRR (relative risk reduction) = $(ARC - ART) / ARC = (0.036 - 0.007) / 0.036 = 0.8 = 80\%$

ARR (absolute risk reduction) = $ARC - ART = 0.036 - 0.007 = 0.029 = 2.9\%$

NNT (number needed to treat) = $1 / ARR = 34$ people to prevent 1 infection

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978194/uk-HCP-covid-19-vaccine-astrazeneca-reg174_proposed_14_Apr_2021.pdf

The vaccine document and the Public Health England report below also cite this relative risk reduction of 80% as being the vaccine efficiency of preventing infection:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/989360/PHE_COVID-19_vaccine_effectiveness_report_March_2021_v2.pdf

However, a risk reduction of 80% would only mean that a person taking the Astra-Zeneca vaccine was 80% less likely to become infected or had a 20% chance of becoming infected if the probability of becoming infected without the vaccine was 100%. The real risk of becoming infected with covid is obviously much lower, **so the real difference it will make to a person becoming infected by taking the vaccine is 2.9%.**

Assuming that covid is highly contagious and the whole population will inevitably get exposed to it sooner or later without lockdowns and isolation, **two doses of the vaccine would change a vulnerable 10-19 year-old's risk of having symptoms and dying from covid from 0.00022% to 0.00021%, but with the added risk of taking the vaccine the person would run a definite risk of 0.02721% and a likely risk of 0.04521% of dying in the short term, with long-term chances unknown.**

Two doses of the vaccine would change a healthy 10-19 year-old's risk of having symptoms and dying from covid from 0.00002% to 0.000019%, but with the added risk of taking the vaccine the person would run a definite risk of 0.027019% and a likely risk of 0.045019% of dying in the short term, with long-term chances unknown.

The UK Department for Business, Energy and Industrial Strategy makes these statements on the issues involved in developing a vaccine safe and effective vaccine for this situation:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937596/vaccines-task-force-falk-group-21-oct-redacted.pdf

On page 2 you can read:

“Development of vaccines against Covid 19 is uncertain.....

.....Covid 19 has traits which are not yet understood....

.....no vaccine was approved for Sars1....

.....viruses mutate e.g. flu, herd immunity may never be possible....

.....unknown durability of protection.....

.....the most advanced clinical vaccine modalities have never been approved by regulators - adenovirus vaccines (Oxford) and mRNA vaccines (Pfizer, Moderna)...”

The Astra-Zeneca document on p4 says: **"The duration of protection has not yet been established"**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978194/uk-HCP-covid-19-vaccine-astrazeneca-reg174_proposed_14_Apr_2021.pdf

5) There is no long-term safety data for the vaccines:

The Astra-Zeneca Covid 19 vaccine information for users on the UK Government website says:

p10: **"Animal studies into potential toxicity to reproduction and development have not yet been completed."**

P 4: **"No interaction studies have been performed."**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978194/uk-HCP-covid-19-vaccine-astrazeneca-reg174_proposed_14_Apr_2021.pdf

The document from the UK Department for Business, Energy and Industrial Strategy states on p2 the for such adenovirus and mRNA vaccines there is **"no long-term experience or safety data"**:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937596/vaccines-task-force-falk-group-21-oct-redacted.pdf

About the kind of vaccines these are the document also says on p2 **".....the most advanced clinical vaccine modalities have never been approved by regulators - adenovirus vaccines (Astra-Zeneca) and mRNA vaccines (Pfizer, Moderna)..."**

The Astra-Zeneca website tells us that in the phase 3 trials (ongoing) the treatment uses "a replication-deficient chimpanzee viral vector based on a weakened version of a common cold virus (adenovirus) that causes infections in chimpanzees and contains the genetic material of the SARS-CoV-2 virus spike protein. After vaccination, the surface spike protein is produced, priming the immune system to attack the SARS-CoV-2 virus if it later infects the body":

<https://www.astrazeneca.com/media-centre/press-releases/2020/azd1222h1r.html>

Page 7 of the UK Government Astra-Zeneca vaccine document states that the COVID-19 Vaccine AstraZeneca is a monovalent vaccine composed of a single recombinant, replication-deficient chimpanzee adenovirus (ChAdOx1) vector:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978194/uk-HCP-covid-19-vaccine-astrazeneca-reg174_proposed_14_Apr_2021.pdf

The FDA includes viral vectors in its description of forms of gene therapy:

<https://www.fda.gov/vaccines-blood-biologics/cellular-gene-therapy-products/what-gene-therapy>

In this document on the risk of gene therapies the FDA makes references to vectors and on p3 states risk may include **"undesirable changes in the genoma with the risk of malignancies, impairment of gene function have the potential to establish persistent infections in immunocompromised patients leading to the risk of developing a delayed but serious infection"**:

<https://www.fda.gov/media/113768/download>

6) 7) 8) The vaccines are in trial stages still

The vaccines are still in trial stages of development, and will be so until 2023:

mRNA vaccines e.g. Pfizer, Study details - para2 Study Design **"Estimated study completion date 6th April 2023"**:

<https://clinicaltrials.gov/ct2/show/NCT04368728>

Astra-Zeneca vaccine, Study details - para2 Study Design **"Estimated study completion date 4th February 2023"**:

<https://clinicaltrials.gov/ct2/show/NCT04516746#contacts>

The US FDA has given the vaccines an EUA (Emergency Use Authorisation), about which it says "The issuance of an EUA is different than an FDA approval (licensure) of a vaccine" and that "FDA approval of a drug means that the agency has determined, based on substantial evidence, that the drug is effective for its intended use, and that the benefits of the drug outweigh its risks when used according to the product's approved labelling. The drug approval process takes place within a structured framework that includes collecting clinical data and submitting an application to the FDA." In other words, the vaccines have not been through that process or assessment.

<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions>

The Astra-Zeneca Covid 19 vaccine information for users on the UK Government website:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978194/uk-HCP-covid-19-vaccine-astrazeneca-reg174_proposed_14_Apr_2021.pdf

P2: "This medicinal product has been given **authorisation for temporary supply** by the UK Department of Health and Social Care and the Medicines & Healthcare products Regulatory Agency..... this *temporary authorisation* grants permission for the medicine to be used for active immunisation of individuals aged 18 years and older....."

It is temporary because it has still not passed the trial period, which is due to end in 2023.

The Pfizer vaccine has been given "authorisation" for "**temporary supply during the covid pandemic**" (p3), and the "**COVID-19 mRNA Vaccine BNT162b2 remains under review**" by the MHRA (p6)::

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944544/COVID-19_mRNA_Vaccine_BNT162b2_UKPAR_PFIZER_BIONTECH_15Dec2020.pdf

It is the same for all the other vaccines: <https://www.gov.uk/health-and-social-care/pharmacy>

In the Astra-Zeneca vaccine Regulatory Approval Conditions, points, 8, 9 and 20 refer to sharing information with the MHRA on vaccinated patients, 22-25 refer to reporting to the MHRA on the clinical trials and point 25 makes reference to the clinical trials in accordance with the regulation under which the temporary supply is authorised (174A).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963841/AZ_Conditions_for_Authorisation_final_23.02.21.pdf

Regulation 174A was made in 2020 to address the covid 19 situation:

<https://www.legislation.gov.uk/ukxi/2020/1125/regulation/6/made>

When something is in trial stages it is the same as saying it is experimental. Therefore the users this vaccine **will essentially be participants in an experiment**. The Nuremberg Code, written after WWII so that the practices of the Nazis could not be repeated, states that people may not be subjected to experimentation without their consent; it is likely many or most people do not know that the vaccines are experimental because they do not read the small print of the documentation, but see the big print advertised: The statement on the NHS website is misleading, therefore, because it says that the vaccines have been "approved" and not "temporarily authorised" for emergency use:

https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/?utm_campaign=coronavirus_grants&utm_medium=paid_search1&utm_source=google&utm_content=keyword&gclid=EAlaIqobChMly7HMouyq8AIV04QBh1jfgL7EAMYASAAEgLF-fD_BwE

The absolute statement it makes that the vaccines are safe can also be said to not be true in the case of the covid vaccines, given there are a percentage of injuries and deaths, and, as the official documentation above says, there is no long-term safety data. Even if they do understand what they are doing, the coercive nature of the situation (vaccine passports, "no jab, no job" in discussion, media messages that lockdowns can end when everyone is vaccinated but will not if they are not, the Prime Minister's remarks that "anti-vaxxers are crazy") brings us into an area where the Nuremberg Code could be said to be violated: <https://committees.parliament.uk/writtenevidence/2267/pdf/>

Children will not be able to understand the implications of participating in such a medical experiment, so giving them these vaccines may an even clearer violation of the Nuremberg Code.

9) As the vaccines made available have all been produced using the cells of aborted fetuses, these vaccines will also be unacceptable to children and young people of Christian families, other faiths and those who believe in the sanctity of life and that life begins at conception

On page 2 in paragraph 2 of the Astra-Zeneca Covid 19 vaccine prospectus on the UK Government website it is listed as part of the vaccine composition "Produced in genetically modified human embryonic kidney (HEK) 293 cells".

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978194/uk-HCP-covid-19-vaccine-astrazeneca-reg174_proposed_14_Apr_2021.pdf In the Pfizer Covid 19 vaccine information it is stated that development and testing of it used HEK 293 cells, which are from an aborted human embryo.

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine>

The Janssen / Johnson & Johnson Covid 19 vaccine is less used in the UK but here is a report on it by the European Union's European Medicines Agency:

https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-janssen-epar-public-assessment-report_en.pdf In the European Union's European Medicines Agency report on Janssen / Johnson & Johnson Covid 19 it is stated on page 19 that the vaccine was produced in HEK 293 cells. The Moderna vaccine is the same.

The Oxford University vaccine information page explains what the HEK 293 cell is:

<https://vk.ovg.ox.ac.uk/vk/vaccine-ingredients#Human%20cell%20strains>

It says **HEK means "Human Embryonic Kidney"**: "HEK-293 is the name given to a specific line of cells used in various scientific applications. **The original cells were taken from the kidney of a legally aborted foetus** in 1973. HEK-293 cells used nowadays are clones of those original cells..."

The Vatican does acknowledge this fact, and approves their use, saying that "*it is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted fetuses in their research and production process.*":

http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20201221_nota-vaccini-anticovid_en.html

It explains this by saying that those taking the vaccine are only participating passively in an evil act and not actively, because they did not cause the abortions to occur. However, no member of the church can speak for the conscience of an individual Christian, and the opinion or a statement made by any member of the church does not replace Christian teaching, as given in the Bible, or replace or modify doctrine or catechism; those are eternal and permanent laws which are the foundation of the church about which the church or church members may make commentaries so followers may be able to understand them, or they may, as they have done, guide followers through rites in order to be able to embrace them; indeed, if those laws were changed then the foundation of the church would be moved and the church as such cease to exist, in which case without a church there would be no church leaders to make such statements. This is not a matter in which only clergy are permitted to be involved but one which every member of the church down to the lay followers may understand and defend without needing permission.

10) There was never a situation with a high enough mortality rate and a high-consequence infectious disease to impose the emergency measures including the temporarily authorised vaccination programme in the first place.

On 19th March, 2020, the UK Government no longer considered the SARS-Cov2 virus to be a High-Consequence Infectious Disease (HCID):

<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

On this table of data from the Office for National Statistics, showing mortality rates in the population of England and Wales every year from the 19th Century to 2020 we can see that, although the mortality rate in 2020 (1016.2 per 100,000 or 1.016%) is marginally higher than that of 2019 (893.1 per 100,000 or 0.893%) and of 2018 (916.1 per 100,000 or 0.916%) and so on to 2004 (967.5 per 100,000 or 0.97%), **2020 is equal to or even slightly less in some cases than the death rates of the years from 2003 - 2001** (1019.9 per 100,000 or 1.02% for 2003; 1,017.7, 1,017.0 and 1,031.6 respectively for 2002-0), and also earlier, to the 1990s when the death rates were even higher (around 1.1%) and the 1980s and 1970s when it was even higher (1.15% to 1.2%). In fact, the average mortality rate for the last half-century, 1970-2019, so we miss out the world wars and 1918 'flu, and when we can say we have all been living in an era of prosperity and good standard of living in general, is 1,060 per 100,000; **2020 had a lower than average mortality rate for the last 50 years.**

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12735annualdeathsandmortalityrates1938to2020provisional>

We can see that the slightly greater mortality in 2020 compared to 2019 is not because of events lasting a whole year: The higher mortality can be minimised by removing the factor of the higher deaths in one month, April 2020, which were 88,153, and substituting it for death-count of April 2019, which was 44,121, changing the death-count of 2020 from 1,016.2 per 100,000 to 942.5 per 100,000 or 0.94%, making it on par with the mortality rates of 2004-2019 which were below 1% or 1,000 per 100,000; thus 2020 would have a mortality rate practically the same as average mortality rate of the 21st Century so far, 931.2 per 100,000 or 0.93%. Therefore, the only significant rise in deaths was in one month only and the statistical rise in mortality rate over some of the preceding years attributable to one month only.

The numbers of deaths in July and August were slightly lower in 2020 than in 2019; 40,780 and 37,187 respectively in 2020 compared to 42,308 and 38,843 in 2019. and taking into account the 0.65% increase in population, those months in 2020 showed had an average death rate of 0.065% compared to 0.068% in 2019. In other words, **the situation deemed an emergency, if it were so, was confined to one month, and therefore was not or is not on-going.** ONS deaths registered monthly, by year:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlyfiguresondeathsregisteredbyareaofusualresidence>

In conclusion, there was no emergency situation, therefore the Emergency Bill should be removed, and the temporary authorisation for the experimental vaccines ended.

APPENDICES:

Yearly mortality rates:

Year	Number of deaths	Population (Thousands)	Crude mortality rate (per 100,000 population)	Age-standardised mortality rate (per 100,000 population)
2020	608,002	59,829	1,016.2	1,043.5
2019	530,841	59,440	893.1	925.0
2018	541,589	59,116	916.1	965.4
2017	533,253	58,745	907.7	965.3
2016	525,048	58,381	899.3	966.9
2015	529,655	57,885	915.0	993.2
2014	501,424	57,409	873.4	953.0
2013	506,790	56,948	889.9	985.9
2012	499,331	56,568	882.7	987.4
2011	484,367	56,171	862.3	978.6
2010	493,242	55,692	885.7	1,017.1
2009	491,348	55,235	889.6	1,033.8
2008	509,090	54,842	928.3	1,091.9
2007	504,052	54,387	926.8	1,091.8
2006	502,599	53,951	931.6	1,104.3
2005	512,993	53,575	957.5	1,143.8
2004	514,250	53,152	967.5	1,163.0
2003	539,151	52,863	1,019.9	1,232.1
2002	535,356	52,602	1,017.7	1,231.3
2001	532,498	52,360	1,017.0	1,236.2
2000	537,877	52,140	1,031.6	1,266.4
1999	553,532	51,933	1,065.8	1,320.2
1998	553,435	51,720	1,070.1	1,327.2
1997	558,052	51,560	1,082.3	1,350.8
1996	563,007	51,410	1,095.1	1,372.5
1995	565,902	51,272	1,103.7	1,392.0
1994	551,780	51,116	1,079.5	1,374.9

Monthly mortality rates, 2020 and 2019:

Area of usual residence	Jan-20 ³	Feb-20 ³	Mar-20 ³	Apr-20 ³	May-20 ³	Jun-20 ³	Jul-20 ³	Aug-20 ³	Sep-20 ³	Oct-20 ³	Nov-20 ³	Dec-20 ³
K04000001, J99000000 ENGLAND, WALES AND ELSEWHERE ¹	56,706	43,653	49,723	88,153	52,374	42,624	40,780	37,187	42,500	46,296	51,330	56,690
K04000001 ENGLAND AND WALES	56,597	43,555	49,641	88,049	52,315	42,577	40,731	37,129	42,432	46,255	51,274	56,614

Monthly figures on deaths registered by area of usual residence, 2019

Area of usual residence	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
K04000001, J99000001 ENGLAND, WALES AND ELSEWHERE ¹	53,910	45,795	43,944	44,121	44,389	38,603	42,308	38,843	40,011	46,238	45,219	47,460
K04000001 ENGLAND AND WALES	53,774	45,695	43,817	44,005	44,292	38,511	42,192	38,721	39,915	46,131	45,124	47,376

Age Group	Age group population in England and Wales (UK ONS)	Deaths with covid on the death certificate in age group in E&W (NHS ONS)	Percentage mortality with covid on death certificate of age group (NHS ONS)	Percentage mortality of designated covid deaths of otherwise healthy individuals (8.9%) of age group (NHS ONS)	Expression of chance of dying from covid for healthy individuals in age group (for people with underlying conditions multiply by 11, or 10 for an approximation,, e.g. figure 11 instead of 1 in ..., or remove a 0 from "in ..." number)	Comparison to covid mortality in healthy individuals (roughly figure 10 or 11 times less for people with underlying conditions):					
						Suicide rate in age group (UK ONS)	Risk of death in Great Britain from a road accident (UK ONS): 0.0026% or 1 chance in 38,000	Known vaccine risk 1 1/3 doses Reported (UK MRHA) risk of immediate death (long term unknown) from covid vaccines: 0,003% or 1 chance in 32,000	Vaccine risk assessments C = covid death more likely V = vaccine death more likely		
									A	B	C
									probable	likely	possible
0-4	3,416,000	3	0.000088%	0.0000078%	1 in 13 million	-	RA x 340	Vax x 394	V	V	V
5-9	3,727,000	1	0.000027%	0.0000024%	1 in 42 million	-	RA x 1100	Vax x 1273	V	V	V
10-14	3,625,000	5	0.00014%	0.000012%	1 in 8 ½ million	0.0004%	RA x 220	Vax x 256	V	V	V
15-19	3,284,000	11	0.00033%	0.00003%	1 in 3 ½ million	0.0067%	RA x 92	Vax x 100	V	V	V
20-24	3,663,000	34	0.00093%	0.000083%	1 in 1.2 million	0.011%	RA x 32	Vax x 36	V	V	V
25-29	3,992,000	70	0.0018%	0.00016%	1 in 625,000	0.012%	RA x 16	Vax x 19	V	V	V
30-34	4,035,000	117	0.0029%	0.00026%	1 in 385,000	0.013%	RA x 10	Vax x 12	V	V	V
35-39	3,938,000	195	0.0049%	0.00044%	1 in 227,000	0.013%	RA x 6	Vax x 7	V	V	V
40-44	3,657,000	369	0.01%	0.0009%	1 in 111,000	0.015%	RA x 3	Vax x 3 ½	V	V	V
45-49	3,839,000	694	0.018%	0.0016%	1 in 63,000	0.018%	RA x 1.7	Vax x 2	V	V	V
50-54	4,094,000	1,284	0.031%	0.0028%	1 in 36,000	0.015%	CV = RA	Vax x 1.12	V	V	V
55-59	3,987,000	2,186	0.055%	0.0049%	1 in 20,000	0.012%	CV x 1.9	CV x 1.65	=	V	V
60-64	3,400,000	3,241	0.095%	0.0085%	1 in 12,000	0.011%	CV x 3	CV x 2.75	C	V	V
65-69	2,971,000	4,596	0.15%	0.014%	1 in 7,000	0.0086%	CV x 5	CV x 4.7	C	V	V
70-74	3,001,000	7,633	0.25%	0.022%	1 in 4,500	0.007%	CV x 8	CV x 7	C	V	V
75-79	2,149,000	11,066	0.5%	0.046%	1 in 2,200	0.008%	CV x 17	CV x 15	C	C	=
80-84*	1,550,000	15,374	0.99%	0.088%	1 in 1,100	0.009%	CV x 35	CV x 30	C	C	C
85-89**	948,000	16,574	1.75%	0.16%	1 in 625	0.011%	CV x 60	CV x 53	C	C	C
90+**	544,000	17,404	3.2%	0.28%	1 in 357	0.01%	CV x 106	CV x 92	C	C	C
ALL	59,829,000	80,830	0.14%	0.012%	1 in 8,300	0.011%	CV x 4.5	CV x 4	C	V	V

*At average life expectancy

**Above average life expectancy

***Under average life expectancy

Guide to possible vaccine risks:

- A) Probable:** Risk assessment taking into account that at the time of analysing the data: one third of the individuals vaccinated (33,300,000 first doses) had two doses (11,200,000), so an assessment of a treatment consisting of two doses would be made multiplying the existing events by 1.67 = **0.0045% or 1 in 22,000 chance**
- B) Likely:** Risk assessment adjusting reported deaths (MHRA AER 0.6%, only 1/3 of people had received two doses so remove 1/4 of percentage representing second dose) to incidence of CDC reported events in trials after 1 dose (AER 2.8%): $2.8/0.45 = 6 \times$ higher per dose, so $6 \times A) =$ **0.027% or 1 in 3,700 chance** <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-Clark-508.pdf>
- C) Possible:** Worst case scenario, adjusting risk assessment A using MHRA estimates: "It is estimated that only 10% of serious reactions and between 2 and 4% of non-serious reactions are reported" <https://www.gov.uk/drug-safety-update/yellow-card-please-help-to-reverse-the-decline-in-reporting-of-suspected-adverse-drug-reactions> = **0.045% or 1 in 2,200 chance**

"C" = most at risk from covid; "V" = most at risk from vaccine

Covid deaths: <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsbynhsagebands>

No underlying conditions: <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/ukcovid19deathsbyagewithnounderlyingconditions>

Age-group populations:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea23principalprojectionenglandandwalespopulationinagegroups>

Age-group deaths: <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/ukcovid19deathsbyagewithnounderlyingconditions>

Suicide rates: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations#suicide-patterns-by-age>

Road deaths: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/922717/reported-road-casualties-annual-report-2019.pdf

Vaccine AER: <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

MHRA Yellow Card events for up to 21st April 2021:

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

Reactions - 149,082 (Pfizer) + 573,650 (AZ) + 660 (Moderna) + 1687 (Unknown) = 725,079

Reports - 52,130 (Pfizer) + 153,098 (AZ) + 228 (Moderna) + 541 (Unknown) = 205,997

Fatal - 347 (Pfizer) + 685 (AZ) + 2 (Moderna) + 13 (Unknown) = 1047

(Update 12th May 374 (P) + 786 (AZ) + 4 (M) + 16 (U) = 1,180 out of 35,906,671 people with at least 1 dose = 0.003% still)

Acute Cardiac - 1901 (Pfizer) + 5798 (AZ) + 7 (Moderna) + 15 (Unknown) = 7721

Chest Pain - 871 (Pfizer) + 3182 (AZ) + 3 (Moderna) + 9 (Unknown) = 4065

Anaphylaxis - 275 (Pfizer) + 562 (AZ) + 1 (Moderna) = 838

Blood Disorders - 5071 (Pfizer) + 4652 (AZ) + 9 (Moderna) + 19 (Unknown) = 9751

Infections - 3545 (Pfizer) + 11,621 (AZ) + 12 (Moderna) + 37 (Unknown) = 15,215

Herpes - 689 (Pfizer) + 1175 (AZ) + 2 (Moderna) + 7 (Unknown) = 1873

Headaches - 13,107 (Pfizer) + 63,589 (AZ) + 45 (Moderna) + 155 (Unknown) = 76,896

Migraine - 1181 (Pfizer) + 5474 (AZ) + 1 (Moderna) + 13 (Unknown) = 6669

Amnesia + Memory Loss - 102 (Pfizer) + 330 (AZ) + 2 (Unknown) = 434

Eye Disorders - 2322 (Pfizer) + 8311 (AZ) + 8 (Moderna) + 26 (Unknown) = 10,667

Eye Pain - 406 (Pfizer) + 2455 (AZ) + 2 (Unknown) = 2863

Blindness - 31 (Pfizer) + 134 (AZ) + 1 (Unknown) = 166

Hearing Loss - 156 (Pfizer) + 333 (AZ) + 3 (Moderna) + 1 (Unknown) = 193

Psychiatric Disorders - 2417 (Pfizer) + 10,792 (AZ) + 13 (Moderna) + 37 (Unknown) = 13,259

Skin Disorders - 10,937 (Pfizer) + 34,074 (AZ) + 68 (Moderna) + 103 (Unknown) = 45,182

Spontaneous Abortions - 57 + 4 stillbirth/foetal death (Pfizer) + 30 + 3 stillbirth (AZ) = 94 + 7

Vomiting - 1831 (Pfizer) + 8897 (AZ) + 4 (Moderna) + 30 (Unknown) = 10,762

Abdominal Pain - 1337 (Pfizer) + 7238 (AZ) + 4 (Moderna) + 11 (Unknown) = 8590

Facial Paralysis - 341 (Pfizer) + 376 (AZ) + 1 (Moderna) + 2 (Unknown) = 720

Nervous System Disorders - 27,949 (Pfizer) + 124,324 (AZ) + 128 (Moderna) + 346 (Unknown) = 152,747

Disturbances in Consciousness - 2161 (Pfizer) + 7327 (AZ) + 9 (Moderna) + 29 (Unknown) = 9526

Dizziness - 4159 (Pfizer) + 17,444 (AZ) + 28 (Moderna) + 48 (Unknown) = 21,679

Fatigue & Malaise - 11,951 (Pfizer) + 45,942 (AZ) + 42 (Moderna) + 134 (Unknown) = 58,069

Crying, Moaning & Screaming - 43 (Pfizer) + 205 (AZ) + 1 (Moderna) + 1 (Unknown) = 250

Strokes and CNS haemorrhages - 271 (Pfizer) + 964 (AZ) + 1 (Moderna) + 4 (Unknown) = 1240

Thrombosis & Embolism (All types) - 419 (Pfizer) + 2638 (AZ) + 16 (Unknown) = 3073

Respiratory Disorders - 6271 (Pfizer) + 17,755 (AZ) + 22 (Moderna) + 48 (Unknown) = 24,096

Seizures - 315 (Pfizer) + 1155 (AZ) + 3 (Moderna) + 5 (Unknown) = 1478

Paralysis - 128 (Pfizer) + 432 (AZ) + 1 (Moderna) + 3 (Unknown) = 564

Haemorrhage (All types) - 440 (Pfizer) + 1480 (AZ) + 4 (Moderna) + 4 (Unknown) = 1928

Nosebleeds - 352 (Pfizer) + 1197 (AZ) + 4 (Moderna) + 2 (Unknown) = 1555

Inner Ear incl Vertigo/Tinnitus - 1108 (Pfizer) + 2993 (AZ) + 7 (Moderna) + 11 (Unknown) = 4119

Reproductive/Breast - 1012 (Pfizer) + 2401 (AZ) + 7 (Moderna) + 6 (Unknown) = 3426