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## Open Correspondence

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Dear Dr Ewart

### **RE: Covid-19 – Testing and Vaccine Issues**

Further to the above, we thank you for your letter to us dated 16<sup>th</sup> April 2021 in response to our letter to you dated 25<sup>th</sup> March 2021 and are grateful for your itemised reply.

You will recall that there were a number of sincere concerns expressed to us by *Ellan Vannin* residents particularly with regard to the AstraZeneca vaccine.

From the reference material and internet hyper-links you have provided, the following key facts appear to be agreed, correct and not in dispute:-

- i) The AstraZeneca Covid-19 vaccine has as its active ingredient a version of a common cold virus from chimpanzees.
- ii) Such virus (otherwise known as an adenovirus) has been genetically modified.
- iii) Such virus enters the recipient's cells.
- iv) The AstraZeneca vaccine is a Genetically Modified Organism (GMO).
- v) The AstraZeneca vaccine uses a host cell line called HEK-293 to produce this modified virus.

- vi) Such HEK-293 cells are clones of cells taken from the kidney of a legally aborted human foetus.
- vii) The AstraZeneca vaccine is produced using cloned cells from a human foetus (although the manufacturing process attempts to remove such cloned cells from the final vaccine by filtration).
- viii) The *Pfizer* Covid vaccine was tested on Macaques.
- ix) None of the above information is included in the Invitation Letter nor Information Leaflet sent by Government to those invited to receive the vaccine.

Having extensively discussed your response with those persons who had previously contacted us, a considerable number of additional concerns arise as set out below:-

### **Testing**

1. You have stated that you are aware of the important Lisbon Court of Appeal case number 1783-20, where it was held that a German national ordered to quarantine on the Portuguese Azores Islands after testing positive with the PCR test, had been unlawfully ordered to self-isolate, due to doubts about the reliability of the PCR test.

Are you aware that such case has subsequently been relied upon and cited by the Vienna Administrative Court, in a judgment granted on 24<sup>th</sup> March 2021 in favour of the Freedom Party (FPÖ), in which the Court held that the PCR test is not suitable for determining Covid infectivity?

2. In such circumstances, how do you maintain that the PCR test is the "gold standard" for Covid testing?
3. With regard to the Covid testing and diagnosis, you stated that the PCR test was only a guide to diagnosis and that contact evidence, clinical presentation, patient history and epidemiological information would also need to be used. Have there been any examples on the Isle of Man where a person has tested positive for Covid-19 using the PCR test but has then not been ordered to self-isolate after taking into account the other factors you have mentioned?

### **Vaccination**

4. The Isle of Man Health Minister, Mr Ashford, has previously stated that anyone wanting to know more about Covid vaccines should not contact their GP but should "*Do their own research online*". Given the gravity of the issues relevant to Covid

vaccination, do you agree with Mr Ashford or do you regard such comments coming from the person at the top of the Health Service as reckless and irresponsible?

## **Use of Animals**

5. A number of those who have contacted us have been appalled and horrified to discover that the active ingredient of the AstraZeneca vaccine is a version of a common cold virus taken from chimpanzees.

This is clearly of great concern to vegans who do not consume or use any products derived from animals. It is also of concern to those who are opposed to animal experimentation or vivisection. However, it is also of concern to any person who simply does not wish to have a virus from a different species put into their own human cells. This is all the more alarming and ironic given one hypothesis that Covid-19 may have originated from live wild animals being held in a market in Wuhan, China and which crossed over into human beings.

We note your response of "not known" in answer to our questions about the number of chimpanzees used and their whereabouts.

We have endeavoured at some length to find out further details about the use of chimpanzees in the production of the AstraZeneca vaccine but without success. The matter appears to be cloaked in secrecy.

We would suggest that as the Director of Public Health you are better placed than us to formally request further details from AstraZeneca regarding the following animal welfare issues:-

- i) How many chimpanzees were used to obtain the common cold virus used in the AstraZeneca vaccine?
- ii) Was the cold virus extracted from blood samples or saliva samples and were any chimpanzees harmed or killed in the process?
- iii) How old were the primates from which the common cold virus was obtained?
- iv) Were such chimpanzees already held in captivity (e.g. in a laboratory) or were they captured last year from the wild in Africa?
- v) In which country were they/are they currently being held?
- vi) Who owns such monkeys?
- vii) Are you aware of the restrictions on experiments on great apes (including chimpanzees) under EU Directive 2010/63/EU?

- viii) We understand that since 2013, the US and the central African country of Gabon are the only countries in the world that still allow chimpanzees to be used in animal experiments. Do you agree that the use by AstraZeneca of material from such living chimpanzees held in the US or Gabon is morally repugnant, given the progressive ethical stance adopted by the EU?
- ix) With regard to the *Pfizer* vaccine, we note from a media release on the company's website dated 9<sup>th</sup> September 2020 that pre-clinical data in relation to the testing of the Pfizer vaccine on Macaques (monkeys such as inhabit Gibraltar) indicated high levels of protection against Covid-19.

Were you aware that the Pfizer Covid vaccine had been tested on Macaques?

- x) It is understood from the *Miami New Times* that such monkeys may have been held at the Mannheimer Foundation, Homestead, Florida. Please can you confirm that this is the case?
- xi) Do you regard the testing of the Pfizer vaccine on Macaques as utterly deplorable?

## **Genetic Modification**

6. As stated above and as confirmed incontrovertibly on the manufacturer's website, the AstraZeneca vaccine contains as its active ingredient a *genetically modified* chimpanzee cold virus. There are many persons who are seriously concerned about the production and use of genetically modified products such as plants and livestock.

As you will be aware, GM foods are foods produced from organisms that have had changes introduced into their DNA using genetic engineering. This differs from traditional cross breeding. For example, the process of genetically modifying food involves adding a gene or DNA from a foreign organism into the recipient's cells. The genetic material reaches the genome of the host cell, with the aim of introducing new traits into the final product.

To give one example, much of the maize grown in the United States is insect resistant corn developed by Monsanto (an agrochemical company) which has been genetically altered (by the addition of Bacterium *Thuringensis*) to express a protein which is poisonous to pests such as the corn earworm. The clear aim being to produce commercial crops which are resistant to destruction by insects. However, critics have raised profound concerns on ecological grounds and on the potential effect on non-target species within the natural world food chain and the morality of transferring genes from one species to another.

As clearly noted from the AstraZeneca manufacturer's website, the genetically modified chimpanzee cold virus enters the recipient's cells (producing spike protein which in turn causes the body's immune system to produce antibodies). This has been a *horrifying* revelation for many of those who have contacted us.

Do you know what foreign DNA has been added to the chimpanzee cold virus?

7. In such context, and specifically with regard to the AstraZeneca vaccine, are you in any way worried about the introduction of genetically modified material from a chimpanzee into human cells?

### **Human Foetus**

8. The fact that the AstraZeneca vaccine uses cloned cells taken from the kidney of a legally aborted human female foetus is a matter which raises profound moral and philosophical questions which deeply trouble some of those who have contacted us.

For example, are you aware that on 14<sup>th</sup> December 2020 the US Conference of Catholic Bishops stated that the AstraZeneca vaccine was, *"more morally compromised (than the Pfizer and Moderna vaccines) and should be avoided if there are alternatives available"*?

9. We understand that the distinction between the AstraZeneca vaccine on the one hand and the Pfizer and Moderna vaccines on the other hand is that whereas the AstraZeneca vaccine was produced using the host cell line called HEK-293 (HEK standing for human embryonic kidney), the Pfizer and Moderna vaccines only used such cell line to test their Covid vaccines. Nevertheless, all three vaccines have used cloned human cells in one way or another. However, this detail is not given any publicity or media coverage.

According to the Oxford University "Vaccine Knowledge Project", the active ingredient of the AstraZeneca vaccine (a genetically modified version of a chimpanzee cold virus) is grown in laboratories on cultures that contain human cells. The University website states, *"After they are grown, the viruses are purified several times to remove the cell culture material. This makes it unlikely that any human material remains in the final vaccine"*.

Please can you advise as to how we can be sure that all such cloned cells were in fact filtered out of the final vaccine?

10. Given the sensitivity and significance of this topic to a range of faith groups and others, do you agree that explicit information on these moral issues should be given **prominence** in the patient Information Leaflet provided to intended recipients of Covid-19 vaccines?

## **Fertility**

11. We understand that the present advice to couples intending to have children is that there is no scientific evidence that any of the Covid vaccines negatively effect fertility. However, it appears equally that there is no scientific evidence that any of the Covid vaccines do not effect fertility. Is this simply because the Covid vaccine experiments did not include testing for the effect on testosterone, sperm count and sperm mobility (motility) in men, nor on menstruation or the production of hormones such as oestrogen and progesterone in women?
12. In addition, are you aware of concerns raised by Dr Katherine Lee of the Washington University School of Medicine in St. Louis (following her own personal experience after receiving a Covid vaccine), that Covid vaccines may cause changes to a woman's *menstrual cycle*? The womb lining is part of the immune system and concerns have been expressed that Covid vaccination may trigger menstrual irregularities such as heavy bleeding or painful periods. This issue is currently being surveyed by Dr Lee and Dr Kate Clancy, Associate Professor at the University of Illinois, using an on-line research survey. As at Monday 24<sup>th</sup> May 2021, more than 25,000 women had completed the survey (which is still available to complete on-line).
13. Similarly, there is currently no scientific data on whether Covid vaccines will negatively interfere with those couples undergoing IVF treatment.

Do you therefore agree that the more transparent medical advice to couples should be that there is currently no scientific evidence that Covid vaccines do not harm fertility and it will be a matter for future research to establish the position in the coming years?

14. In such circumstances would the more prudent clinical advice be to err on the side of caution and not recommend Covid vaccines to those planning to have children?

## **PEG**

15. Petrochemical Polyethylene Glycol (PEG) is found in a wide range of pharmaceuticals.

However, PEG has been found to stimulate anti-PEG antibody production that can leave a person vulnerable to allergic reactions (anaphylaxis)

We note from the UK Government Covid website that PEG is in fact contained in the Pfizer Covid vaccine (as a lipid nanoparticle vector).

The potential for anaphylaxis to PEG nanoparticles in the Pfizer vaccine was highlighted in the British Medical Journal on 30<sup>th</sup> November 2020. This subsequently led to a statement being hastily issued by June Raine of the Medicines and Health Care Products Regulatory Authority (MHRA) on 9<sup>th</sup> December 2020 stating, "Any person with a history of anaphylaxis to a vaccine, medicine or food should not receive the Pfizer BioNTech vaccine". This advice was subsequently amended on 11<sup>th</sup> January 2021.

Is it the case that this specific issue had not previously come to light because persons susceptible to allergic reactions had been excluded from the Pfizer trials of its Covid vaccine?

16. Even now, why are persons not being explicitly advised in advance as to the specific dangers of PEG in the Pfizer Covid vaccine?

### **Medical Ethics**

17. In your letter to us dated 16<sup>th</sup> April 2021, you agreed with us in relation to the need to obtain informed patient consent.

*Hippocrates* was a doctor in Ancient Greece and the Hippocratic Oath, still sworn by many physicians worldwide today, has been attributed to him.

Part of that Oath, translated from the original Greek, states, "FIRST DO NO HARM".

In light of such Oath, are not medical practitioners under a clear personal obligation to fully inform recipients of the Covid vaccines about their contents?

18. For example, would recommending and/or administering the AstraZeneca vaccine to a vegan, without properly providing information that it contained material taken from a living chimpanzee, be a breach of the Hippocratic Oath (given the mental anguish which could well arise after subsequently discovering the animal origins of such vaccine)?
19. As you know, the current crop of Covid vaccines have been given only Emergency Use Authorisation by the US Government and similarly in the UK the MHRA has granted only "temporary authorisation" for Covid vaccines.

Temporary authorisation is valid for just one year and requires pharmaceutical companies to complete obligations such as phase III trials and scientific peer review, prior to standard marketing authorisation being granted.

In such context, the current Covid vaccines could be described as "experimental" given that they have only received emergency authorisation and have undergone a shortened testing regime.

This explains why the UK Government took the very unusual step of legally indemnifying the manufacturers from being sued in Court for any harm or injury arising from the vaccines. This means that should any harm or personal injury arise after having the vaccine, the patients' civil litigation claim, including negligence, will in effect be against government rather than the manufacturer.

In simple terms it appears that governments have said to manufacturers that there is a global pandemic and we need to get something out to the population so don't worry about being sued if harm or complications arise, we will cover you for the risk.

For example, the UK Government indemnified Pfizer in December 2020 under Regulation 345 of the Human Medicines Regulations of 2012. This special legal protection means that the pharmaceutical company cannot be sued for any damage that arises through use of the vaccine in accordance with its recommended use. An individual could claim against the government under the Vaccine Damage Payment Scheme but payment is capped at £120,000.00.

Could this insistence by the manufacturers on an indemnity be interpreted as a strong indication that such pharmaceutical companies were not completely satisfied that their products were safe?

20. Given that all of the Covid vaccines are in a sense experimental treatments, have you properly considered the Nuremberg Code? This is a set of research ethics covering medical experiments on humans. It arose from the Nuremberg trials in 1945 at which members of the Nazi party were tried for war crimes committed during World War Two.
21. In the trial of *Brandt*, German physicians were prosecuted for carrying out inhuman experiments in concentration camps. The unethical experiments included sterilisation research carried out by Karl Clauberg and experiments by Dr Joseph Mengele at Auschwitz on twins.

All such medical experiments were very obviously conducted without the consent of the patient prisoners.

In response to such utter barbarity, the Nuremberg Code sets out 10 principles which must be followed by those carrying out permissible medical experiments.

The First Principle of the Nuremberg Code 1947 states as follows:-

*"The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element*



*of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.*

*The duty and responsibility of ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity”.*

In light of such Principle, are you satisfied, with regard to the present Covid vaccination programme, that you have properly fulfilled your personal duties and responsibilities with regard to the quality of the information given to persons and the specific issue of informed patient consent?

22. Similarly, the Council of Europe Convention on Human Rights and Biomedicine ([The Oviedo Convention 1997](#)) sets out a framework of patients’ rights with regard to biomedical research, genetics and transplantation.

The Convention (which takes its name from the Spanish city of Oviedo) is based on the fundamental connection between human rights and biomedicine and gives primacy to the dignity of human beings.

Article 5 of the Convention states, *“An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and the nature of the intervention as well as its consequences and risks”.*

Do you consider that the failure to provide proper and adequate information (such as the use of a virus from chimpanzees and the use of cloned human cells) in the patient Invitation Letter and Information Leaflet, breaches Article 5 of the Oviedo convention?

23. As previously stated, the active ingredient of the AstraZeneca vaccine is a genetically modified chimpanzee cold virus. Given that such virus enters the recipients human cells do you therefore consider that there is potential for those who have been vaccinated with the AstraZeneca Covid vaccine and who subsequently have children, for the DNA of such **descendants** to have modified DNA?

24. In this regard, we refer you to Article 13 of the Oviedo Convention which states, *"An intervention seeking to modify the human genome may only be undertaken for preventative, diagnostic or therapeutic purposes and only if its aim is not to introduce any modification in the genome of any descendants"*.

In light of the matters raised above, do you consider that administering the AstraZeneca vaccine potentially risks violating Article 13?

25. Additionally, the Declaration of Helsinki 1964, sets out ethical principles regarding human experimentation which although not legally binding, are regarded as morally binding on physicians.

The Declaration recognizes the increased vulnerability of those **not** capable of giving consent, which places extra responsibility on those giving consent in the subject's best interests.

In this regard, we are aware that the Isle of Man Health Minister Mr Ashford, has stated on a number of occasions that there have been examples of adults with mental incapacity being brought to vaccination centres by family members who have purported to give consent.

The Minister has stated that family members cannot give the necessary consent and that written consent from a GP is necessary.

Do you therefore agree that this places increased responsibility on the GP to satisfy him or herself as to the contents, safety and efficiency of the vaccine which is to be administered to those incapable of giving consent themselves?

26. We also note the very recent New Zealand Court Judgment dated 18<sup>th</sup> May 2021 in the case of **NKTI Medical Action Society v Minister of Health**, in which New Zealand High Court Judge Ellis ruled, on a technicality (legally provisional consent for a new medicine will only be given where the medicine will be used to treat a limited number of participants, not all New Zealanders)) that the New Zealand Government's approval of the Pfizer vaccine was unlawful and urged the Government to reconsider the lawfulness of the provisional consent granted for such vaccine.

Significantly, the Court case had been backed by an Open letter signed by a group of New Zealand doctors expressing their concern about the safety of the vaccine, stating, *"Forcing patients and workers to receive drugs, medicines, or vaccines that are still in the trial phase would constitute a significant medical precedent, which would run counter to all international codes of medical ethics from the 1947 Nuremburg Code and the Declaration of Helsinki"*.

Do you regard such letter from 43 experienced medical practitioners as highly significant?

## Schoolchildren

27. The specific issue of the vaccination of children is the single most concerning matter to those who have contacted us. There are approximately 12,100 persons under the age of 18 on the Isle of Man.

Although many schoolchildren have tested positive for Covid-19 both in the United Kingdom and the Isle of Man, there have been very few hospitalisations and indeed Professor Chris Whitty, the Chief Medical Officer for England, has described the risk of serious illness and death to schoolchildren from Covid-19 as being tiny.

In this regard, we are aware of a YouTube interview given by Mr **Mike Yeadon** on 5<sup>th</sup> April 2021. Mr Yeadon worked at Pfizer from 1995 to 2011 and rose to be Head of Respiratory Research at the company.

Given that the Isle of Man and the UK Governments are now offering Pfizer Covid vaccines to their respective populations, Mr Yeadon is clearly a voice worth listening to.

Mr Yeadon stated that he would not have recommended the current Covid vaccines to anyone not in the 'at risk' groups and that because proper, rigorous and sufficient safety studies have not been done on children, "*You will be subjecting your children to human experimentation and you will be as bad as the Nazi doctors*".

These are clearly very strong words, but coming from a former Vice President of Pfizer, do you understand the genuine concerns that parents have for their most precious loved ones?

28. Despite the above, we note your indication that there is an expectation by the Isle of Man Government that all schoolchildren (**aged 4 – 16**) will be offered vaccination for Covid-19 in due course, following regulatory approval of the vaccines.

We understand that clinical trials have been taking place over the last few months to test the Pfizer, Moderna and AstraZeneca vaccines in children.

For example, several months ago Pfizer enrolled 2,260 children in the United States aged 11 – 15 to test its vaccine and on Thursday 13<sup>th</sup> May 2021 clinical approval was received in the US, following which 11 – 15 year olds have begun receiving the Pfizer vaccine. Similarly, the Canadian Province of Alberta has recently begun to vaccinate 12 – 15 year olds with the Pfizer vaccine.

In the UK, AstraZeneca is presently running a trial, led by Professor Andrew Pollard, where its vaccine is being tested on 330 children aged 6 – 16, with 240 of the participants receiving the Covid vaccine, the rest a control.

Do you have any concerns that the number of children being used in such trial tests is far too small to be reliable?

29. Do you have any concerns that such trials on children were rushed and did not pass through the usual long term clinical safety trial phases?
30. Will the size of the dosage given to children be the same as to adults?
31. Will the schedule/time period between first and second doses be the same as for adults?
32. Are you aware that Pfizer researchers have indicated that the participants in the trial on 11 – 15 year olds will be followed for up to two years i.e. until **2023** in order to understand the long-term safety implications of the vaccine?
33. Given the extremely low risk of harm to children from Covid-19, is the rationale behind the vaccination of schoolchildren solely the belief that it will help suppress the transmission of Covid-19 to adults?
34. The Government has repeatedly stated that the Covid vaccines are up to 90% effective. If the vaccines are so effective and given that 95% of over 70 year olds have already been vaccinated, logically why do schoolchildren need to be vaccinated in order to protect such already vaccinated older persons?
35. It is an accepted fact that a vaccinated person can still carry the Covid virus. Additionally, research by Public Health England in April 2021 found that immunisation with either the Pfizer or AstraZeneca vaccine reduced the chance of overall transmission by only 40 – 50%. This means that there is still a substantial risk of spreading even by those who are vaccinated. If vaccination does not substantially reduce or eliminate the risk of spreading, does this not make the proposed vaccination of schoolchildren a pointless exercise?
36. Are you aware of any other vaccine in the history of medicine which has been given to children in order to protect another group of persons rather than to protect the children receiving the vaccine?
37. If vaccination of schoolchildren is rolled out across the Island's schools, will unvaccinated children be excluded from attending state schools, and if so on what legal basis?

38. In relation to the issue of consent, will the wishes of the child be properly taken into account? In this regard, we note that Article 6 of the Oviedo Convention states that, "*The opinion of the minor shall be taken into consideration as an increasingly determining factor in proportion to his or her age and degree of maturity*". For example, if a 15 year old girl does not wish to be vaccinated but her parents do wish her to have the vaccine, whose decision will prevail?

### **First Vaccinations**

39. We are aware that the Manx government paused its vaccination programme on 31<sup>st</sup> May 2021 with no vaccines to be administered (save in exceptional cases) for the next fortnight i.e. until 14<sup>th</sup> June 2021.

The adult population (those aged over 18) of the Isle of Man is 72,484 (out of an overall population of 84,584).

As at 31<sup>st</sup> May 2021, a total of 61,315 persons over the age of 18 on the Isle of Man have received a first dose of any Covid vaccine; this equates to 84.5% of the overall adult population.

This in turn means that 11,169 adults have not yet had any Covid vaccine.

The percentage of such first doses with the AstraZeneca vaccine was 62.69%.

What percentage of 18 – 30 year olds have received a first dose of any vaccine?

40. Do you have the gender breakdown in relation to such 18 – 30 year old group e.g. the percentage of females aged 18 – 30 who have received a first dose?

### **Second Vaccinations**

41. As at 31<sup>st</sup> May 2021, a total of 28,402 persons over the age of 18 have received both doses of any Covid vaccine on the Isle of Man. This equates to 35% of the adult population.

This in turn means that 32,913 adults are waiting for their second dose.

We are aware of current research on those who have received their first dose of one vaccine and a second dose of a different vaccine. Are you concerned about the overall effect on the body of combining different vaccines?

42. On 7<sup>th</sup> May 2021 during a Manx Radio interview, the Health Minister Mr Ashford stated that it will have been a "*waste of time*", if recipients of the first dose do not come forward for their second dose. Do you agree?

43. Mr Ashford also stated that after all persons have been offered both doses of a Covid vaccine (by approximately end of July 2021), GP surgeries will be directly contacting by telephone all persons who have not thus far come forward to receive a vaccine and asking why not.

Given that vaccination is not compulsory does not such intrusive personal communication amount to nothing less than **coercion**?

44. Is this not entirely a matter within the realm of sovereign personal and individual choice?

### **Booster Jabs**

41. We are aware that on Wednesday 19<sup>th</sup> May 2021 the UK Health Secretary Mr Matt Hancock announced that seven Covid-19 vaccines would be tested to provide data on the impact of a booster dose in protecting persons from Covid. 2,886 people aged over 30 will test the Pfizer vaccine alongside those from AstraZeneca, Moderna, Novavax, Jansen, Valneva and Curevax. The results of such £19.3 million clinical trial will guide the Government as to whether people should be boosted with a third dose and if so, which vaccine should be used this coming Autumn/Winter.

Do you have any concerns about the speed of such trial and the very low number of persons involved?

42. Will persons on the Isle of Man who have already received both doses of a Covid vaccine be recommended to also receive the seasonal flu vaccine as well as any Covid booster jab and if so, at what interval apart?
43. Will the Covid booster jab only be offered to the over 50's, as is the case each year with the Flu jab?
44. Given that only the current vaccines are being used in the booster trial referred to above, do you have concerns that a booster jab will be ineffective against any new variants of Covid-19 which have arisen since the manufacture of such existing vaccines?
45. We are aware of a research report carried about by Mr Herve Seligmann dated 8<sup>th</sup> May 2021 in relation to the Pfizer vaccination programme in Israel. Such report suggests that a Covid vaccination can potentially suppress the immune system making the recipient *more* susceptible to infection from new Covid variants than a person that has not been vaccinated at all. Do you agree with such conclusion?

## Financial Cost

46. We understand that cost of the AstraZeneca vaccine to the UK Government is approximately £2.17 per dose, with the Pfizer vaccine costing approximately £15.00 per dose.

How much does each respective vaccine cost the Isle of Man Government per dose?

47. What is the overall cost of setting up and running the Covid vaccination centres on the Island (Airport and Chester Street)?
48. What is the total cost to the Isle of Man Government (payments to testing laboratories) of **Covid testing** to date?
49. Approximately 62% of the Covid vaccines which have been administered on the Isle of Man to date have been the AstraZeneca vaccine. Is the AstraZeneca vaccine being used much more than the Pfizer vaccine because the Pfizer jab is 6 times more expensive?
50. The Isle of Man Treasury Minister Mr A. Cannan stated in May 2021 that the financial cost of the Covid pandemic to the Manx Government is estimated to be between £200 - £250 million pounds. This is made up of Government payments such as via the furlough schemes (e.g. salary support and MERA) and also a reduction in revenue such as from Income Tax. In addition, Mr Cannan announced yesterday that the Manx Government is proposing to borrow £400 million pounds, partially as a result of liquidity issues caused by pandemic expenditure.

Do you regard the potentially ruinous financial loss caused by government lockdown measures as justifiable?

51. In this regard we refer you to the **Great Barrington Declaration**

This is a statement authored by Professor Sunetra Gupta of Oxford University, Jay Bhattacharya of Stanford University and Professor Martin Kulldorff of Harvard University. It derives its name from the town of Great Barrington, Massachusetts, United States where the Declaration was signed on 4<sup>th</sup> October 2020.

The Declaration advocates a different strategy than the severe lockdowns implemented by many governments. The alternative and more proportionate approach would be to shield the elderly and medically vulnerable whilst allowing all other persons to resume their normal lives, with no closure of schools, workplaces, restaurants etc. This approach of Focused Protection advocates a strategy that minimizes mortality until herd immunity is reached. The Declaration specifically refers to the collateral damage caused by lock down policies.

The Declaration has subsequently been signed, as at 28<sup>th</sup> May 2021, by 14,178 scientists and 43,117 medical practitioners around the world.

One of the signatories is Professor Michael Levitt of Stanford University, joint winner of the Noble Prize for Chemistry in 2013, who has said, "*Lockdowns have caused a great deal of collateral damage and may not have been needed*".

The number of signatories clearly indicates that a great number of experts and clinical practitioners have serious concerns about the approach adopted by many governments.

Do you agree that the opinions of such professionals ought to be respected and publicly considered and that there is in fact a broad spectrum of reputable scientific views on Covid which may challenge the thinking of government health officials such as yourself?

52. For example, Sweden did not impose a strict lock down last year. Schools, shops and restaurants were allowed to remain open with "light touch" measures imposed in society rather than authoritarian restrictions.

In the UK, examples of the indirect havoc caused by Government lock down measures include the following:-

- i. Delayed cancer diagnosis and treatment. The Lancet medical journal on 1<sup>st</sup> April 2021 estimated cancer referrals in the UK had fallen by 350,000 due to interruptions in screening and delays in scans and diagnosis.
- ii. Alcohol abuse. The British Liver Trust reported a 500% rise in calls to its helpline.
- iii. Interruption to schooling. The devastating and long lasting impact of school closures on children has been highlighted by OFSTED and put succinctly by Professor Russell Viner, President of the Royal College of Paediatricians and Children's Health who said in January 2021, "*When we close schools we close lives*". The UK Government has also recently announced £1.4 billion of extra funding in respect of catch-up plans for pupils in England (after the Education Policy Institute estimated that primary pupils for example had lost 3 months of learning in maths during the pandemic).
- iv. Domestic violence. MSI Reproductive Choices reported a 33% rise in domestic violence during lock down.
- v. Surgery. ITV reported that as at May 2021, 388,000 people were waiting for more than 1 year for non-urgent surgery, up from only 1,600 before the pandemic.
- vi. Mental Health. Research by the University of Glasgow (led by Professor Rory O'Connor) published in the British Journal of Psychiatry in October 2020 found that lock down had a major impact on mental health with significant rises in



anxiety, loneliness, depression and self-harm across age groups in the population.

- vii. Economy. As at 31<sup>st</sup> March 2021, approximately 4.2 million private sector workers in the UK were still being paid under the Government furlough scheme. A report by PWC accountants in March 2021 showed that 17,532 retail shop outlets had permanently closed in the last year. In addition, a study by business advisory firm Alix Partners found 5975 licensed premises (including restaurants, pubs and hotels) perished in the same period.
- viii. On 31<sup>st</sup> May 2021, the Joseph Rowntree Foundation published results of a survey which indicated that approximately 400,000 renters were now facing eviction.

Do you regard such far reaching consequences as justified and acceptable?

## **Treatment**

53. Covid-19 is a respiratory illness and a form of Coronavirus just as is the common cold and seasonal flu.

The average age of a person dying from Covid in the UK is 82.

Interestingly, the average life expectancy for a male in the UK is **80**.

According to Government, those over 70 years old and/or with underlying health issues are generally the persons most at significant risk of hospitalisation from Covid.

For those persons outside of this category, most who test positive will either exhibit no symptoms at all or experience only mild symptoms with low risk of hospitalisation.

Do you agree with the fundamental point that such healthy persons do not therefore need to be vaccinated?

54. The Government has placed great emphasis on testing and isolation but there has been very little mention of treatment. Why is this the case?
55. It appears that the advice on treatment at home is simply to rest, drink plenty of fluids and take paracetamol if feeling uncomfortable.

With regard to professional outpatient treatment of Covid patients, are you aware of the work of Dr Peter McCullough?

56. Dr McCullough is a Professor and Vice Chief of Internal Medicine at Baylor University, Dallas, Texas.

On 19<sup>th</sup> November 2020, Dr McCullough gave testimony to the US Senate on early outpatient treatment.

His Early Treatment Protocol for Covid patients includes a multi-drug anti-viral therapy including vitamin C, vitamin D, Zinc and Quercetin (a plant extract). Dr McCullough estimated that over 50% of Covid related deaths in the US could have been avoided if such protocol had been used. The protocol was subsequently endorsed by the American Organisation of Physicians and Surgeons.

Do you consider adopting such protocol could have avoided any of the 29 deaths reported to date on the Isle of Man?

57. Similarly, the Spanish region of *Andalusia* has been distributing a vitamin D supplement to care home residents since last December. Deaths from Covid in Andalusia are reported to have dropped by up to 82% since such date. This issue was brought to the attention of the UK Prime Minister Boris Johnson in February 2021 during PM Questions in the House of Commons and the Prime Minister indicated that the issue was being actively considered by Public Health England. Is this something that the Manx authorities should also be considering?

## **Prevention**

58. The Government's approach has centred on lockdown restrictions, testing and isolation for those testing positive for Covid-19.

There appears to have been very little official advice on robust health as prevention. For example, you have participated in dozens of Government media briefings over the last year but how many times have you mentioned preventative health measures?

59. Given that Covid-19 is a respiratory illness which is also linked to lifestyle risk factors such as obesity, smoking, poor nutrition and stress, do you not consider that the Manx Government has missed a golden opportunity to promote healthy living as a preventative measure not just against Covid but also as a preventative measure against a range of illnesses such as diabetes, heart disease and dementia?
60. For example, on 4<sup>th</sup> March 2021 the UK Government announced a £100 million fund to support people in achieving a healthier weight. In view of the established link between excess weight and Covid-19 severity, the UK Government wishes to promote good diet, physical activity and behaviour change in adults.

Why has the Manx Government not similarly capitalised on such opportune moment?

61. As the Director of Public Health should your top priority be the promotion of good physical health and positive mental well-being rather than focusing on the consequences of disease?
62. We are aware of a Toxicology Report paper authored by Israeli physician Yehuda Shoenfeld and others in which it was stated, "The only real protection against a future Covid-19 pandemic or any other viral pandemic/outbreak is the one that was demonstrated to work in the SARS, MERS and Covid-19 pandemics/outbreaks: a healthy immune system capable of neutralizing incoming viruses as nature intended". Do you agree?
63. Do you further agree that much of the human immune system is in the gastro intestinal tract and that a healthy gut is important for a healthy immune system which in turn is necessary to fight off respiratory illnesses such as Covid?
64. Do you agree that fear weakens a person's immune system, by increasing the risk of becoming ill?
65. In this regard, you will be aware that Hippocrates, traditionally referred to as the Father of Medicine, is attributed the quote, "*Let food be your medicine and medicine be your food*".

Do you consider that much better education should have been given to the public in respect of the benefits of a healthy lifestyle such as drinking a sufficient amount of water, taking daily outdoor exercise and moderate amounts of sunshine, eating more fruit and vegetables, wholegrains and nuts, oily fish and fermented foods whilst at the same time reducing the consumption of alcohol, salt, refined sugar, red meat, processed food and stopping smoking?

## **Travel**

66. One of the assertions previously put forward by the Island's Chief Minister Mr Quayle was that proof of vaccination (a "vaccine passport") would become an inevitable requirement for all international travel. We now know that this is inaccurate.

For example, the UK Government has introduced a "traffic light" policy for international travel operative from Monday 17<sup>th</sup> May 2021.

For countries on the Red list (e.g. Turkey) only British and Irish citizens are allowed entry into the UK and such travellers have to quarantine in a Government approved hotel for 10 days at a cost of £1,750.00 per person.

For countries on the Amber list (e.g. Italy), tourist travel is not recommended and any person arriving in the UK from such countries has to quarantine at home for 10 days and take a PCR test on day 2 and day 8 after arriving in the UK (in addition to a PCR test taken 2 days prior to leaving the UK).

For countries on the Green list (e.g. as at 2<sup>nd</sup> June 2021, Portugal), tourist travellers can visit but must provide a negative PCR test result two days before travel, take a lateral flow test two days prior to return and a PCR test two days after returning to the UK. This regime applies equally to all travellers, even to those who have been vaccinated for Covid-19.

In other words, even those who have been vaccinated still have to undergo the 3 tests.

The PCR test costs at least £60.00 each and the lateral flow test approximately £30.00. The cost of such tests must be paid for by the traveller. This means the 3 tests could currently cost approximately £600.00 for a family of four.

For example, those tourists who have flown to Portugal since 17<sup>th</sup> May 2021 have had to take a PCR test two days before departure, carry with them a lateral flow test kit for use two days before returning home and will have to take another PCR test two days upon arriving back in the UK. Vaccination was and is not a requirement for entry into Portugal. Nor is vaccination a requirement for flying with EasyJet, Ryanair or BA.

Significantly, the Spanish Government announced on Friday 21<sup>st</sup> May 2021 that all UK residents will be welcome to enter Spain as from 24<sup>th</sup> May 2021, whether they have been vaccinated or not. This is clearly very important given that Spain is the most popular holiday destination for British people.

The Spanish Prime Minister Pedro Sanchez said, "*Spain will delighted, very delighted to welcome all British tourists. They are welcome to our country without restrictions and without health requirements*".

Moreover, the EU announced on 20<sup>th</sup> May 2021 that a "Covid Certificate" is to be introduced from 1<sup>st</sup> July 2021 which will allow entry to the EU and travel within the 27 EU states.

The Covid Certificate will cover proof of a negative Covid test or proof of recovery from Covid (presence of antibodies) or proof of vaccination.

The Covid Certificate will not therefore be a "vaccine passport" because Covid vaccination will not be a pre-requisite for travel to/within the EU by UK residents.

The aim of the certificate is to build a gateway for free movement without discrimination against those who are not vaccinated.

Whilst it is acknowledged that some countries (e.g. the Bahamas) and some travel companies (e.g. SAGA) are in fact currently insisting on proof of vaccination, it appears that most countries and carriers are not.

Obviously individual countries may unilaterally bring in controls, such as the border restrictions recently introduced by Germany (in response to the emergence of the Delta Covid variant) whereby UK citizens (vaccinated or not) are only currently allowed entry into Germany for an essential reason and have to quarantine for 14 days on arrival.

With regard to the European Union generally, you will be aware of the guiding principles of the Union namely the Four Freedoms of movement of persons, goods, services and capital, without discrimination.

Would you therefore agree that those persons who were told by Government officials that vaccination would be obligatory for all international travel and who agreed to be vaccinated on such basis, have been seriously mised and have a right to feel aggrieved?

## **Antibodies**

67. It appears to be an accepted fact that a person who has contracted Covid develops natural antibodies. Equally, a person who has had a Covid vaccine develops antibodies. However, there appears to be an immunological difference between naturally developed antibodies and artificially developed antibodies as a result of vaccination.

How long does each sort of antibody last?

68. Do naturally developed antibodies last longer than the antibodies developed artificially after vaccination?

69. Which do you consider to be more effective at preventing re-infection from Covid-19, having natural antibodies or having antibodies as a result of vaccination?

70. Isn't it the case that it is wholly unnecessary for a person who has recovered from Covid (and therefore developed natural antibodies), to be vaccinated?

71. Why therefore does the Government continue to recommend that a person who has had Covid-19 and therefore has developed natural immunity, should still be vaccinated?

72. Similarly, if the EU is intending to safely allow entry for persons who prove they have Covid antibodies, doesn't this contradict the UK Government's advice that such persons still need to be vaccinated?
73. Are you aware from Manx Government statistics of the number of persons who have been vaccinated but have subsequently contracted Covid-19?
74. Are you aware from Manx Government statistics of the number of unvaccinated persons with antibodies but have subsequently contracted Covid?

### **Public Health Debate**

75. Some of those who have contacted us are perturbed about the dire quality of public debate and the sinister curbs on freedom of expression concerning Covid-19 issues.

The disquiet expressed has centred around the fear and alarm engendered by public health messaging, the lack of candour and openness in the information provided by Government and the social ostracism faced by those with beliefs which differ from the State narrative.

Plainly, there is a very strong public interest consideration in establishing the truth about Covid vaccination issues.

*Misinformation* is defined as false, inaccurate or misleading information, the principle effect of which is to illicit fear and suspicion among a population.

*Disinformation* is defined as false or misleading information that is spread deliberately to deceive.

We note that the UK Government Cabinet Office has established a "*Rapid Response Unit*", to tackle Covid misinformation and disinformation.

There is also the **Behavioural Insights Team**. This is a company, which is in partnership with the UK Cabinet Office and works to apply behavioural and psychological insights to inform public policy. One recent example being the use of focus groups to refine vaccine messaging to the public, such as choosing to use the promotion slogan, "*Helping Loved Ones*". We also note that the UK Government even resorted last August to paying 43 social media influencers such as former Love Island contestant Shaughna Phillips, to promote the NHS Test and Trace Service via Instagram posts.

One of our client's has observed that the **BBC's** editorial standards includes the following at S.4.1 of its Editorial Guidelines, "*The BBC is committed to achieving due impartiality in all its output. Due impartiality usually involves more than a*

*simple matter of balance between opposing viewpoints. We must be inclusive, considering the broad prospective and ensuring that the existence of a range of views is appropriately reflected”.*

Regrettably, it appears that mere lip service is given to such laudable principles with the reality being that an intolerant no platform/or cancel culture policy is in place for any dissenting voices, even to the ridiculous extent of having Covid vaccine supporting doctors attempting to explain why some people might be vaccine hesitant, instead of letting such persons speak for themselves and engaging in mature adult discourse. Additionally, we note that the BBC has gone as far as appointing a specialist disinformation reporter (Marianne Spring), paid for by TV licence holders.

In such circumstances, there is clearly something of an Orwellian propaganda war raging in which the Government is actively promoting its own narrow agenda whilst at the same time demonising and censoring views which are deemed unhelpful, even to the point of requesting social media companies such Facebook and YouTube to police and in some cases completely remove content.

In this regard, we note the provocative comments of Isle of Man Health Minister Mr Ashford on 30<sup>th</sup> May 2021 in which he declared that, *“Many countries are going down the route of vaccine certificates for travel and also for entering events”.*

We have already highlighted the fact that this is not correct with regard to Spain or indeed with regard to the new EU Covid Certificate, which will allow travel to/within the EU without proof of vaccine. We also note the UK Government’s Events Research Programme, which has piloted safety restrictions and precautions (such as Covid testing prior to entry) at events such as the BRIT Awards and FA Cup Final. Significantly, such Government scheme specifically states, *“There will be no requirement for participants to show proof of vaccine”.*

Accordingly, do you regard Mr Ashford’s comments as a crude attempt at scaremongering or simply ignorance of the true facts?

76. In this respect, we refer to Lord Jonathon Sumption, former Judge of the UK Supreme Court, who has commented extensively on the Government’s approach to the pandemic. Delivering the Cambridge Freshfields Annual Law Lecture on 27<sup>th</sup> October 2020 he stated that, *“History will look back on the measures taken to contain it (the pandemic) as a monument of collective hysteria and government folly”.* Lord Sumption continued by stating, *“So, I regret to say, is the propaganda by which the government has to some extent been able to create its own public opinion. Fear was deliberately stoked up by the government; the language of impending doom; the daily press conferences; the alarmist projections of the mathematical modellers; the manipulative use of selected statistics; the presentation of exceptional tragedies as if they were the normal effects of Covid-*

*19; above all the attempt to suggest that Covid-19 was an indiscriminate killer, when the truth was that it killed identifiable groups, notably those with serious underlying conditions and the old, who could and arguably should have been sheltered without coercing the entire population". Do you agree with any of those comments from such a distinguished and world renowned Justice?*

## **Healthcare Workers & Allied Professionals**

77. As you will be aware, on 14<sup>th</sup> April 2021 the UK Government launched a five week consultation on the issue of whether care staff working with older adult residents should be subject to a mandatory Covid inoculation.

SAGE has advised that at least 80% of staff and 90% of residents need to be vaccinated to provide a minimum level of protection against outbreaks of Covid-19. However, in 27 English local authority areas the staff vaccination rate is currently below 70%.

The consultation proposes that a vaccine requirement could extend beyond staff directly employed by the care home provider to those employed by an agency, volunteers in the care home, those undertaking ancillary roles such as cleaners and kitchen staff and even to those who provide ad-hoc personal care such as visiting hairdressers and faith leaders.

The Chief Medical Officer of England has stated that it is a professional duty of care for care home staff to accept the vaccine unless there is a medical reason they should not.

Do you consider that care staff working with older adult residents should be subject to mandatory Covid vaccination?

78. Is the Manx Government intending to carry out a similar consultation exercise?
79. The power to introduce mandatory vaccination measures for care staff in England would be under the Social and Healthcare Act 2008, in the context of care homes. The imposition of compulsory vaccination beyond the context of care homes would not be currently permitted by law.

Is it your understanding that the Isle of Man has a similar statutory provision?

80. Does the Isle of Man Government have any plans to introduce an Act of Tynwald to allow for the compulsory vaccination of care home staff or any other employees?
81. In considering the issue of potential compulsory vaccination of care staff and others, have you and/or will you properly take into account such persons Article 8



(right to respect for private and family life) and Article 9 (right to freedom of thought, conscience and religion) European Convention on Human Rights?

82. Do you regard the threat of such obligatory vaccination as a form of work place bullying?

### **Yellow Cards**

83. When we wrote to you on 21<sup>st</sup> March 2021, we referred to the Yellow Card safety scheme operated by the MHRA for the reporting of suspected adverse reactions (ADR's).

We stated that up to 7<sup>th</sup> March 2021 the MHRA had received 61,304 UK reports of suspected ADR's to the AstraZeneca vaccine and 35,325.00 UK reports of ADR's to the Pfizer vaccine.

The updated totals on the UK Government Covid website as at 19<sup>th</sup> May 2021 are that the MHRA received 182,751 UK reports of suspected ADR's to the AstraZeneca vaccine and 61,553 UK reports of suspected ADR's to the Pfizer vaccine.

That is a combined total of 244,304 ADR's to date. However, it should be noted that this figure is only the officially reported figure of adverse reactions and may only be the tip of the iceberg.

Behind every one of those statistics is a human being struggling with reported reactions ranging from minor nausea and tiredness through to tinnitus, lymphatic system disorders, stroke, blood clotting and cardiac arrest.

Clearly, the ADR's in relation to the AstraZeneca vaccine have nearly trebled in less than two months.

These shocking statistics reveal that the total number of deaths within 28 days of a positive Covid test in the UK (127,782 as at 31<sup>st</sup> May 2021) is far surpassed by the total number of adverse reactions to Covid vaccination (244,304). We also make the obvious point in passing that such very broad definition of death with Covid will catch many persons whose principle cause of death will have been from another coexisting illness or injury rather than from Covid.

Presumably, the Yellow Card monitoring body can provide a regional breakdown from its computer database in relation to the ADR's from each UK country and also the Crown Dependencies.

Why can you not therefore request data on the number of Yellow Card ADR's specifically arising from Isle of Man residents?

## Deaths

84. As at 31<sup>st</sup> May 2021, according to the UK Government Covid website there had been a total of 1,188 Yellow Card reports (806 after receiving the AstraZeneca vaccine and 382 after receiving the Pfizer vaccine) where the patient had died in the UK "shortly after" vaccination. However, in all these cases the Government has stressed that there is no scientific evidence of any causal relationship between receiving the vaccine and death.

Do you really believe that all of these deaths were entirely *coincidental* to being vaccinated?

## Summary

It appears to us that many of the questions raised above ought to have been previously addressed in the public information provided to Covid vaccination recipients. In other words, if the Government had been open and transparent we would not have had to communicate with you.

For the avoidance of doubt, the concerns raised in this letter relate exclusively to Covid-19 vaccination. No concerns have been raised regarding any other vaccines.

As stated above, it is the proposed Covid vaccination of 4-15 year olds which is the single most concerning issue to those parents who have contacted us. In this regard, we refer again to the comments of Mr Mike Yeadon, former Vice President of Pfizer, who stated, "*Whatever you do, don't let anyone come near your children with any of those damn things*".

The questions we raise *on behalf* of those who have contacted us are perfectly reasonable enquiries made by those acutely concerned about the **necessity, safety** and **ethics** of Covid-19 vaccination.

Please may we receive a response from you no later than Friday 25<sup>th</sup> June 2021.

Thank you for your assistance.

Yours sincerely

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