

Vaccines harm and compensation

On Friday Parliament debated the issues surrounding vaccines and in particular the various covid vaccines. Christopher Chope produced a private members bill to improve payments to anyone badly affected by vaccine. The Minister reminded the House that anyone can claim a one off £120,000 payment if they have proof of disability and harm from taking an NHS vaccine. This applies to any vaccine including one against covid. The government added the anti covid treatments to the list of those items covered. The Minister explained that the one off payment does not exclude benefit payments for disability and sickness which may be necessary for anyone badly affected by a vaccine as well as by other more usual causes of disability and ill health. The one off payment is not compensation. The Minister argued that such incidence was unusual for covid and for other approved vaccines. It is unlikely the Bill will pass as it seems that the government and the Opposition disagree with it, thinking current arrangements to make payments are sufficient subject to admin improvements to ensure prompt payment.

The Adjournment debate is a half hour debate at the end of the day's business when a single member can be allotted the time to make a case they think important and hear a Minister's reply. Andrew Bridgen secured this slot to point out that there were too many excess deaths continuing in the UK and to argue these were related to the covid vaccination of most people.

The Minister drawing on her NHS medical advice agreed that excess deaths were continuing at higher levels than before covid, but denied this resulted from the vaccinations. She argued that because 93.6% of the population had been vaccinated it was true most people dying were those who had the vaccine. It did not prove or mean the vaccine caused those deaths. Nor did she detect a lower death rate amongst the minority who had not been vaccinated. She said there was some inconclusive evidence that non vaccinated people suffered a higher death rate than vaccinated. She argued that there were a variety of causes of continuing excess deaths, including the backlog of treatments, bad outbreaks of flu, and a range of other killers running higher.

Work on the sudden death of young people from blood clots we are told has revealed a small number of cases brought on by vaccines, but we are told more people die of blood clots from contracting covid. The Opposition supported the government in the debate of the Chope Bill and made clear their belief in the efficacy and success of the vaccines administered by the NHS.

I set this out as I know some constituents and readers are concerned about these matters. I have no medical knowledge or evidence to challenge the NHS/Ministerial view that these vaccines like all such treatments adversely affected a small number of people per million injected but are not the main cause of the current continuing spate of excess deaths. I offer people the chance to debate this further but will not publish contributions that potentially libel the NHS or drug companies based on coincidence or circumstantial evidence with no proof of causation. It was of course open

to people not to take the vaccine if they did not like what was said about possible side effects, or about the balance between possible harms and possible benefits of taking it. The authorities always said there could be some side effects and put in place a reporting system to monitor them. The issue for some Health staff is different if they had to take it. Everyone was aware these vaccines were developed at pace and approved to offer some defence against the virus when understanding of it was evolving.

I followed the debate carefully but did not contribute as I do not have any special knowledge or evidence to present to disagree with the NHS view. The argument that excess deaths today result from the vaccine need to show strong evidence of more excess deaths for the vaccinated than the unvaccinated and to show causes of death are clearly linked to the vaccine impact rather than resulting from higher levels of death from a range of causes from dementia to flu.