

Witness Name: **Kate Scott (on behalf of VIBUK)**
Statement No.:
Exhibits: KS/1 – KS/24
Dated: 26/02/2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF VIBUK by Kate Scott

We, Vaccine Injured Bereaved UK (VIBUK), will say as follows: -

VIBUK: Brief Overview

1. **Vaccine Injured Bereaved UK (VIBUK)** is a UK wide campaign and support group consisting of individuals and families who have either been severely injured or bereaved as a direct result of receiving a Covid19 vaccine.
2. We are grateful to the Chair for her determination that we be granted Core Participant status in Module 4 of the Inquiry. We are also grateful for her recognition in that determination that we are well placed to assist the Inquiry to achieve its aims by representing the collective interests of a broad spectrum of those who have been bereaved or adversely affected following a Covid-19 vaccination.
3. We are campaigning for the Government to reform the Vaccine Damage Payment Scheme (VDPS), part of the Vaccine Damage Payment Act 1979 (VDPA) because it is inadequate and inefficient. We want the Government to reform the VDPS to first improve the **time** it takes to assess and award claims, as the current process is slow and inefficient, which causes additional stress and trauma to victims. Secondly to remove the limited eligibility **criteria** for causation. Thirdly, change the all-or-nothing, 60%

disablement threshold for an award to be made under the scheme, and fourthly, to amend the one size fits all '**award**'/payment of £120,000 and remove the upper limit cap of £120,000. We are also seeking to ensure that there is a clear **care pathway** under the NHS for the vaccine injured, in the same way that long covid clinics now exist.

4. "*Devastating*", "*life changing*" and "*heartbroken*" are just a few of the word's members of our group use to describe the impact that vaccine injury and bereavement has had on them and their families' lives. The impact of the death and injuries caused to us, and our families is truly life changing, with husbands, wives, mothers, fathers, sons, and daughters who have all been killed or severely injured by the Covid-19 Vaccine. Each death or injury also places considerable emotional and practical strain on families, with some family members having to become carers, quit their jobs, lose their homes, rely on food banks and many more dreadful consequences.

5. We are not anti-vaccination but rather pro-fairness: central to our campaign is the notion that providing financial compensation to support those adversely affected by vaccination is, in our view, the fair, moral and equitable thing to do. The Government and pharmaceutical companies cannot continue to ignore persistent calls to reform a statute that is no longer fit for purpose. In fact, we would argue that to not address where it has gone wrong, and to not give full support to victims of vaccine injury and their families, will only fuel vaccine hesitancy in the future. This is contrary to the original purpose of the VDPa and contrary to the Government public health responsibility which will likely seek participation in mass population vaccine roll outs in the future.

VIBUK: Who We Represent

6. All families and individuals represented by VIBUK have suffered injuries or bereavement as a direct result of a Covid-19 Vaccination. The primary causes of these injuries and deaths are Vaccine Induced Thrombotic Thrombocytopenia (VITT), Vaccine Induced Vasculitis, Stroke, Cerebral Venous Sinus Thrombosis (CVST) and Guillain-Barré Syndrome (GBS). Survivors are having to cope with the aftereffects of their injuries, including brain damage and physical disablement, whilst the bereaved are struggling to live without their partners, children, or parents. All VIBUK members have confirmation that their injuries were caused by their Covid-19 vaccine.

VIBUK: Overview Of Our Work

7. Our organisation did not exist before the pandemic. We had to create it because of the poor preparedness and planning of the Government for the pandemic and because they completely overlooked vaccine injury and bereavement.
8. We have created our own support group for those injured and bereaved by the Covid-19 vaccine, offering a safe place to talk about our experiences, without judgement. We have a group chat in which people talk daily, offering support and understanding. We also host a video call every 6 weeks, to offer support and work together on campaigning for change.
9. We have been campaigning for the Government to reform the VDPS part of the VDPA 1979. We want to ensure those adversely affected by a Covid-19 vaccine, are appropriately compensated, and supported (medically and emotionally) through the life changes and/or grief this has caused. Reforming the VDPS would help our families, but it would also be a legacy for those who have been severely injured or died because of taking a vaccine we were all told was '*safe and effective*'. VIBUK is campaigning for

something positive to come out of this tragic situation all of us find ourselves in.

Our Hope For The Inquiry

10. We hope that our participation in this inquiry will result in 3 key outcomes: Firstly, to highlight the fact of vaccine injury and bereavement, secondly, to remove the stigma suffered by those who are vaccine injured or bereaved; and thirdly, to compel the Government and Pharmaceutical companies to look again at how to deal with the inconvenient fact of vaccine injury and bereavement and the lives that it has shattered.
11. To support our three main outcomes, we have covered key topics which have impacted our group, all which relate back to our main hopes for the inquiry.

The Need For VDPS Reform

12. The Vaccine Damage Payment Act was introduced in 1979 to recognise that those injured by vaccinations rolled out by the State, constituted a special group to whom the State, and society, owed a particular debt of gratitude. Our loved ones, injured and no longer with us, paid the highest price to do what the Government asked to "*protect the NHS*", our friends and families. The very least the Government could do in these circumstances is to ensure that the VDPA and the VDPS are fit for purpose.
13. The VDPS is not fit for purpose because of the systemic **inadequacies and inefficiencies** which characterise the existing system namely the **time** it takes to assess and award claims, the limited eligibility **criteria** for causation and the all-or-nothing, 60% **disablement threshold**, the limited

'award'/payment of £120,000 and the need for a clear **care pathway** under the NHS for the vaccine injured.

14. Based on our monthly Freedom of Information (FOI) request, as 3rd October 2023, related to Covid-19 vaccines only, there have been **7,544** claims, only **3,519** claimants have been notified of an outcome. **148** claimants have been notified they are entitled to a Vaccine Damage Payment. Of the **148 claims, fewer than five** were Pfizer and Moderna and the remaining claims were AstraZeneca. **55** of the claims where an award outcome has been communicated were made on behalf of someone who has **died**.
15. Therefore, so far **only 2% have been successful** in being awarded the payment, **41.4% have been unsuccessful**, leaving **58.6% still waiting** a decision.
16. Conditions of the 148 claims awarded a vaccine damage payment include: VITT/Cerebral Venous Sinus Thrombosis, Guillain-Barre syndrome (GBS), anaphylaxis, bell's palsy, transverse myelitis , immune thrombocytopenia, myocarditis, pericarditis, myocardial infarction, stroke/Cerebral Vascular Accident (CVA), vaccine-induced vasculitis, critical lower limb ischaemia with rhabdomyolysis, bilateral sequential optic neuropathy, acute allergic reaction, acute sagittal sinus thrombosis, cortical vein thrombosis, multiple blood clots throughout the body, epigastric pain, back pain, bacterial pneumonia, inflammation of lungs, multiple organ failure, subarachnoid haemorrhage, pneumonia, chronic inflammatory demyelinating polyneuropathy, the chronic form of Guillain-Barre syndrome, intracerebral haemorrhage (bleed in the brain), thrombocytopenia, acute hypertension due to non-aneurysmal sub-arachnoid haemorrhage associated vaccine administration, chronic heart disease, swelling and rashes in face, chest and fingers, lost all sensation in upper limbs, loss of

vision, headaches, dizziness, confusion, seizures, blood clot in the brain, brain death, cardiopulmonary thromboembolism, neuromyelitis optica, transverse myelitis, Idiopathic Thrombocytopenic Purpura (ITP) and mental health affected.

17. Members of VIBUK have persistently tried to engage with ministers regarding reforming the VDPA or possibly even creating a bespoke scheme. Only to be met with barriers to such reform. One such example was the reply by Maria Caulfield MP who responded in a letter received by Sheila Ward via her MP *“This is not the right time to implement reform of the VDPS, as it would require processing of all claims to be paused as legislative change would be required and clinical contracts would need to be renegotiated”*. Another reply from Will Quince MP Minister of State *“setting up a distinct compensation scheme for Covid-19 would come with risks of excessive delay and with the potential for errors to creep in.”*
18. We do not feel these are acceptable or rational reasons to not reform a scheme that has so many problems. In our view the Government's decision not to reform the VDPS because it is 'not the right time' is like failing to mend a leak in a pipe because there is too much water running out.

TIME: It Takes To Process, Assess, And Pay Out

19. The Government should have anticipated and planned for an increase in applications to the VDPS.
20. It is not acceptable or feasible for families in severe financial (and emotional) distress to wait over 18 months for the VDPS to process claims, at the current rate of processing it may take over 3 years to process these outstanding claims. To make families and individuals wait that long is contrary to the intended purpose of the scheme which was to provide

financial assistance as quickly as possible, without delay and without a battle.

21. **361** claims were received **more than 12 months ago** and have not yet reached an outcome. Of these **361 claims, 150** claims were received more than **18 months ago** and have not yet reached an outcome.
22. The Covid-19 vaccines were added to the VDPS before the vaccine roll out, however, as far as we are aware, no plans were made or implemented about how the large numbers of claims would be handled by the VDPS or about the need to update a scheme which has had no significant updates since 1979. This has resulted in severe delays and an inhumane lack of support for vaccine injured and bereaved.
23. Maria Caulfield did reply to an email from a member of our group, on 30th January 2023 stating, "*...the delay for those receiving covid vaccines in receiving Vaccine Damage Payments, was simply the fact that these were new vaccines but anyone now making a claim would have a much swifter payment.*" The ongoing delays and backlog illustrate that the time it takes to process a claim is still an issue.
24. A bereaved parent in our group explains that it took a year, various telephone calls, letters and eventually culminating into a Stage 2 complaint, a letter from the Chief Executive Michael Brodie of the NHS complaints department, together with various emails to their MP, to finally receive an outcome, that they were going to be awarded the VDPS Payment. All of this added additional trauma and distress to grieving parents is unacceptable.
25. The time it takes to process is having a detrimental impact on suffering families: Ian's wife, Jane Wrigley, was given the AstraZeneca vaccine on March 16th 2021. Fourteen days later, on 30th March she started to complain

of feeling unwell; this was very unusual for Jane, a teacher at a local school, as she has enjoyed excellent health and led an active lifestyle. Jane was taken to her local hospital via ambulance and then transferred to another hospital. Jane was diagnosed with Cerebral Venous thrombosis and underwent emergency neurosurgery including a craniotomy to evacuate the blood clot. She was diagnosed also with jugular thrombosis, pulmonary embolism, and intracerebral hematoma. Ian was advised to gather their family and get to the hospital as soon as possible and that they should prepare for the worst. Ian explains *“I collected our three children and made the harrowing journey to the hospital, a journey none of us will ever forget. In the early hours of the morning, we were advised that Jane had survived. However, Jane has been left with severe left-side upper and lower limb disability; she can now no longer care for herself and has extremely limited mobility”*.

26. Jane spent many weeks/months as an inpatient at a Centre for Enablement, following a slow and gruelling recovery process. Jane made some improvements following this treatment. In June 2022, Jane underwent a cranioplasty titanium wire mesh plate surgery to rebuild her skull. *“As I’m sure you can appreciate all this has had a devastating impact on Jane, our family, our income, and our future. I have given up work to become her full-time carer. I am trying to plan a future or find a direction as to where we can go from here. We have exhausted all the available assistance from NHS resources; they can offer her no further help – despite the signs of improvement following the care they could give”*.

27. Ian believes *“The VDPS is just a Government tick in the box, it is inadequate and inefficient and has a total lack of compassion and urgency in our opinion, we made our application 17 months ago, and they have now confirmed they’ve received all the medical reports and it’s now in the hands of an independent medical assessment. This is after countless chasing*

phone calls and delays. 5 months on and the clock is still ticking. How can 3 stroke consultants from 3 different Neuro Specialists hospitals, all diagnose VITT due to AZ Covid vaccine, but this department still requires an independent medical assessment?

28. Sheila Ward made a claim to the VDPS 29th June following her husband's death 23rd March 2021, due to complications of a medical vaccine (CVST/VITT). She provided the VDPS with the coroners bundle with reports from the treating medical staff, postmortem, and expert neuropathology report on 31st January 2022. The VDPS still felt it necessary to write for Stephen's medical records from the GP and the hospital he attended on 3rd March 2022. Surely a death certificate should be conclusive proof of the cause of death and be acceptable evidence for the VDPS. Writing out for medical notes creates unnecessary delays and is a waste of resources.
29. **The VDPS Application Form** is outdated, inappropriate for example when bereaved people are completing the form there was not an option for indicating a loved one had died. Nor was there any question particularly relating to a Covid-19 vaccination.
30. The form is **outdated** and clearly did not consider, deaths that occurred from the vaccination. The paper application system and questions are antiquated and inept, we believe there is now an option to complete the form online, but this does not seem to have reduced the time it takes to process applications.
31. **Process issues Data breaches:** multiple members of our group have raised concern about data breaches in relation to the VDPS. For example, one family recount that they sent their highly private and confidential information via Royal Mail tracked delivery, yet, despite having the

reference for this, the VDPS department at that time, said they lost this vital and highly personal and sensitive information.

CRITERIA: Causation And 60% Disablement

32. **243** claims were unsuccessful because, although the claims met the criteria for causation, the independent medical assessor recommended that the vaccine has not caused severe disablement. Under the VDPS, severe disablement means at least 60% disabled, based on Schedule 2 of The Social Security (General Benefit) Regulations 1982.
33. Breakdown by disability level of claims where causation has been accepted, but the threshold for severe disablement has not been met highlights that the 60% disablement criteria is a problem that needs to be addressed. **119 people** have been told the vaccine caused their illness but as they are 'only' **0-19%** disabled, they are not entitled to anything. **88 people** have been told the vaccine caused their illness but as they are 'only' **20%-39%** disabled, they are not entitled to anything and **33 people** are 'only' **40%-59%** disabled so based on the current criteria also not entitled to the VDPS payment.
34. **431** requests for a mandatory reversal have been received. **113** mandatory reversals have been reassessed. Of these, five claimants have been notified they are entitled to a Vaccine Damage Payment and the remaining have been rejected.
35. During a debate in parliament in relation to the Vaccine Damage Payment Scheme: Covid-19, debated on Tuesday 6 September 2022 Maggie Throup stated *"There is no evidence at present that the current level [of disablement] is a significant barrier; in 2019 and 2020 just one claim out of 70 was rejected due to the disability threshold not being met. We will review*

the latest data as covid cases are processed, but at present, evidence does not support lowering the threshold". We believe the data does now show that the 60% disablement criteria is a significant barrier.

36. VIBUK believe the current data now illustrates that the 60% disablement criteria is a significant barrier, so far affecting 240 people who have confirmation the vaccine caused their injury, have life changing illness and disabilities because of it but have been left with no financial support via the VDPS. We would be grateful if the Inquiry could address this specific point to Maggie Throup. What does she make of the current evidence in relation to the disablement criteria?
37. The 60% Disablement Criteria means that even if causation is proved those deemed to be below 60% disabled, they are not entitled to any payment.
38. Claire Hibbs, a VITT sufferer, applied to the VDPS and had to wait 18 months to then be told her claim was rejected on the grounds of not meeting the disability threshold, even though causation was confirmed. Claire said *"This was based on hospital and GP records of which do not hold the full information, I feel a personal assessment needs to be made on a one-to-one basis to be able to assess a person's abilities, GP notes from telephone consultations were used in my case and do not paint the full picture. The findings on the report are extremely detrimental and could have a huge impact on a person's mental health, making a person feel debilitating symptoms are not real, in your head or are exaggerated. The lack of empathy from all involved needs to be addressed as does the organisation, the communication with claimants and the assessment process including the report. The VDPS process has left me feeling very emotional and has driven me to feelings of worthlessness, frustration and furthermore feelings of depression have returned".*

39. Mark Kerry had the AstraZeneca in March 2021 and 13 days later he was admitted to hospital and later diagnosed with CVST/VITT, he spent almost a month in intensive care, some of which he was on a ventilator in a coma. His wife Melanie believes *“My family and I were not shown enough compassion and were not allowed to see Mark till he came home from hospital during some of that time nobody thought Mark was going to make it. We have recently been turned down by VDPS...they accept causation, but Mark doesn't meet the 60% disablement which after everything Mark has been through is ridiculous.”*
40. Regarding the issue of the 60% threshold criteria disability threshold the Minister Maria Caulfield is reported in the minutes of the APPG meeting held on 5th June 2023 to have said *“...if we were to suddenly change it – reduce the 60% threshold, the threshold would have to apply across the board. We would have to amend payments in the past if we dropped the threshold to, e.g., 20%, as everyone has been paid at 60 since initiation of the VDPS”.*
41. We would question this as a reason for failing to make any changes, as recently changes were agreed by Minister Guy Opperman to apply a disregard of the VDPS in instances where someone who is in receipt of a means tested payment. In this instance no provision was made to backdate the legislation so those who have lost their means tested benefit, could only have their benefit reassessed from the date the legislation came into force.

AWARD: Limited To £120,000

42. The Vaccine Damage Payment Act was enacted to provide social security payments to families of damaged children and to restore public trust. Since the Act was aimed at providing payment due to damage to children, it fails

to take account of the impact the loss of earning can have on an individual, or in some circumstance both injured person and partner must give up work.

43. In other countries equivalent schemes assess the value of individual claims on the same basis as other civil claims: We believe that the VDPS should apply the same criteria to the assessment of claim value as in the civil courts, looking at the extent of the injuries, the extent of the financial losses, and the impact on the individual's future.
44. A bereaved parent would like the inquiry to investigate "*How can a one size fits all amount of £120,000 possible represent or equal a human being's worth? There is no amount that can ever be awarded for the death of my son! I cannot begin to imagine, for those who have been severely injured, and their lives irrevocably and undeniably altered with such physical injuries sustained that these people are having to prove that they are 60 per cent or more disabled – trying to comprehend such a fact, again, seems so morally wrong*".

CARE PATHWAY: Ensure Appropriate Medical And Emotional Support Provided

45. Thanks to the incredible work of Professors Scully, Makris and other frontline haematologists who worked tirelessly during the pandemic to treat and care for those affected by VITT, for example, there is now a specific treatment plan for those affected by VITT. However, there remain significant gaps in the provision of counselling, financial guidance and other essential access to support and services for those who are vaccine injured and bereaved. It is for that reason that we have had to unite to form our own group. We have done so at great personal and financial cost without resources and in a vacuum of support. The Government can and must do

more to recognise and assist those who are affected by vaccine injury and bereavement.

46. It is our understanding that it is still unknown why individuals had such severe adverse reactions and what the long-term implications of the conditions are. We hope the inquiry would encourage the Government to invest in research into this, so it can be prevented from happening again and research into the injuries on going health complications.

Other Countries' Schemes

47. Other countries with functioning no-fault vaccination injury payment schemes do not have such high or antiquated 'disablement' eligibility criteria or such low limits on the payment amount.
48. In **New Zealand** applicants must show *'injury beyond normal effects'*; in Finland applicants must show *'loss of functional ability for 14 days'*.
49. In **Norway** those seeking support must show 15% disability or injuries worth more than approximately £100; in France the French scheme responds to *'an injury directly attributable to vaccine'*.
50. In **Australia** the scheme is for those who 'suffer a moderate to severe impact' covers "a clinical condition or administration related injury...most likely as a result of receiving the Covid-19 Vaccine", that involves hospital treatment resulting in at least \$1,000-worth of losses. This is a no-fault scheme, but it has no percentage disablement requirement and a tiered compensation approach.
51. **Canada** compensates for: *"severe, life-threatening or life-altering injury that may require... hospitalization or a prolongation of existing hospitalization,*

and results in persistent or significant disability or incapacity, or where the outcome is a congenital malformation or death.” There is no percentage disablement requirement, payments consist of a mixture of periodic payments and a lump sum payment. Compensation for non-economic losses under this scheme are calculated on an individual basis using tariffs/guidelines to assist with quantification. Loss of earnings are paid under this scheme. They are quantified on an individual basis but with a top cap which is updated annually. There is no minimum claim value.

52. **COVAX** Programme can award up to 12 times the GDP per capita of the claimant’s country. the UK Government are funding better vaccine injury compensation for people in other countries than they are for people in our own.
53. The UK VDPS also compares unfavourably with the US, Germany, and other countries.

VDPS Summary

54. We believe the inquiry should seek to speak to Professor Duncan Fairgrieve KC. He is an expert on Vaccine Damage Payment Schemes internationally and can provide information regarding alternative ways in which the VDPS could be structured.
55. There are so many problems with the VDPS, such as the ones we have highlighted, additional though, the fact that children under two are excluded is offensive, as if a child of 23 months of age has no value. Or the fact that some vaccines that are recommended and given on the NHS such as Hepatitis B are excluded from the scheme. We believe the Government should bring in full tort damages rather than the fixed £120k, so that there

is no need to take proceedings against a pharmaceutical company. They should provide for the scheme to pay legal costs though too or else the incentive to sue the pharmaceutical companies will continue. Surely any vaccine you are pressured into taking as part being an NHS or social care worker should be covered by the scheme. We believe the impact of this inefficient and inadequate scheme will be an increase in vaccine hesitancy.

56. Husbands, wives, mothers, fathers, sons, and daughters have been killed or severely injured. They are not statistics; they cannot be ignored. VIBUK are hopeful that the inquiry will investigate the inadequacies and inefficiencies of this scheme and encourage the Government to reform it.

Vaccine Safety

57. It is essential that when people are invited by their Government to take-up a recommended vaccination that they have access to adequate warnings about side effects; that they have the assurance of knowing that the product has been thoroughly tested; and that they know that appropriate post-marketing surveillance systems are in place so that if there are problems that emerge during roll out the Government and the Medicines and Healthcare products Regulatory Agency (MHRA) will respond in a timely manner. We believe that there were problems around warnings and post-marketing surveillance with the AstraZeneca vaccine which are the subject of ongoing litigation outside of the remit of the Inquiry.
58. We believe the UK Government should have acted sooner and stopped the AstraZeneca vaccine, many other countries did so and this undoubtedly saved lives. We would like the Inquiry to examine why the Government delayed their response: Was this due to a lack of data; a different approach to the data; post-Brexit nationalism; and/or the fact that the MHRA was dealing, for the first time, with a pandemic and mass vaccination roll-out

outside of the EU for the first time? These questions are essential in ensuring we are better prepared next time around and have still not been adequately addressed. The Inquiry provides a crucial forum in which we may finally get these issues examined.

59. On **10/03/21**, **Austria suspended a specific batch of Vaxzevria** (previously Covid-19 Vaccine AstraZeneca) after an individual was diagnosed with multiple thrombosis and died 10 days post-vaccination, and another was hospitalized with pulmonary embolism. As of 09/3/2021 two further thromboembolic events were reported with this specific batch (batch number ABV5300). The European Medicines Agency (**EMA**) at this date noted that there was no increased thromboembolic event reporting in vaccinated people in comparison with the general population.
60. On **11/03/2021**, **Denmark** suspended use of the AstraZeneca vaccine as a precautionary measure due to concerns regarding possible causal association with blood clots.
61. On **14/03/2021**, the **Republic of Ireland** and the Netherlands suspended use of the AstraZeneca vaccine due to concerns regarding a possible causal association with blood clots.
62. On **15/03/2021**, **Germany, France, Italy and Spain** suspended the use of the AstraZeneca vaccine due to concerns regarding a possible causal association with blood clots.
63. On **16/03/2021**, **Sweden** suspended the use of the AstraZeneca vaccine due to concerns regarding a possible causation association with blood clots.
64. On **18/03/2021**, the **EMA** confirmed that the AstraZeneca vaccine may be associated with very rare cases of blood clots associated with

thrombocytopenia: the EMA had collated records from across Member States and noted that blood clots had mostly occurred in people under the age of 55.

65. On **18/03/2021**, the **MHRA** advised that the benefits of vaccines against Covid-19 continued to outweigh the risks and that the public should continue to get their vaccine when invited to do so.
66. On **22/03/2021**, an **Expert Panel on Haematology** was formed by a group of specialists in the UK.
67. On **31/03/2021**, the **Expert Panel** published guidance for clinicians dealing with thromboembolic events post vaccination in the UK.
68. On **25/03/2021**, the **MHRA** called an emergency meeting with the Expert Panel.
69. On **31/03/2021**, **Germany** confirmed suspension use of the AstraZeneca vaccine in the under 60s, due to renewed concerns regarding blood-clots. This decision was based on the findings of the Paul Ehrlich Institute which identified 31 cases of cerebral brain blood clots, with the majority occurring in women aged 20-63 years old.
70. On **07/04/2021**, the **MHRA** issued its first statement on what it terms thrombosis with thrombocytopenia syndrome (**TTS**). At this date, the published data indicated that there had been 79 suspected cases of TTS but continued to advise administration of the vaccination across all age groups.

71. On **07/04/2021**, the **EMA's** safety committee (**PRAC**) concluded that unusual blood clots with low blood platelets should be listed as very rare side effects of Vaxzevria (formerly Covid-19 Vaccine AstraZeneca).
72. On **07/04/2021**, **South Korea** suspended use of the AstraZeneca Covid-19 vaccine in citizens under 60 years of age due to possible causal association with blood clots.
73. On **07/04/2021**, the **MHRA** announced that individuals under the age of 30 would be offered an alternative to the AstraZeneca jab due to evidence linking it to rare blood clots.
74. On **12/04/2021**, the **Republic of Ireland's** National Immunisation Advisory Committee (**NIAC**) cancelled all planned AstraZeneca vaccination clinics advising that the AstraZeneca vaccination should not be used for anyone under 60 years old, including those with very high or high risk of severe coronavirus disease.
75. On **15/04/2021**, the **MHRA** advised that the balance of benefits and risks remained unchanged regarding the safety of the AstraZeneca vaccine.
76. On **22/04/2021**, the **MHRA** concluded that the evidence of a link with Covid-19 AstraZeneca vaccine and blood clots was stronger but that more work was needed.

Public Messaging About The Covid-19 Vaccines

77. Tragically our group has many devastating experiences and terrible consequences to the public messaging about the Covid-19 vaccine. For example, on This Morning on 4th January Dr Sara Kayat announced that *'After 12 days from the first vaccination of the AstraZeneca vaccine, you are*

100% effective against hospitalisation and death', statements like this on the Government website which says *'One dose of Covid-19 vaccine can cut household transmission by up to half'*, both of these statements and many others across the Government and media outlets were just not true. The risk of this is that in the future vaccine mistrust will grow.

78. Throughout the pandemic there was a persistent narrative that the vaccines were safe and that the benefits outweighed the risks. Data is now emerging that for those in younger age groups, and for those without health complications, in fact the risks associated with the AstraZeneca vaccine did not outweigh the risks. The Government acknowledged this in April and May 2021, when age parameters were introduced advising that under 40s should not receive the AstraZeneca vaccine.
79. The language of risks and benefits was often repeated throughout the pandemic, but this was never fully explained to the public - whose risk? whose benefit? If the public are to maintain their confidence in Government vaccination programmes this information must be better communicated and full warnings must be given.

Medical Professionals Not Prepared

80. For families in VIBUK, the consequences were devastating because medical professionals often did not even consider symptoms patients presented with could have been caused by the vaccine, this had devastating consequences. Ambulances were called, concerns ignored, patients went to Emergency departments and were dismissed and sent home, or symptoms were just missed, this has led to death and severe disablement.
81. Medical professionals should have been provided with information and treatment protocols about possible suspicious side effects to look out for

- before the first vaccines were administered. Medical and emergency staff should have been given directives which required them to identify any conditions which appeared following vaccination and to immediately report these for best treatment protocols and for data collection of emerging side-effects e.g., via the yellow card scheme. Vaccine injured or bereaved families should then have been contacted to follow up on our current situation and outcomes. This did not happen, in fact AstraZeneca and the Medicines and Healthcare products Regulatory Agency (MHRA) ignored our emails and failed to update yellow cards when new information was provided.
82. Zion did not receive the appropriate tests and treatment and tragically died on 19th May 2021 from Vaccine induced Thrombotic Thrombocytopenia (VITT). His fiancé, Vikki Spit, called an ambulance for Zion when he began suffering excruciating headaches on 13 May last year and he died in Newcastle's Royal Victoria Infirmary six days later. Despite the window for a blood clot being 4 to 28 days post-vaccination, Vikki said paramedics did not recognise that Zion's headache symptoms could be linked to the AstraZeneca vaccine.
83. Ben and Kerry had been together for 15 years (married for 5yrs), he was her best friend and soul mate. Kerry's mother was immune compromised, so when Ben was offered the vaccine, he was keen to take this as soon as possible to help keep both his wife, mother-in-law and his family safe. Ben firmly believed that he was doing the right thing, and that the vaccine would keep everyone safe.
84. Ben, despite only being 37, went for his vaccine on 28th February 2021 (to this day Kerry does not know why Ben was offered the vaccine as the cohort at the time was 50-60yr olds). Within a week Ben started feeling ill, extreme headaches, shivers at night and finally stomach pains. On the 15 March

2021, Ben went to Accident and Emergency (A&E) to get checked out as he had been feeling unwell over the weekend with no improvements. His symptoms included a rash on his leg. Initial observations while in A&E were that he could be constipated as he hadn't had any bowel movements for some time and would likely be released with laxatives. Ben also had his bloods taken and was asked to stay in A&E until the results were back. These bloods showed that Ben have severely low platelet levels. Ben had a CT scan where he was wrongly diagnosed with appendicitis.

85. The hospital was not prepared for adverse reactions to the vaccine. Like many in our group, due to covid restrictions Kerry was not able to visit Ben. Ben sadly passed away, following a cardiac arrest on 17 March 2021, alone. Kerry explains *"The guilt of not being with him or really understanding quite how unwell he was is something I must live with forever. It haunts me and makes me feel like I failed him in his hour of need"*.
86. Two days later reports hit the news regarding concerns that the AstraZeneca vaccine was causing blood clots and listed the very symptoms Ben had suffered, including severe headaches, low platelets levels which could develop into a rash. Kerry knew instantly that Ben was a victim of the vaccine and proceeded to raise awareness, contacting the coroner's office, the hospital, patient liaison, as well as emailing MHRA directly. Sadly, efforts were futile Kerry never even received an acknowledgment from the MHRA.
87. At no point did the hospital reassess the situation or consider that Ben had recently been vaccinated or seek specialist advice. At no point, was Kerry contacted by the hospital or the gravity of Ben's condition explained.

Coroners Not Prepared

88. Coroners were also not prepared. Following Ben's death, Kerry tried to highlight to everyone (medical professionals, coroner, pathologist, MHRA and family and friends) that she strongly believed the vaccine was the cause of his death. Kerry shared what happened *"I was made to feel like I was crazy to suggest such a thing, my plight to get people to listen to me fell on deaf ears and as a result there were missed opportunities both in terms of Ben's postmortem examination, as well as the serious incident investigation conducted by the hospital thereafter. Ben would have been one of the first to die from the vaccine, important learnings could have been made had someone taken my suspicions seriously"*.
89. A member of our group received the following response from their coroner when asking why an inquest was taking so long, which is unacceptable, why were suspected vaccine deaths not prioritised for investigations, to confirm or rule out the vaccine as the cause, and help the Government make accurate decisions. The coroner response *"It is important to understand that, given the particular circumstances in which your husband passed away, a thorough and detailed investigation is necessary. This, as you know, involves specialised neuropathology. There are a very small number of neuropathologists in the country, and they are working under considerable pressure. Inevitably, that creates delays, sometimes substantial delays."*
90. Another member of our group had to fight, for over 2 years and 5 months for an inquest for a Coroner to prove how their son died and the battle they feel they have had to pursue, for the truth, to establish why he died.
91. The response of some UK coroners has been shocking. Families have now been waiting 20 months for an inquest date to be set and the inquest held. Other inquests have been delayed because of AstraZeneca.

The Development, Procurement, Manufacture, And Approval Of Vaccines During The Pandemic, Including The Effectiveness Of UK-Wide Decision Making

92. VIBUK understand that the testing protocols, including the clinical trial phases, were abbreviated in relation to the AstraZeneca vaccine. Whilst we understand the need for speed in the context of a global pandemic, general all-population release of a vaccine, to include use in entirely healthy individuals, could have been done on a lockstep basis, e.g., requesting those with greater clinical vulnerabilities to attend for vaccination first. This was not the case however, with often relatively young and healthy people, including keyworkers being asked to attend first where the severe risks of complications from Covid were low and the risks of adverse reactions to the vaccines were unknown prior to release.
93. We question whether the vaccine was rushed through clinical trials with insufficient data, and if so, was this not a reason to hold back from vaccinating people who had a very small risk of serious harm from Covid until further safety data was assessed? We also question the accuracy of the information of the data used to make decisions, such as when people were invited for vaccination.

The Delay In Acting On The Data

94. We do not believe the Government acted quickly enough on data suggesting there was serious adverse reactions or that the reporting system was accurate or efficient and would like the inquiry to investigate this.
95. On 7th April 2021 the JVCI advised that those under the age of 30 years old (with some exceptions) should have an alternative to the AstraZeneca

vaccine. Following a further review, this advice for an alternative vaccine was then increased to those under 40 on 7th May 2021. This information was relayed to the public via press releases and media announcements, little information was provided as to the risks to those over 40 years.

96. A freedom of info request containing data up to 20th September 2023 on the age ranges of those making a claim or awarded a vaccine damage payment, indicates that severe adverse reactions were not restricted to those under 40 years of age. The NHSBSA (NHS Business Services Authority) data confirms 23.84% or 1756 claims have been made by those under the age of 40 years with 24 claims being awarded from those that have received an outcome. This in comparison to 76.16% or 5609 claims made by those over the age of 40 years. 83% or 124 of the claims awarded are for those over 40 years of age. The majority of the 137 awarded have been from an adverse reaction to AstraZeneca (less than 5 awarded for reactions to other covid-19 vaccines).
97. Breakdown of the age ranges of claims made to the VDPS for an injury due to a Covid 19 vaccine. Age range 0 - 17 claims 29, age 18 – 29 claims 556, age 30 – 39 claims 1171, age 40 - 49 claims 1499, age 50 - 59 claims 1,871, age 60 - 65 claims 885, and 66 onwards 1,354.
98. Breakdown of the age range and of claims awarded by the VDPS for an injury due to a Covid 19 vaccine. Age range 0 – 17 claims awarded 0, age 18 - 29 payment awarded 8, age 30 - 39 payment awarded 16, age 40 – 49 payments awarded 37, age 50 - 59 payments awarded 44, age 60 - 65 payments awarded 24 and age 66 onwards 19 payments awarded.
99. We believe this data highlights that the Governments delay in acting on the data and not stopping the AstraZeneca vaccine to all age groups had deadly consequences which we would like the inquiry to investigate.

100. For example, Antony Shingler was admitted to hospital in Mar 21 following an adverse reaction to the AstraZeneca Covid-19 vaccine, this being Guillain Barre Syndrome. According to the case series drug analysis print, data lock 21 Mar 21 there had been 52 reports of Guillain Barre Syndrome following vaccination. There continued to be an increase of cases reported on the data prints before the MHRA acted. The European Medicines Agency updated the product information on the AstraZeneca Covid-19 vaccine to include Guillain- Barre syndrome (GBS) as a side effect on 9th September 2021. However, it took until the 21st October 2021 for the MHRA to add GBS as a side effect to the AstraZeneca vaccine on the product information, by that time the data sheets indicated that the reported cases had increased to 436 with 4 fatalities.
101. There appeared to be no protocol in place to stop the rollout as soon as serious side effects became apparent and we believe this cost lives. The result of there being no protocol in place to stop the rollout was as follows:
102. Dr Stephen Wright died on 26th January 2021, 10 days after his vaccination because of vaccine-induced clotting in the brain (VITT). An expert said that *“never before in natural history”* had a case like Stephen’s been recorded and speculated that he was the first person in the UK – *“possibly the world”* – to die from a Covid-19 vaccine. Stephen’s wife Charlotte is part of VIBUK campaigning for change, while caring for their two young boys. His parents Anne and Richard are also part of our group fighting for justice. We believe this is when the Government should have begun to make changes.
103. Many other countries began to suspend AstraZeneca weeks before the UK made any changes to guidelines. On 10th March 2021, Austria suspended a specific batch of AstraZeneca Vaccine, after **an individual**

was diagnosed with multiple thrombosis and died 10 days post-vaccination, and another was hospitalized with pulmonary embolism.

104. On 12th March 2021, Denmark suspended use of the AstraZeneca vaccine as a precautionary measure due to concerns regarding possible causal association with blood clots. Over the next few days, the Republic of Ireland, the Netherlands, Germany, France, Italy, Spain, and Sweden suspended use of the AstraZeneca vaccine due to concerns regarding a possible causal association with blood clots.
105. Other countries continued to update their guidance and restrict who could receive the AstraZeneca vaccine, including Germany who suspended use in the under 60s, due to renewed concerns regarding blood-clots. Sadly, the UK did not make any changes until 7th April 2021 when individuals under the age of 30 would be offered an alternative to the AstraZeneca jab due to evidence linking it to rare blood clots. On the 22nd April 2021, the MHRA concluded that the evidence of a link with Covid-19 AstraZeneca vaccine and blood clots was stronger but that more work was needed. Shockingly there were 191 cases and 32 fatalities of VITT in 18–49-year-olds up to and including 20th April 2021. Jamie Scott received his AstraZeneca Covid-19 vaccination the following day.
106. Jamie Scott had his vaccine on 23rd April 2021, 10 days later he became extremely unwell. Jamie was in a coma for 4 weeks and 5 days, in hospital and neuro rehabilitation for 124 days. His life and that of his wife and two young boys will never be the same due to the brain injury caused by the vaccine. If the Government had responded like other countries, then, Jamie, 46, and many others would not have received the AstraZeneca vaccine which resulted in VITT. If only the Government had acted sooner.

107. To the detriment of the individuals and families VIBUK represent the Government did not change the guidance until 7th May 2021 when they advised it was not offered to those under 40, the UK Government did not change the guidelines after this.
108. On 16th August 2022 the Guardian reported that *'there are no plans to order further supplies of the Oxford/AstraZeneca vaccine'*, following recommendations from the JCVI, due to a focus on mRNA vaccines for the booster programme. We note that there do not seem to be many other articles on this subject, and we question why.
109. Our understanding is that America chose not to approve the AstraZeneca vaccine, even though it had ordered 300 million doses of the vaccine in a \$1 billion deal, because the safety concerns were too much.
110. Risks...why, when the Government were aware of the blood clot risks with the AstraZeneca vaccine at the time, did they not stop its administration of further vaccinations when other countries banned it in the under 30's and other countries banned it completely? Who made the decision to carry on with this vaccine, clearly knowing the risks?

Yellow Card Scheme

111. The Yellow Card System is a crucial part of the MHRAs armoury when it comes to monitoring side-effects or adverse events following medical interventions, including vaccination. It is, however, a system that relies upon ad hoc voluntary reporting by patients and doctors, that provides only subjective reporting and that therefore creates delay and potential duplication which are likely to delay regulators from spotting safety signals earlier.

112. Alex died aged 28, he meant the world to his parents Halina and Antony. Halina explains: *“The first and most important thing we want to share in respect of our story is that our 28-year-old son Alex meant the whole world to us, especially as we suddenly and very tragically lost our first son Tom, 14 years ago, when he was just aged 19. Losing Alex to a vaccine that he was advised to take, at the time he was invited to do so, has completely broken us, and destroyed everything about our life now and in the future. We only had 2 sons and so we are now left childless.*
113. The profound impact Alex’s death and everything they have done over the last 2 years and 5 months, has impacted Halina and Antony, emotionally, psychologically, and physically. Their mental capacity has made them leave good jobs, lose their confidence, increase their stress and anxiety, diminished all their loves and hobbies. As Alex did not have any dependents or an estate and because his parents did not depend on him financially, any chance of significant financial recompense for his loss would be minimal. The vaccine has taken the life of a fit and healthy 28-year-old, taken away his future, his hopes and dreams and ambitions and has taken the very person that could ever have given us a future with these prospects. It feels so morally wrong.
114. In addition to the above tragic outcome, Alex’s family are acutely aware, that Alex had been invited for his first AstraZeneca vaccination early, on 21st March 2021, so much earlier than his peer group (under 30’s) In this case it was from an error on Alex’s medical report which incorrectly deemed him "clinically vulnerable" and high risk. This error, led to his early incorrect invitation for his first vaccination.
115. Antony (Alex’s dad) completed the yellow card on 6th July 2021 and received a Reference for this from MHRA (they have the email as evidence), yet Jennifer Hall, Director of Nursing and Clinical Delivery, Covid-19

Vaccination Programme at NHS England, has disputed this, saying in her statement of 18th October 2022 that “*NHSE did not directly receive a report regarding Alexander Reid*”.

Lack Of Informed Consent

116. The first victims to die or suffer serious side effects from the AstraZeneca vaccine should have rung an alarm with the MHRA and the UK Government that there was a serious problem, however no action was taken. It was only when other European countries raised the alarm of a rare serious side effect causing the devastating blood clotting and low platelet condition that the UK admitted there was an issue. There was very little information released to the public about this risk and people, some of whom were very young, continued to be harmed.
117. When vaccinating the population informed consent should be given before a vaccine is administered. Handing someone a long sheet of potential side effects after vaccinating someone cannot be considered informed consent.
118. Martin Brighty, suffered from VITT he said: *“Had my Patient Packaging Leaflet (ref PO 53940 dated Dec 2020) with its ‘Like all medicines, this vaccine can cause side effects’ statement been provided to me prior to vaccination in the correct manner as endorsed by the JVICI/DHSC (07.05.21) even without the missing inverted black triangle symbol and qualifying MHRA statement per MHRA guidelines I would have rejected my AstraZenca vaccine, however my leaflet was given after vaccine and only when I asked, yet the leaflet clearly states it should be read before the vaccine is given ‘because it contains important information for you’.* This is an example of unprepared communication process and people not being able to make an informed choice on the risk of the vaccine.

119. Paula reflects on the impact this has had on her family, *"My sister Sarah is a care home worker. She was 33 years old and healthy, with no pre-existing medical conditions. Sarah was repeatedly pressured to receive the Covid vaccine, due to working in a care home and consequently being placed in JCVI priority group 1. She initially declined the vaccine multiple times, due to her age, good health, and repeated prior exposure to Covid in the care home, which had resulted in no illness. However, Sarah soon realised that the vaccine would eventually become compulsory for care workers. When my sister received the AstraZeneca vaccine, organised by the care home - the vaccinator did not provide any information regarding risks / potential side effects / her right to refuse and did not provide Sarah with a card confirming her batch number, etc. she apparently didn't have any with her that day.*
120. Sarah was also not given an information leaflet regarding the vaccination she was receiving / potential side effects. Sarah then shockingly suffered a stroke and could have died. 33 years old, mother of two young children...heart-breaking. After completing numerous tests and investigations, her clinicians confirmed the AstraZeneca vaccine was the only identified potential cause of her thrombosis. Her VDPS claim has not even been passed to a medical assessor yet. It is shameful how the vaccine injured and bereaved have been treated and gaslighted by the UK Government and many medical professionals. Informed consent was clearly not provided by my sister - she was coerced into having this vaccine, against her will - and has suffered immense harm".
121. We would also like to know what data was provided for the safety profile of using new Adenovirus or mRNA vaccines before authorisation was given. Was the decision to authorise the vaccines made by Government or the MHRA? What was the rationale behind the Government overriding the

Joint Committee on Vaccination and Immunisation (JCVI's) recommendation which was against approving vaccines for children.

Poor Communication

122. We believe the Government should have prepared strong communication channels for the emerging adverse reactions. However, there was poor communication to healthcare professionals of what the signs and symptoms of reactions to the vaccine were / could be. Many of those injured who presented at A&E were sent home with diagnoses of 'migraines' or dismissed and told their illness could not be because of the vaccine.
123. Kamaljit Miller's husband, Neil Miller, went into hospital on the 7th of April 2021 with chest pains. He had had a heart attack due to a blood clot; it was also noted that his heart was mainly healthy. He was discharged after 3 days, even though he could not walk properly. Two days later he collapsed, his leg and foot were blue and swollen, he was re-admitted, where it was discovered, he had numerous blood clots.
124. Kam recalls "*Whilst in hospital he became confused and had trouble talking, I raised this with the nurses on duty and it was then decided he needed an MRI and the best course of action would be Plasma Exchange. The Haematology Consultant rang to explain the procedure, after the Plasma Exchange was completed. He was discharged 5 days later, he sat outside the ward alone with a bag of medication. I took him home and he only survived 4 days when he collapsed and passed away. I was never informed of the seriousness of his condition and that he could relapse. Considering he was on the High Dependency unit with one-on-one care,*

somebody could have called to give me some information on the care he would need at home”.

125. When the Government originally announced that Covid-19 vaccines had been approved for emergency use they announced that the vaccines were just for the elderly and clinically vulnerable, “15 million jabs to freedom” was headlined. This then changed to vaccines being given to all age groups and included healthy people, with inadequate information, reasoning or data being provided to explain why the original decision for the vaccine recipients was changed.
126. Sheila’s husband Stephen received his 1 dose of the AstraZeneca vaccine on the 12th March 2021. He died on the 23rd March 2021, with the coroner confirming his death as a complication of a medical vaccination.
127. Sheila reflects on the impact poor communication had for her family: *“On the night my husband was admitted to hospital the doctors told me on a number of occasions that they suspected that my husband had VITT. They also informed me that Stephen was the third patient they had seen with this condition. I later found out that this was over a 5-day period. Why then had the public not been informed of the symptoms to watch out for and when to seek medical attention? It seems obvious to me now having been made aware of several cases and deaths from VITT that there was a significant lack of communication with the public about this issue / risk. In the case of my husband, I believe this may have affected his outcome. Stephen started with the symptoms in the form of headaches, 2 days before being admitted to hospital, had we been aware of the warning signs, it is highly likely we would have sought medical attention sooner. Furthermore, both Stephen and I had Covid in Nov 20, the Government vaccination programme did not appear to take prior infection into account when looking*

at risk / benefit or at the very least used a blanket policy to vaccinate everyone”.

128. *“The Governments communication of the programme to people like me and my husband was that it was necessary to be vaccinated to reduce transmission and to avoid infecting vulnerable people. We now know this was short of the truth. Had it been accurately communicated that transmission had not been researched, it may have impacted on our decision to take the vaccine knowing we have had a prior infection. Following Stephens death, the coroner’s service seemed ill prepared to deal with the demands for inquests. It seems a complete failure to me to delay an inquest for 10 months to confirm that my husband’s death was due to the AstraZeneca vaccine. There was little communication between me, and the coroner’s service and communications remained unanswered. It very much felt like the issue of vaccine adverse reactions were being hidden and putting others at risk by delaying reporting and investigations of deaths”.*

129. There was also poor communication with those attending vaccination centres to be vaccinated. Our experience is that patient information leaflets, highlighting side effects, were only provided to people after they were vaccinated or not at all. Consequently, they had no or very little opportunity to consider the risks of the vaccines for themselves. This raises clear questions about communication, but also regarding informed consent.

No Clear Diagnosis And Care Pathway For Vaccine Injured

130. We also believe the Government should have planned for a **clear diagnosis and care pathway** to ensure people were treated quickly and that patients had a care pathway to ensure appropriate medical and emotional support was provided promptly across the country to all who needed it.

131. Clinics have been set up for Long Covid sufferers, but no provision has been made for vaccine injuries. Many of the vaccine injured are suffering because specialist clinics have not been set up and few doctors understand how to provide adequate medical care. Specialist counselling services should also have been put in place for victims and bereaved families prior to the vaccine roll out.

132. Many of the injured in our group still suffer daily and need support and investigation. Like others in the group, Mark has made a good recovery, because he wasn't expected to survive, but will remain on seizure medication for the rest of his life as the scarring on his brain means he is highly likely to have seizures without medication. He still needs blood thinning tablets and blood pressure tablets. He suffers daily with severe headaches and fatigue and brain fog and has lost most of the use of his left hand due to all of this. They have been told Mark doesn't qualify for the VDPS for payment, even though they have accepted causation they have decided Mark is only 35% disabled not the 60% disabled he needs to be to qualify for this scheme.

133. Mark was a healthy 48-year-old, however, to this day his PF4 levels are high so he is still on the same blood thinning tablets and blood pressure tablets as he came home from hospital with, he has blood tests every 4 weeks. He remains extremely weak and tired and has daily headaches, but he really doesn't complain, His family think he is marvellous, and they know he is so lucky to be alive. Before the vaccine Mark enjoyed life to the full, he had a busy social life and enjoyed meeting friends most weekends and loved a holiday which is the main reason for taking the vaccine so we could get back to a normal life.

134. John Christopher was diagnosed with VITT In March 2021 he recalls: *“five days after my vaccine I had migraine type headaches, the following day I was rushed into hospital with intense pain in my right leg, I underwent surgery. I was diagnosed with VITT with positive PF-4 antibody CVST and right lower limb arterial thrombosis with embolectomy and fasciotomy. The headaches still continue also numbness in right leg and groin chronic fatigue, loss of memory and mental health issues. I have brought this up with my GP but on numerous occasions has said: well, you’re still here. These comments do not help and just go to show how this situation is taken with a pinch of salt or total lack of understanding”.*
135. As VITT is a new condition little is known about the long-term implications but also what causes the daily struggles many grapple with, such as severe headaches, we believe specific clinics and research should be set up to support patients through this.
136. We believe anyone with confirmed vaccine injury should be getting the appropriate medical assessments, help, interventions, and care needed, sadly this is not happening.
137. Many of the vaccine injured are struggling every day, chronic pain, headaches, fatigue, medication management. Many have also suffered with finding the medications which work for them, having to deal with the side effects of each medication and the long-term impact it has had on their physical and mental health. Many now live with the nerve pain as a consistent pain without any medication as even the thought of being on those heavy drugs and the side effects is too scary. Not only do the injured have to deal with the devastating consequences of their adverse reaction to the vaccine, but we also must deal with the aftereffects and complications of the medication that we were given and need ongoing.

138. Many of the vaccine injured are unsure about the impact future vaccines might have on them. The National Infection Service at Public Health England currently suggest that Individuals who experience thrombosis with thrombocytopenia following the first dose of the AstraZeneca vaccine should be properly assessed and if they are considered to have the reported condition, vaccination should be delayed until their clotting has completely stabilised and they should be considered for a second dose of an alternative Covid-19 vaccine. An alternative second dose vaccine of Pfizer or Moderna would be appropriate in this instance, providing they have no contraindications to them such as allergy to Polyethylene Glycol (PEG). As you can imagine all members of our group were and still are very nervous about additional boosters of the Covid-19 vaccine.
139. We also ask where the injured could go to get support about vaccination, the response: contact your GP to discuss your ongoing healthcare needs. This highlights that currently there is nowhere central and focused for the vaccine injured to get ongoing help and support.

No Compassion For Families

140. We believe the Government should have prepared guidelines for hospitals to allow some visiting. The lack of compassion for families being separated from their loved ones and unable to visit them or be with them is immeasurable. Kelly Hatfield, whose father Kenneth Purnell died from Vaccine Induced Vasculitis, was not allowed to see her father for the length of his stay in hospital. On the morning of Ken's death, Kelly and her mother were outside the ward door while her father was on the other side dying.
141. Only after he was pronounced dead, they were allowed to see him. Kelly and her mother had begged on many occasions to be allowed on to

ward at their own risk. The Government should have allowed people to make an informed choice on the risk of catching Covid to be with their family as they suffered and died alone. Kelly explains *“my dad, he was a fit active man, who had never had any vaccine in his life. He was on no medication. In his retirement he was volunteering for the local hospital as a buggy driver. Dad loved his family very much and just wanted normal life back, this was the Government narrative, so dad felt that he had to go and get vaccinated even though he didn't want to. Dad died alone, frightened, and not knowing that we were outside the ward door trying to get in to see him. I'm sure he must have thought we had abandoned him”*.

142. Zion got the Covid-19 vaccine because he believed it was the right thing to do to protect others, he was concerned about protecting his mother who is not in good health. Zion followed the rules of lockdown and did not see any family for 18 months. When his parents and brother finally saw him after all this time, he was unresponsive, with a bloody bandage around his head, and declared dead 24 hours later. Vikki, his partner of 21 years, was not allowed to go to the hospital with him. Her last moments with him alive were as he was led into an ambulance. Vikki is haunted by how he must have felt going off alone to hospital, not knowing what was going on, being scared and alone. It is something that will stay with her forever and adds to her already massive trauma. Vikki said *“I cannot put into words how awful it was for Zion's elderly parents to see their son in this state after not seeing him for 18 months. Zion's mothers' health has massively deteriorated, and this trauma is a contributing factor”*.

143. Roger had his AstraZeneca Vaccine on the 15th February 2021. On the 27th February 2021, Roger was taken to hospital by ambulance after complaining of a feeling of pins and needles and numbness in his feet and legs and unable to stand. Within 24-48 hours after his admission, he progressively got worse and was eventually paralysed from the neck down.

Unable to stand, move his body or even have a drink for himself. He lost control of both his bladder and bowels, his lung function deteriorated affecting his breathing.

144. Eventually Roger was diagnosed with Guillain Barre Syndrome after several tests and a lumbar puncture. A terrifying and traumatic experience, with no family able to visit, unable to message or call without assistance. The family were only able to visit when Roger was admitted to intensive care for a second time, when the family were told to prepare for the worst. Roger needed a feeding tube, catheter, tracheotomy, suffered a patient safety incident, causing aspiration pneumonia, cardiac arrest, collapsed lungs. He spent 2 months in hospital, 9 weeks in rehab and was discharged home still using a wheelchair and only 6 sessions of physio. Roger is still unable to feel his lower legs and feet to this day and this condition has severely impacted his quality of life in comparison to how he was prior to the injury.
145. Many of our bereaved members have been shocked at the lack of bereavement care, many were never given any help, counselling, support either emotionally, psychologically, or financially from anywhere. They have had to make their own enquiries/investigations, raise our own awareness of the condition that had so tragically taken their loved one's lives.
146. For one family it was only through speaking with another bereaved person that we came to learn of VIBUK and that there were other people suffering like we were. Because of the lack of media coverage for those who had lost a loved one or who had been injured by the vaccine, there is no public awareness of any support groups available and that such groups as VIBUK exist, sadly this means there will be others who still think they are alone.

147. There has also been no compassion by ignoring vaccine injury. A member of our group recently went to the natural history museum in London. There was an exhibition called 'injecting hope' which focused on the roll out of the covid vaccine. For us, the vaccine destroyed our lives, and it needs to be acknowledged and commemorated that people were severely injured and died, we cannot choose what happened in history, but we can acknowledge it and learn from it.

The Mistrust Created By Ignoring The Vaccine Injured And Bereaved

148. The lack of honesty in acknowledging vaccine harm has created mistrust of the Government and vaccines in general, trust which may never be regained. Vaccine uptake for childhood vaccines is believed to be declining because of the mistrust of the Government, pharmaceuticals, and Government agencies. This should have been identified when the Government chose to ignore vaccine harm.

149. The MHRA should be independent and not funded by pharmaceutical companies. Members of Parliament and members of the MHRA and JCVI should not be able to hold shares in pharmaceutical companies to remove any potential conflict of interest.

150. The mistrust created from lack of planning and clear communication of risks and signs of adverse reactions has, in our opinion, impacted the trust people will have if there are more pandemics. For example, our understanding is that none of the trials included testing the vaccine on immunosuppressant patients. Yet the vaccine was given to patients on immunosuppressant medication before the rest of their age group and those patients were given the information that the vaccine had been tested and was safe for them to take. However, clearly this statement was based on zero evidence, as it had not been tested for the immunocompromised.

151. We, VIBUK would like to know what risk assessments the Government had in place for vaccine injury, and what data the pharmaceuticals shared with the Government in terms of their trials and risk of adverse reactions. Did the Government make a conscious choice not to acknowledge and communicate risk of adverse reactions, or was trial data withheld from them?

Misinformation (from the Government and Mainstream Media)

152. We do not believe anything was or has been done adequately for the vaccine injured and bereaved. The Government failed to plan for those of us who would be injured or bereaved because of vaccination. Consequently, we have been marginalised, unheard and ignored by the Government, the mainstream media and society at large. That marginalisation creates animosity and fear - which in turn translates into vaccine hesitancy and mistrust. The Government should have known and done better.

153. We are not sources of **misinformation**; the Government should have been prepared and ensured there was a platform for vaccine injured and bereaved and been prepared to acknowledge and discuss adverse reactions. They should have been open and honest with the public about the risks to make sure there was informed consent.

154. Leanne Tomlin is Lucy Taberer's stepdaughter, Lucy died after receiving the AstraZeneca vaccine. *"I just want justice for my 6-year-old brother. What about the children in all of this, suddenly losing parents or having a parent come home from hospital disabled after they've already gone through with Covid-19"*. There is no support in place and many of us

have found people do not feel comfortable talking about it/offering support when they find out the cause of injury/death. People have been labelling us as misinformation and the press/Government ignoring the very real issue of vaccine injury and bereavement has made this so much worse.

155. Anthony Shingler was a fit healthy 57-year-old when he had his AstraZeneca vaccine on 5th March 2021. Due to vaccine injury being labelled as misinformation Anthony was turned away from his doctors twice and hospital twice. The vaccine caused GBS, and he was hospitalized for 14 months. His wife experienced verbal abuse when suggesting to medical professionals she thought it was from the vaccine.

156. Anthony said *“Our trust of having any transparency was shattered. My GP and our local MP also have failed to support myself or my family going through this horrendous time in our lives. My trust has completely gone, and no humanity whatsoever has been shown to the vaccine injured. We have been labelled misinformation, yet I have a diagnosis, an antivaxxer, but how can I be when I had it. My family has suffered an enormous amount of stress on top of what happened to me and now with the disabilities I am left with. I am unable to balance or walk unaided, I have permanent damage to my hands preventing me from doing things independently. I have nerve damage in my lower legs and feet causing dropfoot, so I must wear supports to lift my feet. I use a stairlift and a wheelchair/scooter to assist my mobility. My wife is now my carer which no husband wants. This is quite a brief statement of our experience and does not cover the full extent that we have suffered.”*

157. One of our members set up a website, signposting vaccine injured to useful information. This was a website set up to help those who suffer harm from a vaccine, containing information on subjects such attending hospital, making applications to VDPS, making subject access requests, signposting

to organisations such as Thrombosis UK and CAB. The website was shut down.

158. Many of our group, feel that they or their loved ones were 'coerced' into taking the vaccination due to the media portrayal of the Government's highly pressurised tactics, specifically aimed towards young people (under 30), even outlining that a Covid Passport would be required to get into music venues, travel abroad etc. We believed what the Government were telling us, not only that the vaccine was safe and effective, but in a coercive manner, putting pressure on the fact that young people wouldn't be able to go about their usual daily activities that were previously enjoyed, i.e., going to gigs, certain venues, travel.

159. Anna Morris KC so transparently outlined and explained in the initial public preliminary hearing, the Government have always continuously pushed the message of the vaccine doing good, such as how many lives it saved during the pandemic. There was never any acknowledgment of the risks, the blood clot statistics, clear and concise publication given/told to young people heading out at the time for their vaccine. This blatant failure of admission of risk is morally unacceptable and has been detrimental. There was no clear choice for young people to make up their own minds, the coercive tactics by the Government and the massive media portrayal of deaths from Covid were the only clear messages they were given.

Government Choosing To Ignore Vaccine Injured And Bereaved

160. Many of our groups have contacted their MPs seeking support, shockingly a large majority have refused to even acknowledge their constituents, let alone be willing to discuss vaccine injury. Below are just a few examples of this:

161. Bernitta Robinson explains *“Initially I spoke to My MP’s PA who was very kind on the phone, however since then, and multiple emails I have been ignored.”*
162. Paul Scriveners MP *“is sympathetic to the aim of what this Bill is trying to achieve, as Government Parliamentary Secretary, he is unable to sign it owing to strict convention”*.
163. Jackie Wyatt was turned down for PIP twice but eventually won at tribunal. She wrote to her MP to express her anger regarding the same. Her MP did not even reply, even after Jackie spoke to his secretary. The whole experience left Jackie feeling like a liar and fraud, even though she had medical evidence.
164. Kerry Williams wrote to her MP sharing the experience of losing her husband Ben. She along with other members of VIBUK have approached numerous MPs about their campaign to reform the VDPS, with little action from those in a position to help. Campaigners like Kerry have been told on numerous occasions that VDPS does not preclude an individual from pursuing a claim for damages in the courts.
165. As Kerry pointed out to her MP one the aims of the VDPS is to remove the need to take legal action. Yet the Government seems to have taken this as the preferred option for those harmed, rather than to reform the VDPS and better support those affected. In the process also excluding those who chose to take this route any opportunity to engage with the Minister regarding any improvements to the scheme. One of the replies Kerry received stated *“You have indicated in your letter that you are part of the legal proceedings against AZ and as such I am not allowed to discuss your individual claim.”*

166. Many of our group feels that their MPS engagement lacked any real humanity, and the refusal to respond or even meet with them further added to our feelings that there is little support for those impacted by the vaccine or a desire to investigate any learning and make change.
167. Kerry Williams also contacted Maria Caulfield, in which Maria is dismissive and has little empathy and felt *“her responses lacked any real humanity, and her refusal to respond or even meet with me further added to my feelings that there is little support for those impacted by the vaccine or a desire to investigate any learning and make change. It was another door slammed in my face and as the Minister of Women and Women’s mental health (and previously as Minister of State for Health until September 2022), felt that her engagement with me was a shameful example of her supporting improvements or advocating on behalf of me as her constituent”*.
168. Boris Johnson’s letter to a VIB Member, on 11 August 2021 said *“I am deeply sorry to read about Jamie’s condition and the immense consequences for you. You have suffered a heart-breaking and frightening change, but I would like to pay tribute to your strength in proposing changes which you think could improve the situation. You are not a statistic and must not be ignored. I am deeply touched by your story”*. Sadly, VIBUK have just become a statistic that the Government continues to ignore.
169. At Prime Ministers Question Time, on 22nd March 2023, Jeremy Wright asked the current Prime Minister Rishi Sunak. *“My constituent Jamie Scott spent four weeks in a coma and remains seriously disabled as a result of a Covid vaccination. He and his family continue to believe that mass vaccination is the right policy. But it must also surely be right to ensure that those tiny minority who are seriously injured as a result are properly compensated in the absence of court cases, it’s in no one’s interest to*

litigate, the current limit on compensation is 120,000, even for very serious and lifelong injury, and anyone who is disabled by less than 60% gets nothing at all, that cannot be right, will my right honourable friend look at urgently changing it?"

170. Rishi Sunak response *"Mr Speaker, it is important to start by recognising the importance in vaccines in protecting us all and not least the fantastic roll out of Covid vaccines across the UK, but I am very sorry to hear about the case my right honourable friend raises, in the extremely rare case of a potential injury from a vaccine covered by the scheme a one of payment can be awarded. This is not designed to be a compensation scheme and it does not prevent the injured person in pursuing a legal compensation claim with the vaccine manufacturers. We are taking steps to reform vaccine damage payment scheme by modernizing the operations and providing more timely outcomes but of course I would be happy to talk to the honourable gentleman further about it".*
171. Other MPs have completely ignored their constituents' requests for helps, ministers have blocked the vaccine injured and bereaved on social media.
172. Anna Morris KC highlighted an analogy for this which can be drawn with listening to someone who has been in a serious car accident and then telling them about all the benefits of cars and then how many people haven't been killed by cars. No other medical condition or injury is treated in this way. The narrative of always saying how minor and rare this is also offensive, along with the fact the Prime Minister didn't even say Jamie's name. The narrative needs to change, vaccine injury and bereavement shouldn't be something discussed in the shadows.

173. One of the other issues faced by those who have sustained a vaccine injury is the additional expenses they face. One such expense is the payment of prescription charges. Although many of those affected qualify for an exemption of the prescription charges as they fall within the current scheme to be entitled to free prescriptions. There are, however, a minority of those affected who will require long term medications, who to add insult to injury must pay for the medications to treat the conditions they have been left with, due to following the Government's advice.
174. A member of our group has lobbied, the Minister Maria Caulfield via their MP on this issue. The response dated 18th Oct 2023, as with the many requests to review the Vaccine Damage Payment was met with a negative response. The response indicates that Professor Sir Ian Gilmore had undertaken a review into extending exemptions to all those with long term conditions in **2010**, at that time a decision was that no change would be made, and disappointingly the current reply states the Government's position remains the same. VIBUK feel that all those with a confirmed vaccine injury should be exempted from paying prescription charges for conditions resulting from a vaccine injury.

The Psychological Consequences Of Vaccine Injury And Bereavement

175. Becoming vaccine injured or bereaved is a very traumatic experience, however we believe the way vaccine injury has been ignored by the Government and by mainstream media, and even some medical professionals have had severe psychological consequences.
176. We believe the inquiry should seek to speak to Professor Paul Bennett. He is written a paper on which explores the experiences of people up to 18 months after being diagnosed with vaccine-induced immune thrombocytopenia and thrombosis (VITT).

177. The Paper concluded that “*This is a significantly challenged group of people, with multiple health, financial, social and psychological losses. These losses have been compounded by experiences of limited Governmental and societal recognition of the problems they face*”. The research was a semi structured qualitative study, where participants discussed their experiences of hospitalisation and following discharge.
178. The research identified “challenges of obtaining medical care and diagnosis; fear of the severity of symptoms and unclear prognosis; and lack of family support due to isolation imposed by the Covid-19 pandemic. Once home, participants experienced continued significant symptoms; fear of recurrence; inadequate medical knowledge of their condition; and difficulties coping with residual physical disabilities and psychosocial losses. Also reported were feelings of isolation and abandonment due to lack of Government support”.

Legal Action

179. The Government and pharmaceutical companies cannot continue to ignore the circumstances in which vaccines go wrong. In fact, we would argue that to not address where it has gone wrong, and to not give full support to victims of vaccine injury and their families, will only fuel vaccine hesitancy in the future.
180. In circumstances where individuals are seriously injured or die because of a vaccination recommended by the Government – should the state provide access to adequate compensation, or should the bereaved and injured be required to fight for compensation in the Courts against the vaccine producer?

181. In 1978 the Pearson Commission examined the same question: A year later Parliament provided an answer by passing the Vaccine Damage Payment Act. That Act acknowledges the special status of the vaccine injured and bereaved, the wider societal benefits of vaccination, and the need to maintain public confidence in vaccines by providing adequate financial support when things go tragically wrong.
182. However, whilst the Vaccine Damage Payment Act is still in force it is in desperate need of reform: crucially, the maximum sum available to the vaccine injured and bereaved is a one-off payment of £120,000. That sum was last increased in 2007 and, at the current rate, represents a fraction of what seriously injured Claimants might achieve through litigation.
183. By failing, or refusing, to understand the power of a properly functioning Vaccine Damage Payment Scheme, and refusing to update an antiquated scheme that relies upon disability assessments rooted in second-world war disablement criteria, the Government have left the vaccine injured and bereaved no choice but to pursue fair compensation through the Courts.
184. It is a surprising position for the Government to take, not only because the Act was designed to avoid litigation that might dent public confidence in vaccination, but also because as a result of a wide-ranging indemnity provided by the Government to AstraZeneca at the start of the vaccination roll-out, it is in fact the Government, and not AstraZeneca, who will be bank-rolling AstraZeneca's defence and paying out compensation if the claims resolve successfully.
185. Taking legal action is also near impossible as no law firms are willing to take on the Government and pharmaceutical companies, even when it is for families who have received the VDPS payment, confirming that the vaccine caused the injury or death and that the consequences was more

than 60% disablement.

186. Currently in the United Kingdom only two law firms have been willing to investigate this issue and are now in the process of legal action, however this is only for people who suffered from VITT.
187. Currently this means many others who have suffered serious harm or death, including, Guillain-Barre syndrome, Anaphylaxis, Myocarditis, Vaccine-induced vasculitis, Multiple blood clots throughout the body, Multiple organ failure have no route to justice.
188. We implore the inquiry to recommend the statute of limitation for vaccine injury and bereavement is paused or extended until after the Covid-19 inquiry.
189. To reiterate, non VITT claims are not within the litigation group, therefore, now, there is the risk that limitation on these cases will expire, because we are unable to issue proceedings within 3 years after the date of knowledge that injury or death was caused by the vaccine.
190. However, many are unable, in any event, to issue proceedings in time as nobody would assist.
191. We believe there is also an argument that the Court should/could stay all Covid-19 litigation against Covid-19 vaccines, until after the end of the Inquiry – on the basis that the statutory Inquiry is likely to produce materials that will be relevant to these cases.

What Could Have Been Done Better?

192. We believe that the Government could and should have done far more to be prepared and able to deal with vaccine injury and bereavement. They should have anticipated that there would be an increase in vaccine injury and death, and possible side effects and no matter how rare, this should have been communicated to the public, as with all medicines before being administered. They could have:

- i. Planned for **clear communication**, to ensure all health care professionals knew the signs and symptoms of possible vaccine injury and where to share information to improve data gathering.
- ii. Had a protocol in place to **respond quicker to the data** and pause/change the rollout as soon as serious side effects became apparent.
- iii. **Updated the inadequate and inefficient Vaccine Damage Payment Scheme (VDPS)**, as described within this statement.
- iv. Made plans to ensure that there were **clear diagnosis and care pathways** for care and support of the vaccine injured.
- v. Been compassionate to families suffering, this would have created trust and stopped the additional trauma of us being labelled as misinformation.

Conclusion

193. We are not a statistic, we cannot be ignored, the Government should make the relevant reforms to ensure that no other families ever go through the trauma of first suffering an adverse reaction to a vaccine to then being ignored and mistreated. If the Government had included adverse reactions in their planning, preparedness, and resilience then our husbands, wives, mothers, fathers, sons, and daughters would not have died or been severely injured by the Covid-19 vaccines.
194. We hope that there is a just outcome from the Public Inquiry and that a fitting and correct commemoration is put in place for all those who died from the vaccination, so that this can be a historical legacy for them. Compassion and a true understanding and learning as human beings needs to be had and an apology given to all those who lost their lives in this way.
195. We hope the inquiry will encourage the Government to ensure those who suffered vaccine injury and bereavement are appropriately compensated.
196. We know we cannot go back and change what happened, but we can ensure individuals, and families never go through this again by campaigning for the Government to update the VDPS scheme and ensure when planning for future pandemics the issue of vaccine injury and bereavement is not overlooked.
197. In this statement we have only **discussed a handful of the individuals and families we represent and in quite brief paragraphs**, therefore please note that it does not cover all the loss and suffering. We do believe much of the trauma we have been through could have been avoided if the Government had properly acknowledged, communicated, and supported vaccine injured and bereaved.

198. We hope this inquiry will firstly confirm and highlight that vaccine injury and bereavement exists and should never again be overlooked and ignored the way we have, and we thank you for taking this matter so seriously.
199. We also hope it will investigate and critically evaluate, the need for VDPS reform, if the vaccine was as safe and effective, public messaging about the Covid-19 vaccines, the development, procurement, manufacture, and approval of vaccines during the pandemic, including the effectiveness of UK-wide decision making, accuracy of the information of the data to use make decisions, the delay in acting on the data, lack of informed consent, poor communication especially to medical professionals, the impact of no clear diagnosis and care pathway for vaccine injured, the consequences of no compassion for families, the mistrust created by ignoring the vaccine injured and bereaved, the misinformation (from the Government and Mainstream Media), the Government Choosing to ignore vaccine injured and bereaved, the psychological consequences of vaccine injury and bereavement and the challenges of Legal Action.
200. Significantly we hope that our participation in this inquiry will support our three key outcomes: Firstly, to highlight the fact of vaccine injury and bereavement, secondly, to remove the stigma suffered by those who are vaccine injured or bereaved; and thirdly, to compel the Government and Pharmaceutical companies to look again at how to deal with the inconvenient fact of vaccine injury and bereavement and the lives that it has shattered.
201. It's an uncomfortable truth for many but vaccine injury and death are very sadly a part of the pandemic story. Every single vaccine injured/bereaved person in our group stepped forward and had the vaccination just as the Government asked us to do. But it went horrifically

wrong for us and our families and caused these devastating results. We are not anti-vaccination but rather pro-fairness. We all have medical notes, official diagnoses, death certificates and coroner's verdicts which categorically state that the Covid vaccine was to blame.

202. We as the injured, as the bereaved, as survivors and campaigners deserve to be heard. We ask the Chair of the Public Inquiry to investigate the topics we have covered in this statement and to ensure our voices are heard by those with the power to make real change.

203. I also rely upon the following exhibits in connection with this statement: KS/1 INQ000414140, KS/2 INQ000414143, KS/3 INQ000414144, KS/4 INQ000414145, KS/5 INQ000414146, KS/6 INQ000414147, KS/7 INQ000414148, KS/8 INQ000414149, KS/9 INQ000414150, KS/10 INQ000414151, KS/11 INQ000414152, KS/12 INQ000414153, KS/13 INQ000414154, KS/14 INQ000414155, KS/15 INQ000414156, KS/16 INQ000414157, KS/17 INQ000414158, KS/18 INQ000414159, KS/19 INQ000414160, KS/20 INQ000414161, KS/21 INQ000414139, KS/22 INQ000414162, KS/23 INQ000414141, KS/24 INQ000414142.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: Feb 26, 2024