

Submitted to Terms of Reference Consultation  
Submitted on 2022-03-30 18:03:22

## Individual or Organisation

Are you submitting feedback as an individual or on behalf of an organisation?

Organisation

## About your organisation

What organisation are you submitting feedback on behalf of?

Name:  
UK Medical Freedom Alliance

## Page 1

Do the Inquiry's draft Terms of Reference cover all the areas that you think should be covered by the Inquiry?

No

## Page 2

Please explain why you think the draft Terms of Reference do not cover all the areas that the Inquiry should address.

Please answer the question in the textbox below. :

There is no current Term of Reference examining how fundamental, individual human rights and legal obligations, around Informed Consent and Bodily Autonomy, have been ignored and violated during the pandemic by Government policies. These include mandates implemented for Covid-19 vaccines, Covid-19 testing and face coverings, and also the lack of transparency or balanced information provided on risks v benefits for individuals for all medical interventions and testing, which prevented fully informed consent being properly obtained by medical professionals. It needs to be established beyond doubt that all future pandemic responses acknowledge that fundamental human rights and medical ethics are invariably upheld and honoured, and that a "one size fits all" approach is not acceptable, ethical or good medical practice.

The Terms of Reference which examine "how decisions were made, communicated and implemented; intergovernmental decision-making; the availability and use of data and evidence; legislative and regulatory control" are not currently mirrored in the lessons to be learned. For this enquiry to be meaningful, there needs to be scrutiny of these key points of transparency; pertaining to how, by whom, why and on the basis of what evidence decisions were made and communicated to the public, as well as the workforce in the health care sector.

## Page 3

Which issues or topics do you think the Inquiry should look at first?

Please answer the question in the text box below. :

Health outcomes and mortality following the Covid injections. Every single citizen who received the Covid injection should be followed up longitudinally for years in order to get a true assessment of the clinical picture. This should be compared with a comparable control group composed of the unvaccinated population. England is well placed to conduct this research due to having a large population who did not receive the injections. All health outcomes must be included (e.g. cancer incidence, auto-immune diseases, neurological damage and all other disorders that were flagged as signals in the Yellow Card System).

The decision making and evidence considered by MHRA, JCVI and Chief Medical Officers in granting the temporary authorisation for the Covid-19 vaccines and when making every decision to further extend the rollout to younger cohorts or adding extra doses to the schedule. Did they have access to and examine all the damning Pfizer, Moderna and AZ trial raw safety and efficacy data that is now being released by Pfizer and the FDA following a court order in the US and how is the release of this data now guiding future decisions? What contracts were signed with Pfizer and other vaccine manufacturers which potentially influenced subsequent public health decisions?

Why have there been NO injury payouts yet from the Vaccine Injury compensation scheme, despite the unprecedented number of serious adverse events/injuries and deaths reported to the MHRA Yellow Card reporting scheme and thousands of claims? Why have there been no regular public press conferences from the MHRA or Government to give a forensic analysis of the Yellow Card reports?

Why were the CMOs allowed to over-ride the JCVI advice and extend the vaccine rollout to children despite the knowledge that there would be no medical benefit to children and clear known and unknown risks from the jabs which are still under temporary authorisation?

Why were well-established and long-standing medical ethical principles to "First do no harm" not followed in the decision to vaccinate children and other

decisions relating to vaccine mandates and also the use of these experimental vaccines in pregnant women, despite no reproductive toxicology studies or clinical trials in pregnant women being complete, and no long term safety data available?

#### Page 4

Do you think the Inquiry should set a planned end-date for its public hearings, so as to help ensure timely findings and recommendations?

Yes

#### Page 5

How should the Inquiry be designed and run to ensure that bereaved people or those who have suffered serious harm or hardship as a result of the pandemic have their voices heard?

Please supply answer here :

A sufficient body of staff should be employed to allow adequate data handling for those submitting their stories and evidence of harm. We are aware that Christopher Chope MP has already received 100,000 emails documenting harms from the Covid-19 injections. Each of these should be given the attention it deserves. In addition, a sufficient budget should be allocated to ensure that those harmed are compensated in a meaningful way.

Experts and professionals who were silenced from the start of the pandemic, yet have contributed huge amounts of evidence-based analysis and commentary to the public and in open letters to Government, Regulators and Decision-Makers, should now be meaningfully consulted and their opinions, evidence paper-trails and expertise heard by the enquiry (e.g. UK Medical Freedom Alliance, Collateral Global, HART Group, UsForThem, Law or Fiction and Together Declaration among others) in order to ensure there is a breadth of expertise and viewpoints in assessing the information gathered.

Thank you for taking part in our online consultation

Would you like to be added to our mailing list where we will provide you the latest updates on the Inquiry?

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