

Submission (online) to the UK Covid-19 Inquiry

Elizabeth Hart
Independent researcher investigating
vaccine products and conflicts of interest in vaccination policy
vaccinationispolitical.net

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

The major focus of the Covid-19 response in early 2020 was a 'vaccine solution'.

This must be examined now - why was a 'vaccine solution' embarked upon in response to a virus it was known from the beginning wasn't a serious threat to most people?

This is crucial to consider now given a plan to vaccinate the entire global population has unfolded - how did this happen?

What was the evaluation process to proceed with the global 'vaccine solution'?

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

- Development of the Oxford/AstraZeneca vaccine was already underway in January 2020, according to this report in Nature: 'I've never worked harder': the race to develop a COVID-19 vaccine: <https://www.nature.com/articles/d41586-020-03139-x>

What was the evaluation process undertaken to justify a vaccine response to a virus it was known from the beginning wasn't a serious threat to most people.

Is this evaluation process publicly accessible?

- The Oxford AstraZeneca vaccine trials were undertaken in healthy people aged 18-55 years, and subsequent trial in children.

How did an ethics committee approve these trials in people who weren't at serious risk of the virus?

I raised this matter in an email to Andrew Pollard, the Chief Investigator of the Oxford/AstraZeneca vaccine trials, see: **Who initiated the plan to vaccinate the entire global population against SARS-CoV-2?** 30 June 2021: <https://vaccinationispolitical.files.wordpress.com/2021/06/who-initiated-the-plan-to-vaccinate-the-entire-global-population-against-sars-cov-2.pdf>

- It's now clear the Covid-19 'vaccines' are actually 'leaky vaccines' that don't prevent infection nor transmission. In the case of the Oxford/AstraZeneca vaccine, this was known from the beginning, when the monkey trial demonstrated that the vaccine did not prevent the animals from catching or spreading the virus.

What consideration was given to this matter before progressing to human trials?

I've raised this matter with UK prime minister Boris Johnson, see my email: **Were 'leaky vaccines' deliberately spread round the world? Considering the monkey trial...** 22 March

2022: <https://vaccinationispolitical.files.wordpress.com/2022/04/were-leaky-vaccines-deliberately-spread-round-the-world-considering-the-monkey-trial.pdf>

- In regard to 'leaky vaccines', the Marek's disease in chickens study raises alarming prospects about the use of 'leaky vaccines'.

Was this considered in regards to the apparently 'leaky' Oxford/AstraZeneca Covid-19 vaccine?

In this regard, please see my email to Andrew Read: **If Covid-19 vaccines don't prevent transmission, can they facilitate the evolution of more virulent strains**, 27 January

2021: <https://vaccinationispolitical.files.wordpress.com/2021/03/covid-19-vaccines-can-they-facilitate-the-evolution-of-more-virulent-variants.pdf>

- In an article published in The Telegraph on 23 May 2020, Adrian Hill, a member of the team working on the Oxford vaccine trial, revealed that his team faced a major problem - that their adversary, the virus, was disappearing so rapidly in the UK that next phase of trials had a reduced chance of success.

If the virus was 'disappearing' - should the vaccine trials have gone ahead? See: **Exclusive: Oxford University Covid-19 trial has 50 percent chance of 'no result'**.

- As reported on The Independent on 13 March 2020, it was expected to build 'herd immunity' i.e. natural immunity, see: **Coronavirus: 60% of UK population need to become infected so country can build 'herd immunity', government's chief scientist says**.

But it appears this plan was over-ridden by Neil Ferguson et al's Imperial College Report 9, published on 16 March 2020, which suggested the global impact of Covid-19 was the most serious seen since the 1918 H1N1 influenza pandemic, and recommended 'suppression' of the virus (aka lockdown) "until a vaccine becomes available".

Again, what was the process for evaluating the 'vaccine solution'?

While the Ferguson report suggested Covid-19 was on a par with the 1918 H1N1 influenza pandemic, as at 19 March 2020, COVID-19 was no longer considered to be a high consequence infectious disease (HCID) in the UK, see for example: <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

Was it appropriate to pursue a vaccine solution?

- Neil Ferguson et al's Report 9 noted: **"Results in this paper have informed policymaking in the UK and other countries in the last weeks. However, we emphasise that is not at all certain that suppression will succeed long term; no public health intervention with such disruptive effects on society has been previously attempted for such a long duration of time. How populations and societies will respond remains unclear."**

Given the now obviously devastating impact on society and the economy of the 'suppression' strategy recommended by Ferguson et al, it's astonishing that it seems the Boris Johnson

government didn't consider and evaluate the potentially catastrophic impact of the 'suppression'/restriction/lockdown strategy. How could this incredible oversight occur?

- Why was there an eagerness to beat up the number of 'cases' and deaths attributed to Covid-19? Was it to justify the over-the-top 'suppression' strategy?

The mainstream media pumped out fear mongering propaganda constantly about 'case' numbers and deaths. But a recent report shines a light on the classification of 'covid' deaths - were they actually 'covid' deaths? See: CG REPORT 8: Understanding Definitions and Reporting of Deaths Attributed to COVID-19 in the UK - Evidence from FOI requests: <https://collateralglobal.org/article/understanding-covid-19-deaths-in-the-uk/>

- Neil Ferguson et al's report was very much focussed on a vaccine solution at all costs. But a very serious conflict of interest was not disclosed in Report 9, i.e. that Neil Ferguson (a member of SAGE) is funded by the Bill & Melinda Gates Foundation which is very influential on international vaccination policy, including being a major funder of the World Health Organization, founder of the Gavi Alliance, a founder of CEPI, etc.

I raised the question of conflicts of interest of members of SAGE in a BMJ rapid response, see: **Who are the members of SAGE? There must be transparency and accountability for coronavirus policy**, 6 November 2020: <https://www.bmj.com/content/371/bmj.m4235/rr-1>

This was subsequently discussed in a BMJ article, see: **Covid-19: SAGE members' interests published by government 10 months into pandemic**, 17 December 2020: <https://www.bmj.com/content/371/bmj.m4911>

Disclosure finally appeared, including Neil Ferguson's, in this document: **SAGE COVID-19 Register of Participants' Interests:**
[Covid-19 SAGE register of participants interests.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/924117/Covid-19_SAGE_register_of_participants_interests.pdf)

- Bill Gates was the leader of the 'race for a coronavirus vaccine' - how could this happen, why was a software billionaire given free rein to dominate this area? See for example: GatesNotes: What you need to know about the COVID-19 vaccine, 30 April 2020: <https://www.gatesnotes.com/health/what-you-need-to-know-about-the-covid-19-vaccine>

Also see: **UK Prime Minister Boris Johnson meets Bill Gates to discuss Covid-19 vaccine**, 12 November 2020: <https://www.wionews.com/world/uk-prime-minister-boris-johnson-meets-bill-gates-to-discuss-covid-19-vaccine-342652>

- It was known from the beginning that Covid-19 wasn't a serious threat to most people. Why are people of all ages and health status, including children, now being pressured to have Covid-19 'leaky vaccines'?

In Australia millions of people are being mandated to have the Covid-19 jabs to maintain their livelihoods, i.e. No Jab, No Job. How can these obviously failing medical interventions be mandated, trashing the principle of 'valid voluntary consent'?

The points raised above all question the 'vaccine solution' pursued in the UK and pressed all around the world - but was this appropriate?

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?

The inquiry must be open to all for submissions, including people around the world who have been impacted by the UK's response to Covid-19, i.e. by leading with the highly questionable 'vaccine' solution, and Neil Ferguson et al's 'suppression' "until a vaccine becomes available" strategy. The 'suppression'/restrictions/lockdown strategy has had a devastating impact, e.g. in Australia for the past two years, with Melbourne/Victoria in particular being an extremely severe 'lockdown' example.