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**VIA ELECTRONIC MAIL**

Dear Sir/Madam

**Re: Increased support for patients and families affected by adverse events following COVID-19 vaccination**

Introduction

1. We write to raise our concerns regarding the lack of information and support currently available to those who have suffered adverse health events following COVID-19 vaccination.
2. This letter has been jointly prepared with the individuals and families identified as signatories.
3. All of those identified have experienced, at first hand, a range of severe adverse health events following COVID-19 vaccination: injuries suffered range from paralysis secondary to Guillain-Barré Syndrome, through to cerebral venous thrombosis and thrombotic thrombocytopenia, leading to uncertain prognoses in most cases, and death in a number of cases.
4. We are now working with 21 families.
5. Hausfeld & Co. LLP (**Hausfeld**) are a global law firm specialising in dispute resolution, with significant expertise in the United Kingdom, United States and Europe handling medical device, pharmaceutical and group litigation. We stand with the families and individuals affected by this issue and are committed to doing what we can to ensure their voices are heard by those, such as yourself, who have the power to assist.
6. This letter provides:
  - 6.1. Further information about some of the families and individuals with whom we are working;
  - 6.2. Our concerns regarding the inadequacy of the current Vaccine Damage Payment Scheme;
  - 6.3. Our concerns regarding the lack of information available to families; and
  - 6.4. Our proposals for urgent reform.
7. Thank you for reading this letter and engaging with the experiences of those whom we represent.

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### This is not an 'Anti-Vaccination' Letter

8. We stress at the outset of this letter that Hausfeld and the signatories hereto support vaccination in general.
9. We continue to believe that COVID-19 vaccinations are safe for the vast majority of recipients, and that, in general, individuals should be encouraged to accept vaccination when it is offered to them.
10. Our concerns relate to the information provided to patients when receiving their vaccination and the support available should they be one of the small minority of patients who go on to suffer debilitating, or in some instances fatal, side-effects.
11. We, and those whom we are assisting, fully acknowledge that they form a very small minority for whom vaccination has caused them to suffer debilitating injuries or loss of life. However, just because these individuals are a minority that does not mean that their experiences and needs should be disregarded in the drive to maximize vaccination outreach.

### 'Adverse Events'

12. It is now understood that Covid 19 vaccines are associated with serious side effects in a small number of cases. Bodies including the Joint Committee on Vaccination and Immunisation, Medicines and Healthcare Regulatory Authority, the European Medicines Agency have provided guidance on such adverse events following Covid 19 vaccination<sup>1</sup>.
13. However, it is also important to understand that every injury recorded arising from vaccination relates to an individual or family in the UK whose lives have been devastated as a result of their participation in a vaccination program recommended by the Government.

### Those with whom we stand: Not just statistics

14. The accounts set out below are a sample of the experiences of a handful of families, with whom we are working, whose lives have been devastated because of vaccination.
15. These accounts where possible have been written in the first person. Where the individual who received the vaccination is too unwell to provide their own account, or has tragically passed away, their account has been provided by close family. Those who have provided accounts do so because they want to make sure that their personal experiences are understood to be more than statistics.

- ██████████
16. ██████████ worked as a Clinical Psychologist in the Child and Adolescent Mental Health Service. He had studied for eight years to qualify and had great potential for an outstanding career ahead of him. He was about to commence a new role at Great Ormond Street hospital as a senior Clinical Psychologist.

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<sup>1</sup> For example:

<https://www.gov.uk/government/news/new-jcvi-advice-on-use-of-the-astrazeneca-covid-19-vaccine>  
<https://www.gov.uk/government/news/mhra-response-to-jcvi-advice-on-covid-19-vaccine-astrazeneca-for-people-aged-under-40>  
<https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-benefits-risks-context>

17. ██████ was vaccinated with the AstraZeneca vaccine on 16<sup>th</sup> January 2021. He became unwell on 25<sup>th</sup> January 2021 and was taken to Kings College Hospital where he was diagnosed with a Cerebral Venous Sinus Thrombosis and Thrombocytopenia. ██████'s condition rapidly deteriorated and he suffered a major brain haemorrhage. Brain stem death was confirmed on 26<sup>th</sup> January 2021. He was just 32 years old. ██████ had signed the organ donor register and his wish was granted and the gift of life given to two young recipients.
18. ██████ leaves behind a young widow, ██████, who will now have to bring up their two young children, ██████ (7) and ██████ (14 months). The family were dependent upon ██████ for their financial income. Under the current VDPS the maximum award is £120,000 and it has a less than 2% success rate which even if successful would not provide ██████'s family with the financial security they need and deserve. A VDPS form has been submitted but to date no response or acknowledgement has been received. ██████ was much loved, and all his family, friends and colleagues are completely devastated by his tragic and untimely loss.

█████'s Husband, ██████

19. This account is written by ██████, on behalf of her husband, ██████.
20. ██████, a fit and healthy 44 year old, with a wife and two young boys (ages 4 and 8 months) had his AstraZeneca vaccination on 23 April 2021. He woke up with a headache on 3 May 2021 (10 days after the vaccination). An hour later he vomited and his speech was impaired, so an ambulance was called, and he was taken to hospital where he was diagnosed with cerebral venous sinus thrombosis, a bleed on the brain and thrombocytopenia. The hospital has submitted a Yellow Card report.
21. ██████'s wife, ██████, feels strongly that their family are being ignored and that there is no appropriate support for them (e.g. trauma counselling). ██████ has found it extremely difficult to not be allowed to visit her husband and the complete lack of communication from the government really distressing. ██████ remains in a critical condition in ICU and with their wedding anniversary approaching the family are even more devastated.
22. ██████ feels the VDPS scheme will not provide her family with the financial security they need, and a huge concern for her is how to support their children through this life changing event. The doctors have said that ██████ might not recover from this and if he does will be severely disabled. The whole family are angry that the AZ vaccine was not paused or adjusted like in other countries.
23. ██████ says: I feel heartbroken. I am frightened that all the future joyful life events, such as our eldest starting school in September or our baby taking his first steps, will now be coupled with complete sadness at ██████ missing out on these and not being by my side. If he recovers it is likely he will be severely disabled and a very different daddy and husband to the one we have loved for over a decade, and I do not know how to deal with this, adding on financial concern to ensure we can provide stability for the boys.

█████'s father, ██████

24. This account is provided by ██████, on behalf of her family and late father, ██████.
25. ██████ was a husband, dad and fantastic grandad! He was a healthy, active, 73 year old, who volunteered at the Leicester Royal Infirmary as a buggy driver after an active job with Leicester City Council. ██████ and his wife celebrated getting the AstraZeneca on the 4 Feb 2021. They went

willingly but with some trepidation, just to get normal life back with their family.

26. On 15 Feb 2021, dad was taken into hospital and that was the last we saw of him. Within days of being hospitalised he could no longer walk, talk and was very confused.
27. On 25 February 2021, my mum and I were outside the ward entrance again asking for information and begging to see him only to hear an alarm go off and we knew that my dad was dying. The consultant then told us that my dad had died and he was concerned that this was linked to the vaccine he had received. We were then allowed to see dad. We stayed for the next 5 hours in shock, holding his hand.
28. The postmortem followed, and at the same time the news broke about the AstraZeneca vaccine and its reported side-effects. The Coroner's office rang us to say that postmortem stated that the AstraZeneca COVID 19 vaccine had lead to Systemic ANCA-negative vasculitis. On [REDACTED] Dad's inquest opened at [REDACTED] Coroner's court. I attended.
29. On 21 April 2021, Dad's hospital consultant invited me to the hospital to talk through the postmortem, and to ask me to sign papers so that he can publish a report of Dad's case in a medical journal. The consultant explained to me that Dad's body was basically fighting itself because of the vaccine and he said that this was a very rare event.
30. My mum has been left devastated, Dad was her life-partner of 50 years. We all miss him terribly. I need my mum not to be worrying about money now so we need guidance with the awful Vaccine Damage Payment Scheme. This scheme is not fit for purpose and really needs to be reformed.

Mr [REDACTED]

31. [REDACTED] received the AstraZeneca vaccine on 5 March 2021 and developed adverse symptoms shortly after. These symptoms deteriorated and he was admitted to hospital on 22 March 2021 before being diagnosed with Guillain-Barré Syndrome. He is currently paralysed from the neck down and requires breathing assistance. He is being treated in intensive care and had plasma exchange treatment. His condition remains critical, and his recovery is now very uncertain.

Mrs [REDACTED]

32. This account has been provided by [REDACTED], writing on behalf of his mother, [REDACTED], who is 78 years old.
33. My mother, [REDACTED], was vaccinated on 23 January 2021. One week after receiving the vaccine, she developed paralysis from the waist down and was taken to A&E by ambulance. GBS was diagnosed after 2 weeks of hospital tests and monitoring.
34. A VDPS application was made on 19 March 2021, but currently we have not received any response to the application. The MHRA have also been notified of the possible side effect and, again, we have not received any response.
35. We have not had any support or communication from the scheme and only became aware of the VDPS when researching how GBS might be caused and found information regarding links between GBS and previous vaccination programmes.
36. The NHS consultants, nurses and rehabilitation teams have been truly amazing in treating my

mother's GBS during the 13 weeks she was in hospital. Although my mother has now been discharged from hospital, the family feel totally isolated and in the dark, both financially and psychologically, on how we can gain any support.

37. My mum has had clear life changing implications from the vaccine although we accept that the potential link between the AstraZeneca vaccine and GBS is not yet clear. As a family we have seen a clear timeline of change after the vaccine was administered. My mum is 100% convinced her body changed day by day after the vaccine and has gone from a perfectly fit and healthy 78 woman to a frail bedridden lady in 3 months.
38. We urge the Government to do more to assist the disregarded minority who have suffered significant harms and losses as a result of the ongoing COVID 19 mass-vaccination programme in the UK. These families don't deserve to be ignored and really need help.

██████████' *step-father*, ██████████

39. ██████████ received the AstraZeneca vaccine and was diagnosed with Guillain-Barré syndrome. He was paralysed as a result. He required ventilation in intensive care for a number of weeks and remains in hospital.

Mr ██████████

40. ██████████ received the AstraZeneca vaccination on 27 March 2021 and was admitted to A&E on the 11 April 2021.
41. Investigations found that ██████████ had suffered from the clotting issue and low platelets, which he believes are a direct consequence of the AstraZeneca vaccine and his discharge notes support this.
42. He was released from hospital on 15 April 2021 but now has to attend frequent check-ups back at the hospital, as there continue to be issues with low platelet counts.
43. ██████████ found this whole ordeal incredibly stressful, as did his family. He is still unsure what the longer term medical position will be, as his platelets keep falling to a low level and he is requiring further medical attention. The doctors are not sure what the long-term medication position will be and how therefore this will affect his day to day life.
44. ██████████ has not claimed under the VDPS as yet, as he believes the 60% disability hurdle is too high and it would be difficult to prove, however, the stress, emotional issues and inconvenience of continuous hospital visits (11 since discharge 15<sup>th</sup> April to 14<sup>th</sup> May 2021) are an issue, along with other longer term financial consequences that may arise.
45. ██████████ is of the view that the vaccine program is important to society, but that the compensation scheme doesn't adequately cover those few that have been affected by these very serious side effects, which could easily have been fatal. ██████████ was given no warnings about the possible side effects at the time of the vaccine, but understands leaflets are now provided to recipients.

Mr ██████████

46. I was diagnosed with GBS on 26 February 2021 after having received the AstraZeneca vaccine.

47. I currently do not have the ability to carry out even the most menial of tasks. I am paralysed from waist down. I am constantly in chronic pain and require large amounts of medication that leaves me with constant fatigue.
48. I am limited to typing with one thumb, as I have no coordination or control over my upper limbs and hands. This makes simple day-to-day tasks extremely difficult, leaving me exhausted. In addition to this I now suffer bilateral facial paralysis so, as a direct result, I now struggle to communicate verbally and also struggle with eating and drinking.
49. I have so far not been able to submit a VDPS as there are no alternatives available for people with disabilities to the paper-based application form. Since the GBS diagnosis I have been unable to hold a pen or write legibly.

■■'s sister, ■■

50. This account has been provided by ■■ on behalf of her sister, ■■.
51. ■■, a 34 year old mother of two and care worker, received her first dose of the AstraZeneca vaccine on Monday, 22 February 2021.
52. At approximately 3.20pm on Wednesday, 21 April 2021, ■■ suffered a stroke when she was alone at home. She was just about to leave to pick up her children from school when she felt something smack down hard into her left leg, and then realised it was her left arm, which she had lost control of. She became completely numb down her left-hand side, phoned her partner in a panic (to see if he could collect the children while she waited for an ambulance) and was unable to speak properly, due to slurring and dribbling. ■■ also experienced ataxia while walking, tingling in her fingers, a headache and a strange taste in her mouth.
53. ■■ is awaiting further urgent tests and still suffering from mental anguish, sporadic lethargy, dizzy spells, weakness on her left side and tingling.
54. ■■ has suffered a traumatic, upsetting and highly stressful ordeal. She is worried that she might suffer another similar episode and be incapacitated to the extent that she is unable to contact a family member to arrange care for her young children.
55. Initially a TIA (Transient Ischemic Attack, or mini-stroke) was suspected. MRI scan results (when finally received the following week) confirmed that ■■ had in fact suffered a full right MCA stroke (parietal lobe).
56. Unfortunately, ■■'s experiences dealing with the NHS since suffering a stroke have been unsatisfactory and very stressful. We encountered a dismissive attitude towards my concerns regarding the vaccine and whether it was possible that ■■ was suffering a severe adverse side effect;
57. After exhausting all other avenues, I raised a formal complaint with the hospital requesting for the above issues to be investigated, and an explanation provided of why ■■ had a stroke despite not falling into any risk categories. I am currently awaiting a response.
58. When ■■ last spoke with her stroke consultant, he said that once all her tests have been completed, if all results come back normal he will have to "think long and hard" about whether the vaccine is the most likely cause of her stroke. Despite this, nobody has contacted my sister in the meantime

to discuss the second vaccine dose and whether she should have it.

59. We are waiting for the outcome of my formal complaint and the results of outstanding tests, prior to making a VDPS application. I have tried calling the Vaccine Damage Payments Unit on 01772 899 944 a few times for advice but this goes straight to voicemail and I received no response to a message I left on 13 May 2021.
60. My sister's stroke occurred five weeks ago. Whilst recovering and waiting for more tests, ■■■ is only entitled to statutory sick pay from her care home employer, which she is having to top-up by using her annual leave. ■■■ is very worried about paying bills and providing for her young children while she is unfit for work - this is additional stress that she really does not need.
61. I also had to take unpaid time off work after ■■■'s stroke, in order to try to push things forward and get my sister the medical care and attention she desperately needs.
62. It simply cannot be right or ethical that someone who was repeatedly asked to have the Covid-19 vaccine by their employer, the government and constant media coverage is expected to suffer financial hardship when they experience an extremely dangerous and life-threatening suspected adverse reaction to the jab. When you contrast this to the significant financial support available to furloughed workers, it seems very unfair.
63. Professor Chris Whitty stated that care home staff should consider it their 'professional responsibility' to get a Covid-19 vaccine<sup>2</sup>. I strongly believe that the government has a moral duty to compensate people who have suffered as a result of being vaccinated - for the public good - at the government's request.
64. I submitted a yellow card report on Thursday 22 April 2021 (the morning after ■■■ suffered a stroke) and provided an update via email on Tuesday 27 April 2021 (when the stroke diagnosis was confirmed). On 27 April 2021, I also forwarded my original Yellow Card report and email update to the Yellow Card Mailbox Service Team Manager, marked urgent - I did not receive a response. I eventually received a response from an Associate Signal Assessor on Tuesday 25 May 2021.
65. I also reached out to AstraZeneca via telephone and the Oxford Vaccine Group via email - neither were willing or able to provide any help or support.
66. ■■■ has worked as a dedicated carer on a very challenging severe dementia ward throughout the Covid-19 crisis. She nervously agreed to have the vaccine, primarily to protect her elderly care home residents and increase her job security (she was aware that the government was considering making vaccination compulsory for care home workers). It now looks likely that this has massively backfired and ■■■ has consequently suffered a very serious, debilitating, potentially life-threatening injury.
67. We cannot change the past, but I do hope that the government will now offer its full support in order to 'make this right' as far as possible and ensure that my sister is sufficiently compensated for her suffering and receives the very best medical care and attention going forwards.
68. At a very stressful and upsetting time, the existing yellow card reporting and VDPS policies have left those adversely affected by the Covid-19 vaccination programme without sufficient information

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<sup>2</sup> <https://www.standard.co.uk/news/uk/vaccination-lambeth-downing-street-london-nhs-england-b926915.html>

or financial support.

69. We urge the Government to do more to assist the disregarded minority who have suffered significant harms and losses as a result of the ongoing Covid-19 mass-vaccination programme in the UK.

70. I had the AstraZeneca vaccine on the morning of Wednesday, 31 March 2021, I had some mild side effects later that day of the chills and shivers but this passed within 24 hours. 5 days later, on the following Monday evening, I started to have the shivers again along with a very bad headache. It felt like a migraine so I took some sumatriptan but this did not help and the headache got worse. The headache then worsened as the week went on accompanied with feeling dizzy and blurry vision. Pain relief did not help at all, I felt nauseous, and I also had a deep pain in my back either side of my spine.
71. By the following Friday, the pain in my head was so bad that my husband insisted I call 111, which I did that evening. I was advised to go to A&E which I also did. After answering a series of questions, I had a blood test and was sent for a CT scan, this came back normal however my blood count was not normal. My platelets were significantly low and my D-dimer was significantly high, suggesting that something was wrong and an indication of blood clots. I was admitted that evening (9 April 2021) pending further investigation.
72. Over the next few days, I developed pains in several areas, together with the severe headache. I was in excruciating flank pain and was severely constipated. I could not eat as it hurt too much and I was vomiting. A blood test showed that my liver enzymes were raised so I was sent for an ultrasound on my liver and an MRI. This showed two blood clots in the portal veins. A few days later whilst still in hospital and still in excruciating pain I started to also get pains in my chest when breathing. I was then sent for an angiogram which revealed a blood clot on my right lung. My bloods were still very abnormal. The head haematologist was in charge of my case and provided a diagnosis of Vaccine induced Thrombosis and Thrombocytopenia (**VITT**) following the AstraZeneca vaccine. My bloods also revealed that I tested positive for Heparin-induced thrombocytopenia (**HITT**). I was put on an IV drip and given a 4 day course of immunoglobulin, along with injections in my tummy of blood thinners.
73. My blood results started to normalise and the haematologist was happy to discharge me on 22 April 2021. However I was suffering from severe back pain and around the kidneys and a fever, a urine and blood test revealed an infection in the urinary tract, I was given a UV of antibiotics and then sent home with oral antibiotics. I am now on Apixaban blood thinners for 6-12 months, I'm unable to fly, go on long car journeys or drink any alcohol during this time. I am also not allowed basic paracetamol because of the liver which does not help when suffering with a constant headache. I am only allowed codeine as pain relief which is causing constipation so am feeling constantly uncomfortable. At present the prognosis is unknown. An endoscopy is needed to investigate the clots on the liver but this cannot be carried out while on blood thinners. I will need to come off the blood thinners for 24 hours for this procedure to be done. I still have the headaches and vomiting, I was readmitted to hospital again on 7 May 2021 due to another severe headache and vomiting. There was a suspected blood clot on the brain, but CT scan was fortunately clear.
74. I am currently signed off from work as I struggle to carry out general daily duties due to the severe headache that I still have along with the constant fatigue and exhaustion. I have chest pains and it hurts when I breath in and out, and I also get out of breath very quickly. I am also very anxious as

it is still unknown what the future holds for me and the prognosis. Until I am able to have further tests the severity of any damage to my liver is unknown. The main concern is that as the blood clots start to reduce in size, they can dislodge and move to other veins/vessels which can be fatal if they end up in the wrong place. So, I'm living day by day not knowing what will happen next.

75. I have spent the past few weeks with constant appointments at the hospital for blood tests and video consultations with the haematologist and my GP. My life has drastically changed, and I am angry that it has not been acknowledged. I have not yet submitted a claim in for VDPS as I fear that it will be rejected as I will not be classed as disabled. However, I intend to submit an application in due course.

■

76. I received the AstraZeneca vaccination on the 3 March 2021. As a key worker, I was very keen to receive it as soon as possible.

77. I subsequently suffered a potentially fatal heart attack (arterial thrombus) on the 11 March 2021. Because I recognised what was happening from my own training, I attended A&E very swiftly and was then transferred to the regional hospital for treatment. Due to the early presentation of Vaccine induced thrombus and thrombocytopenia (VITT) it was not recognised and treated as such. Unfortunately, I went on to suffer pulmonary embolisms which were diagnosed on the 14 April 2021. At this stage guidance had been produced by the British Haematology Society and I then received appropriate treatment.

78. I am still suffering physically and emotionally from the effects of all this and do not yet feel able to return to work. I am still having twice weekly blood tests whilst reducing my steroids to make sure my platelets do not drop again. I am also awaiting new scans of my heart to confirm what kind of damage it has sustained. I am also speaking to the haematologist and medical consultant on a weekly basis.

■■■■■■■■■■

79. I received my first dose of the AstraZeneca vaccine on 13 March 2021 and approximately one week later started to experience slight signs of numbness in my feet. This sensation gradually became stronger to the point where it was affecting my ability to walk distances. Over a period of a further eight weeks this spread to my fingers, my hands and then travelled up my arms and leg. This also caused a dramatic loss of strength in my limbs. I have been admitted to hospital twice on an emergency basis and have spent a total of nearly four weeks in hospital, having now been diagnosed with inflammatory demyelinating polyneuropathy, and am currently receiving treatment with intravenous Immunoglobulin. As you can imagine, this has had a huge impact on my life, and that of my family, but my biggest concern and frustration is the lack of information and proactive help available to sufferers like myself.

■■■■■■■■■■ s sister ■■■■■■■■■■

80. This account has been provided by ■■■■■■■■■■ on behalf of her sister, ■■■■■■■■■■ and their family.

81. ■■■■■■■■■■ was admitted to hospital 3 weeks after taking the first dose of the AstraZeneca Vaccine. She had experienced severe chills and numbness/tingling of the feet, hands, lips, tongue, and nose and was extremely exhausted for a week. On the Sunday evening, ■■■■■■■■■■ was taken by ambulance

to William Harvey Hospital, Ashford where she was diagnosed with polyneuropathy which was attributed to the vaccine and was sent home.

82. The following morning, ██████ could not walk well, and had to sit down in the shower. When brushing her teeth, she found that the water kept falling out of her mouth as a facial droop was also commencing. At this point, ██████ called her GP and was advised to call 999. By the time ██████ waited on the Monday in A&E her face fully drooped and she could barely talk or walk and had to be assisted. ██████ was then admitted and was there for 1 week and before she was transferred to the neurological department at Canterbury where she was finally diagnosed with GBS with diplegia facial neuralgia variant.
83. During ██████'s two weeks in Canterbury the GBS rendered her unable to walk and she was in extreme nerve, muscle and facial pain. The clinicians even tried to inject pain relief straight into the back of her head with needles. ██████ was in hospital for 3 weeks during which time she had spinal lumbar and various CT/MRI scans testing to rule out other diseases. She was then put on a 5 day course of plasma exchange and sent home.
84. After 2 weeks of being home, ██████ had a severe relapse in her body and face. She was taken directly to Canterbury Hospital and admitted to the Neurology ward. She has since been in hospital for a just over a week and been given IVIG, which she had initial reactions to but persevered and kept having the treatment. ██████ has been told at this point if this does not work, then there is not much else they can do but keep monitoring me. This severe neurological reaction is directly related to the AstraZeneca vaccine and has severely affected my life and my mental health. I cannot work and fear that I may not be able to work for up at least year.

#### The Vaccine Damage Payment Scheme

85. The majority of those whom we represent have made applications to the Vaccine Damage Payment Scheme (**VDPS**) but have not yet had any response.
86. The VDPS was established by the Vaccine Damage Payments Act 1979. It was created further to the recommendations of the Pearson Commission's report which was published in 1978. The Pearson Commission identified that injuries secondary to state recommended vaccination programmes required special treatment by virtue of the difference in social implications between vaccines and other drugs.
87. In advocating for the introduction of the Vaccine Damage Payment Act in 1978, the then Secretary of State for Social Services, David Ennals, explained the objective and importance of the legislation, as follows:

*"it is important, since its aim is to provide a measure of financial support to people severely disabled as a result of vaccination, and to their families and others involved in looking after them. There can be no doubt that those concerned pay a high price in terms of personal disablement, often at a very early age before their lives have properly begun, and that their families share in that price.*

*For most people, vaccination is a beneficial procedure, and it is right for the community to give financial aid and support to those who suffer as the result of vaccinations given as part of the public policy programme. I am sure that the whole House will support the humane motivation of the Bill.*

88. It is particularly important to note that the VDPS was intended only to be an interim measure, and

that there was expected to be follow-up legislation to create a more comprehensive Act<sup>3</sup>. Such legislation has not been forthcoming.

89. The VDPS is, accordingly, 42 years old and despite its good intentions has throughout its life been the subject of criticism. Although it is a no-fault scheme, applicants must still demonstrate a causative link between their injury and the vaccine and that they have been severely disabled. Severe disability is deemed to be a '60%' disability and there are plainly difficulties judging whether that threshold has been reached and in avoiding unfairness should an individual be assessed at, for example, 55% disability. The idea of 'percentage of disablement' came from the Industrial Injuries and War Pensions schemes from before the Second World War, as a concept, is based in older medical definitions of disability. Percentage of disablement was designed to determine the effects on an adult being able to find employment suited to his age, experience and qualifications and may not be relevant to all VDPS applicants<sup>4</sup>.
90. It is reported that some 65% of applications fail in their applications because causation cannot be established. Moreover, those applicants who are successful receive a single lump-sum payment of £120,000. Although a substantial sum of money, this will provide limited security where an individual has been severely disabled and, particularly, where they may have dependents. It is significantly lower than the awards that are achieved in personal injury claims involving similarly severe injuries<sup>5</sup>.
91. The majority of the undersigned affected families has submitted an application to the VDPS and each have so far found this experience to be highly unsatisfactory. The scheme is not well-publicized and only limited information regarding its operation is available at <https://www.gov.uk/vaccine-damage-payment>.
92. The application process is archaic with it only being possible to submit a paper application form, as opposed to applying electronically. This form contains no provision for cases where the affected individual has died which the family of [REDACTED] have found to be an added trauma. There has not been any acknowledgment of the applications from the Vaccine Damage Payments Unit, and no substantive response or decisions have been made several weeks after application forms have been submitted. The impression that the scheme has made on many families is that applications are being discouraged.
93. Moreover, the affected families are concerned at the onerous difficulty of establishing causation for the harm suffered and that the level of support available will be insufficient to provide for the future. Moreover, the scheme makes no provision for support in the short term, aside from turning to the general benefits system.
94. We maintain that David Ennals' speech to the House of Commons in the 1970s concerning the VDPS remains as relevant as ever, and that, to properly honor those commitments the VDPS must be reformed to meet the new challenges of a national COVID 19 vaccination programme in 2021.

*"it is right for the community to give financial aid and support to those who suffer as the result of*

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<sup>3</sup> Milward, G (2016): *A Disability Act? The Vaccine Damage Payments Act 1979 and the British Government's Response to the Pertussis Vaccine Scare*, Social History of Medicine Vol. 30, No. 2 pp. 429–447

<sup>4</sup> Milward, G (2016): *A Disability Act? The Vaccine Damage Payments Act 1979 and the British Government's Response to the Pertussis Vaccine Scare*, Social History of Medicine Vol. 30, No. 2 pp. 429–447

<sup>5</sup> It is also important to note that the current payment of £120,000 was set in 2007 by The Vaccine Damage Payments Act 1979 Statutory Sum Order 2007 and is accordingly some 14 years 'out of date' and should be increased, at the very least, to reflect inflation over the intervening years.

95. We note that throughout the pandemic, the government has provided financial support in various forms to businesses and staff through, for example; the furlough scheme (Coronavirus Job Retention Scheme); to individuals being paid to self-isolate (Test and Trace Support Payment); and increased benefits (Universal Credit increased by £20 per week) to reflect the serious economic impacts of the pandemic. Those with whom we are working note that by contrast, the same Government appears to have forgotten the individuals and families who have paid the highest price of all – through physical disablement or death secondary to a Government approved vaccination scheme. With reference to Mr Ennals’ original speech – how can the Government’s current position be considered humane?
96. There is now an opportunity - because of the demands on VDPS likely to arise from COVID vaccine side effects - to extend the existing scheme to meet the original no fault recommendation made by the Pearson Commission in 1978. This would involve supplementing the existing Government funded scheme with lifetime compensation from a fund derived from an annual levy on pharmaceutical manufacturers who operate in this jurisdiction; such an approach would answer the long-term criticisms of the VDPS made by patient support groups, Parliamentarians and academic commentators as well as the Medical Royal Colleges. A further advantage arising from this approach is that it would bring the UK into line with the no fault provisions of the COVAX scheme, which aims to avoid litigation arising from injury by side effects and to combat 'vaccine hesitancy' amongst skeptical population groups.

#### A Bespoke Alternative?

97. In November 2020, a multidisciplinary group of academics published a briefing paper arguing that a bespoke compensation scheme, capable of responding appropriately to adverse events related to COVID-19 vaccinations, would be an important tool in reducing the risk of ‘vaccine hesitancy’ in the context of a mass-population vaccination program.
98. That group have reiterated their calls for engagement by the Government with this issue and for consideration of a bespoke COVID-19 compensation scheme to respond directly to the hundreds of families in the UK, whom like the signatories to this letter, have suffered such devastating consequences as the result of vaccination.<sup>6</sup>
99. Such a scheme would accord with Baroness Cumberlege’s Third Recommendation from the report of the Independent Medicines and Medical Devices Safety Review that patient groups are best served by a non-adversarial Redress Agency for resolving disputes<sup>7</sup>. Such a scheme would, as noted by Baroness Cumberlege, not necessarily need to be funded by the State and could in part be met by contributions from manufacturers.
100. We, and those with whom we stand, support those recommendations wholeheartedly.

#### Proposals for reform

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<sup>6</sup> [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00065-7/fulltext#section-3d6acba1-acea-4be2-8dc9-b7e14e5b6583](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00065-7/fulltext#section-3d6acba1-acea-4be2-8dc9-b7e14e5b6583)

<https://www.biicl.org/publications/covid-19-vaccines-in-favour-of-a-bespoke-compensation-scheme-for-adverse-effects-a-briefing-paper>

<sup>7</sup> [https://www.immndsreview.org.uk/downloads/IMMDSReview\\_Web.pdf](https://www.immndsreview.org.uk/downloads/IMMDSReview_Web.pdf)

101. Hausfeld and those whom we represent maintain that the Government can and should do more to support the minority who find themselves suffering significant injuries and losses as a result of adverse reactions to COVID-19 vaccination.

102. Our initial proposals for reform are set out below:

102.1. **Overhaul of the VDPS with a bespoke COVID-19 scheme** that:

- i. Provides short term financial support to those affected whilst their applications are being processed.
- ii. Provides payments (and/or other appropriate 'in kind' support) to successful applicants at an appropriate value to take account of the serious and debilitating type of injuries sustained by applicants. The one-off payment of £120,000 in 2021 is simply not enough for those with complex care needs and/or dependents and will compel them to initiate civil litigation to access more appropriate compensation.
- iii. Takes account of all moderate/severe adverse effects sustained because of vaccination, not just those that reach the current arbitrary 60% disablement criteria.
- iv. Explores where the line in relation to causation should be drawn. It is noted that Freedom of Information requests have demonstrated that many VDPS applications fail due to the need to establish causation on the balance of probabilities<sup>8</sup>. We propose that causation might be assumed where there is a logical sequence of cause and effect with a demonstrable temporal relationship between the vaccination and injury.
- v. Is more accessible and user-friendly for those making applications, including for example:
  - Providing an application form in electronic format that can be completed and filed electronically.
  - Providing an application form in a format that enables individuals suffering significant injuries to interact with the process directly. We note the experiences of ■ who is currently unable to hold a pen and was therefore unable to make his own application.
  - Providing a helpline that is staffed properly and responds to queries.
  - Providing a dedicated webpage which is user-friendly and allows individuals real time access to information and support in filing the report.
  - Provision for funding, where appropriate, so that applicants can access relevant professional guidance to ensure their application is properly presented.

102.2. **Clearer and more comprehensive information for individuals pre vaccination** including:

- i. information regarding observed adverse events, where clinically appropriate
- ii. signposting to the Yellow Card Adverse Event page
- iii. signposting to the VDPS

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<sup>8</sup> Rajneri et al (2018), *Remedies for Damage Caused by Vaccines: A Comparative Study of Four European Legal Systems* European Review of Private Law 1-2018 [57–96]

- iv. a dedicated VDPS helpline number for those individuals who do experience adverse reactions and need assistance, which is properly staffed and responsive.
- 102.3. **An integrated information platform** for individuals and their families regarding COVID-19 vaccination in accessible language. This should provide information regarding:
- i. all potential side-effects and conditions with a description of the clinical signs so patients can know what to look out for.
  - ii. an explanation of what to do in the event that side-effects listed develop, including information to take to the GP and A&E to make sure that reactions post vaccine can be prioritized by clinical teams.
  - iii. links to patient support groups for the relevant conditions and medical experts who can provide general information.
  - iv. include information regarding the VDPS and general benefits and legal advice.
  - v. Include information concerning whether other family members should still proceed with vaccination, where others within the family have suffered adverse effects – with appropriate signposting to geneticists, other medical experts who can provide appropriate advice.
- 102.4. **Joined up information to be provided to all GP surgeries and hospitals in the UK flagging potential side effects and early warning signs**, so that when patients do report to A&E and GP's their concerns are taken seriously and dealt with appropriately.

**Conclusion**

103. We hope the above clearly demonstrates the need for positive action to be taken in this area, and the urgency with which these issues are addressed in the context of the ongoing vaccine roll-out.
104. We would be extremely grateful for any support you are able to lend and if this issue is of interest to you would welcome the opportunity to discuss it with you further.
105. We particularly note that (whilst it was an interim measure that is in need of reform – as set out above) the VDPA 1979 followed the combined work of the Association of Parents of Vaccine Damaged Children and a number of politicians who raised the issue in Parliament. The undersigned hope that similar collaboration can bring about the change required to support those injured following Covid 19 vaccination.
106. We look forward to hearing from you.

Yours faithfully

**Sarah Moore**

**Partner, Hausfeld & Co LLP**

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