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Hansard

Covid-19 Vaccine Damage Bill  
Volume 700: debated on Friday 10 September 2021

Covid-19 Vaccine Damage Bill

Second Reading

14:06:00

Sir Christopher Chope (Christchurch) (Con)  
I beg to move, That the Bill be now read a Second time.

This Bill addresses a very hot topic and I am not sure that we will be able to do it justice in 23 minutes. I start with the proposition that those of us who have been double jabbed with a vaccine against covid-19 must count our blessings if we have not suffered any adverse consequences, and I am happy to include myself in that category. This Bill is about all those who have suffered injury or even death as a result of enlisting in the war against covid by being vaccinated. The numbers affected are relatively low, which is all the more reason why the Government should not be playing hard to get in relation to the compensation scheme for those who suffer adverse consequences as a result of having done the right thing.

The Government have produced quite a lot of information about the extent of vaccine damage. Some of that is set out in the documents that the Government produce on those who have applied for compensation or have notified under the yellow card scheme. Essentially, what the yellow card scheme shows—from the most recent report, which came out on 9 September and covers the period from 9 December to 1 December—is that there have been 435 reports of major blood clots and low platelet counts, including 74 deaths. It shows that there have been 767 cases of inflammation of the heart, a condition that is almost unheard of in medicine on a normal day-to-day basis. It shows that there have been some 35,000 reports of menstrual disorder, and there are all sorts of other effects set out in the comprehensive report. Very worryingly, it says that there are 1,632 reports of deaths having taken place shortly after vaccination.

If we are trying to build vaccine confidence, we need to ensure that we are open with the public about the facts. That is why I was very disappointed when I asked the Secretary of State on 7 July

“what information his Department holds on the number of deaths that have been reported of people who have died within (a) one month, (b) two months and (c) three months of having received a covid-19 vaccination since 1 January”.

Sally-Ann Hart (Hastings and Rye) (Con)  
Will my hon. Friend give way?

Sir Christopher Chope  
Yes, but perhaps it would be more convenient if I actually read out the answer that we received from the Minister. He said:

“Data on the number of deaths reported of people who have died within one, two and three months of having received a COVID-19 vaccination since 1 January 2021 is not available in the format requested.

Public Health England (PHE) monitors the number of people who have been admitted to hospital and died from COVID-19 who have received one or two doses of the vaccine and will publish this data in due course.”

That data has not yet been published. It is very important that we are able to put this issue into context. There is a lot more damage being done to our citizens as a result of covid-19 vaccinations than in any other vaccination programme in history. That does not mean to say that it is not worth while, and I am certainly not an anti-vaxxer or anything like that, but what is important is that, if people do the right thing, they should not be denied access to compensation.

Mr Peter Bone (Wellingborough) (Con)

My hon. Friend is making a very strong case. Does he agree that we do not want to send a message from this House that vaccines are a bad thing? Vaccines are right and we should be vaccinated. Equally, on the rare occasion when it goes wrong, is it not right that compensation is made available—on those very rare occasions?

Sir Christopher Chope

That is exactly my point and I am grateful to my hon. Friend for summarising it so succinctly and accurately. That is where the Government come into this. Unfortunately, I know that the Minister will not have much time, if any, in which to expand on this issue today. I hope that he will be willing to arrange for me to be able to come along with one or two colleagues to talk to Ministers about this very important issues.

The Minister for Health (Edward Argar)

I hope I can give my hon. Friend the reassurance that I, or perhaps more appropriately the relevant Minister, will be happy to meet him to discuss this legislation.

Sir Christopher Chope

I am most grateful for that. There is some doubt as to who the relevant Minister is. When I put down questions on this subject, I am told that it is the responsibility of the Department for Work and Pensions to deal with the vaccine damage Act. From that Department I have received information about the number of applications that have been made up until the middle of July. Up until 23 June, there had been 154 applications—obviously, there are many, many more now—but there are only four people in that Department dealing with all vaccine damage applications, so no decisions have been made and there is no indication as to when any decisions will be forthcoming.

Sally-Ann Hart

I am just looking at the Government website. The Government published a press release on 3 December last year, saying that covid-19 would be added to the vaccine damage payment scheme. Are you saying that it has not been yet, or that it has?

Sir Christopher Chope

I do not think that Madam Deputy Speaker is saying anything. I am saying that it was added to the scheme, but, to all intents and purposes, it was just a gesture. In the substance of it, people have now started applying under the Act for compensation and none of those cases has been dealt with. No decisions have been made in any of those cases. No decisions have been made in any of those cases. There is now a worrying Government response to a petition that reflects what is in my Bill, calling for reform to the Vaccine Damage Payments Act 1979

“to improve support for those harmed by covid-19 vaccines”.

You may remember, Madam Deputy Speaker, that the Pearson commission found that those injured as a result of vaccination should have access to financial support and that that was the background to the 1979 Act. However, the Act makes provision of a maximum payment of £120,000 together with a threshold of 60% disablement. As a result, fewer than 2% of applications are successful. My Bill calls for the Government to set up a judge-led inquiry into the issues raised.

The petition says:

“Reforming the VDPA will maintain vaccine confidence and provide urgent support for those injured/bereaved through covid-19 vaccination.”

What did the Department say in response to the petition? As you know, Madam Deputy Speaker, when a petition has gathered more than 10,000 signatures, that triggers a Government response—we do not get a debate in the House until there are 100,000 signatures. The response, dated 5 August, says:

“The Government has a robust system to monitor potential side effects of the COVID-19 vaccine and has added the vaccine to the VDPS. We will consider further action as more evidence becomes available.”

It goes on to tell us what we already know about the 1979 Act. It then says:

“Whilst understanding the desire and need to move forward rapidly with processing these claims, it is important to have an established evidence base around causal links between the vaccine and potential side effects. Not doing so risks claims being declined in error based on a lack of evidence, disadvantaging applicants.”

However, we already have a lot of evidence that people have suffered damage, if not death, as a result of these vaccinations. A recent coroner’s report on somebody—I think in the north of England—came to the verdict was that they had died as a direct result of receiving the covid-19 vaccine. The response continues:

“More widely, the Government is currently looking at how it can improve the operational aspects of the VDPS to better meet the additional demand created by the inclusion of the COVID-19 vaccine and improve the customer experience. Once more is known about the possible links between the vaccine and potential side effects, it will be considered whether a wider review of the VDPS is needed.”

My Bill answers that question by saying that we need such a review now.

Daniel Zeichner (Cambridge) (Lab)

Fridays are a wonderful thing in this place. The hon. Member calls for a judge-led inquiry. I quite understand the importance of the issue, but many believe there should be a judge-led inquiry into many aspects of what has happened on covid and will wonder why this issue should get preference over others. Will he give his thoughts on how he would explain to care workers in care homes, for instance, why their concerns should not be considered at the same time as these important concerns?

Sir Christopher Chope

On the requirement that this House has made that all care workers in care homes should be vaccinated even if they have a genuine desire not to be—they may be fearful of the consequences, although consequences are seen in only a minority of cases—it should surely be for the judgment of each individual whether they will take the risk of having a vaccination or not. Obviously we know that, even if people are vaccinated, it does not mean that they are immune from covid-19, and it certainly does not mean that they are incapable of transmitting it to somebody else. Those issues need to be weighed up.

To go back to the hon. Gentleman’s challenge, he seems to be suggesting that those hapless families—10,000 of them, or maybe more—who have suffered real, serious damage as a result of doing the right thing should be left hanging around for years wondering whether they will be eligible for any compensation. That is totally the wrong message. The Government should be sending the message that, “If you do the right thing, you will be looked after by the Government if something goes wrong.” In a sense, that is what we do with the military covenant. People enter the armed

forces of our country and, if something goes wrong, they expect the Government to look after them, and we do. We should be doing exactly the same for those who have suffered vaccine damage, instead of talking around the subject in the way that the Minister's reply to the petition suggests is Government policy.

Shaun Bailey (West Bromwich West) (Con)

My hon. Friend is being generous with his time. I have been listening intently to what he has to say, but I am conscious of the narrative. How do we ensure that, on the one hand, people who suffer severe disablement as a result of the vaccines get that support and payment, but on the other hand, we do not create a culture of hesitancy where people do not uptake vaccines or, equally, do not produce vaccines because of the fear that they might cause mass severe side effects? I am conscious of hearing his views on that.

Sir Christopher Chope

I am trying to address that point. We cannot ignore the fact that there is fear out there about vaccination. We cannot suppress reports of coroners saying that somebody has died as a result of having a vaccination. I know from my own personal knowledge of people who have suffered—people who were in really good health and then had their first vaccine. I know of one person in particular who then had a stroke and was in hospital for some time with that, and then had severe heart problems and even had to be referred to Harefield Hospital. Those are not just anecdotes; those are facts known by people across the country.

The Government may not be too keen to promote that information, but failing to do that is actually counterproductive. Those facts are out there—we know that—so we need to say to people that if they are in that small minority of people who suffer those adverse consequences, we will look after them 100% without expecting them to get lawyers engaged and all the rest, which is agonising for their families and loved ones. That is what I think we owe them. We do that in a number of other fields for people who serve our country, and I would like to equate them to people who get vaccinated, do the right thing and act in the public interest.

By being vaccinated, we are collectively able to contribute to better public health for all. It is because people are doing it for the benefit of the state that the other side of the coin should be a guarantee that, if something goes wrong, the state will help them. It is the Government's reluctance to deal with that part of the equation that is so distressing, because it feeds into people being vaccine-hesitant. If somebody comes to my surgery and says that they are nervous about having a vaccine for themselves or their children, I cannot say, "Well, don't worry. If, in the most unlikely event, something goes wrong, you'll be fully recompensed." I cannot say that to them, but if I could, they might be more likely to take the risk. That is the issue.

Simon Baynes (Clwyd South) (Con)

Could my hon. Friend clarify the application of his Bill to the devolved Administrations, where obviously the vaccination process and the health services have been devolved?

Sir Christopher Chope

My Bill applies to England and Wales, Scotland and Northern Ireland. In so far as legislative consent would be required, I am sure that it would be forthcoming.

The problem with this Bill is that in order to get it on to the statute book, it would have to go through all its stages. It probably would not get on to the statute book until, say, next summer at the earliest, if everything went right. What I really want is action now, which is why I am grateful to the Minister for having agreed that I will be able to discuss this matter with the Minister responsible. This is urgent. Even if the Bill were accepted across the House, some legislation would not resolve the issue, because the Bill, once enacted, would only trigger the judge-led inquiry; it might be years before we had any action. We need action now to help challenge vaccine hesitancy and, most importantly of all, to give some assurance to the people who are already suffering.

Our hospitals have a large number of in-patients who are there only because they took the vaccine. It is causing a lot of angst for consultants across the country. That is why the Government should say now that they are going to look at these issues off their own bat without being required to by Parliament, and that they will carry out a review, which could also include assessing costs and benefits.

Martin Docherty-Hughes (West Dunbartonshire) (SNP)

I am eating into the time for my own Bill, but I wonder if the hon. Gentleman would agree that his Bill would not be required if his own Government agreed a date for an investigation into the Government's handling of the pandemic, just as the Government in Scotland have agreed to do?

Sir Christopher Chope

I disagree. How long does the hon. Gentleman think the inquiry into the handling of the pandemic is going to take? I suspect that it will take two, three or four years. I am talking about people who are suffering in hospital or at home now because they did the right thing in getting themselves vaccinated but have had adverse reactions as a result. He may think that he is making a clever political point by talking about the delay in starting a mammoth public inquiry, but this matter does not need a public inquiry into the causes of covid; it needs a judge-led inquiry into how we should best and most fairly compensate those who have suffered the adverse consequences of doing the right thing.

Angela Richardson (Guildford) (Con)

My hon. Friend is talking about the independent review that he wants actioned and the timescale for that. Does he not agree that over that period of time, the evidence that we need actually to ascertain vaccine damage will probably be found and that those payments will be made?

Sir Christopher Chope

I do not agree. There is no evidence yet that the Government are really getting to grips with this issue. As I have said with reference to the yellow reporting card system, we know that there is causation between vaccinations and damage caused by those vaccines, yet the Government seem to be denying that in a lot of their literature.

If we can establish and agree that, as a result of people being vaccinated, some are suffering adverse consequences, severe injury or even death, the issues around causation are probably secondary. In those circumstances, the best solution would be to provide a no-fault compensation scheme, meaning that people would not have to prove fault and would automatically qualify for compensation. Ironically, that is the condition which the Government have signed through the international COVAX scheme. Under the World Health Organisation COVAX scheme, the Government have to agree—and are indeed paying into the scheme—to indemnify any claims made for vaccine damage arising from the deployment of the vaccines. If it is good enough for the third world and the COVAX scheme, why are we not doing something similar in our own country for our own people? That is why I am quite passionate about this; not only do I know people who have been adversely affected, but it is fundamental that if we are going to encourage more people to be vaccinated, they should be given the assurance that if they do the right thing, they will receive compensation.

I am glad that the purpose of private Members' Bills is not always to ensure that they get on the statute book but to give us an opportunity to raise a subject in debate. Because I am still on my feet, when this Bill comes back to be debated later—

14:30:00

The Deputy Speaker interrupted the business (Standing Order No. 11(2)).

Bill to be read a Second time on Friday 22 October.