



“I Do Not Want To Have A Vaccination”: NHS Doctor Tells UK Health Secretary On Camera

Description

UK: An NHS doctor told Health Secretary Sajid Javid on Friday that **he’s not happy with the government’s Covid-19 vaccination mandate for health workers that is due to take effect in April.**

The vaccination mandate has already come into effect for care home staff, volunteers, and visitors from Nov. 11. Parliament approved the mandate for frontline NHS workers on Dec. 14.

Steve James, a consultant anesthetist at the King’s College Hospital, told Javid that **he doesn’t believe the science for mandating the vaccines is “strong enough”** and the government should at least consider the nuance that some doctors have had antibodies through previous exposure to the CCP (Chinese Communist Party) virus—the virus that causes COVID-19.

“I’m not happy about that,” James told the health secretary after he asked an intensive care unit (ICU) their thoughts about the new rule to require CCP virus vaccination for NHS staff.

The unvaccinated doctor said he had had COVID-19 and had been working in COVID-19 ICU since the beginning of the pandemic.



“I’ve not had a vaccination. I do not want to have a vaccination,” James said, adding that one of his colleagues was in the same situation.

“The vaccines are reducing transmission only for eight weeks for [the] Delta [variant of the CCP virus]. With Omicron, it’s probably less. For that, I will be dismissed if I don’t have a vaccine? The science isn’t strong enough,” he told Javid.

The health secretary said he respects James’s view, adding, “but there’re also many different views.”

“Obviously, we have to weigh all that up—for both health and social care—and there will always be a debate about it,” Javid said.

James suggested Javid should reconsider the mandate, considering “Omicron and the changing picture,” or at least the “nuance” that doctors who had previous infections can be exempt because the “protection I’ve got from transmission is probably equivalent to someone who’s vaccinated.”

When Javid said his immunity “at some point ... will wane as well,” James suggested that to maintain a high level of protection against transmission, every staff member would have to get a booster dose “every single month.”

Javid said the ministers “take the very best advice that we can from people that are vaccine experts.”

A new study published on Wednesday in the [New England Journal of Medicine](#) concluded that CCP virus vaccination was associated with a smaller reduction in transmission of the delta variant than of the alpha variant, and the effects of vaccination decreased over time.

Analysing real-world data from England between Jan. 2 and Aug. 2, 2021, the government-funded study suggested that Pfizer/BioNTech COVID-19 vaccine reduced the transmission of Delta by 50 percent two weeks after the second dose, but the reduction shrunk to 24 percent 10 weeks later.

The Oxford/AstraZeneca COVID-19 vaccine only offered a 24 percent reduction in transmission after two weeks and 2 percent after 12 weeks.

The government previously stated that the reasons for [making CCP virus vaccination a condition of deployment in the health and wider social care sector](#) are to “protect them and to reduce transmission within health and social care premises, contribute to the protection of individuals who may have a suboptimal response to their own immunisations, [and to] avoid disruption to services that provide their care.”

However, with Omicron’s increased ability to evade immunity, the UK is experiencing a record-high number of cases despite the country’s high vaccination rate, with troops deployed to assist hospitals amid staff shortages.

On Friday, Joint Committee on Vaccination and Immunisation said the main aim of the UK’s vaccination programme remains the prevention of severe disease and that “protection against mild or asymptomatic infection with existing vaccine products would require regular (perhaps as frequent as 3 monthly) booster vaccinations which is not considered a sustainable long-term strategy.”

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