

Citizen Participation and Public Petitions Committee
Wednesday 5 March 2025
4th Meeting, 2025 (Session 6)

PE2086: Recognise the vaccine injured and offer appropriate treatment

Introduction

Petitioner William Queen

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to acknowledge those injured by Covid-19 vaccines and to have the NHS offer appropriate treatment to those who are injured.

Webpage <https://petitions.parliament.scot/petitions/PE2086>

1. [The Committee last considered this petition at its meeting on 29 May 2024](#). At that meeting, the Committee agreed to write to the Scottish Government.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Scottish Government and the Petitioner, which are set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 19 March 2024](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 784 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
February 2025

Annexe A: Summary of petition

PE2086: Recognise the vaccine injured and offer appropriate treatment

Petitioner

William Queen

Date Lodged

28 February 2024

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to acknowledge those injured by Covid-19 vaccines and to have the NHS offer appropriate treatment to those who are injured.

Background information

My wife was injured by the Covid-19 vaccine and we had to find a private doctor to help her. Through this journey we met others who had been injured by the vaccines. Most of them have failed to find any help or acknowledgement from the SNHS and have been gaslit by those who are supposed to care for them.

Through this journey we found this group of volunteers

<https://scottishvaccineinjurygroup.org/>

They now hold core participant status in both the UK and Scottish covid enquiries and the number of members continues to grow.

The frustration at being unable to access proper health care has also led to suicides from those injured and it's now time for our government to give the help needed by people who "did the right thing" and now feel abandoned by their government.

Annexe B: Extract from Official Report of last consideration of PE2086 on 29 May 2024

The Convener: PE2086, which was lodged by William Queen, calls on the Scottish Parliament to urge the Scottish Government to acknowledge those injured by Covid-19 vaccines and to have the NHS offer them appropriate treatment.

The SPICe briefing explains that, when someone presents to a GP, their treatment is not necessarily based on or connected to the cause of the illness but based on alleviating the symptoms and, if possible, treating the underlying cause, if that can be identified. The briefing notes that injury caused by the Covid-19 vaccine is still a live area of research and that it is currently difficult to find comprehensive and reliable evidence and research that details and defines Covid-19 vaccine injury. I should also say that I do have constituents who are concerned about this issue.

The Scottish Government's response to the petition acknowledges that, on rare occasions, Covid-19 vaccines can cause injury and that it does not take concerns over the safety of vaccines lightly. The submission states that recipients of the vaccines are given

“as much information on the potential side effects as possible”

and

“must give informed consent before receiving a vaccination.”

The petitioner has provided two written submissions, the first of which calls for the vaccine injured to be given time and a platform to speak about their experiences and asks for the Scottish Government to meet the Scottish Vaccine Injury Group. The second submission calls for more research into symptoms and illnesses that result from vaccination, improved diagnosis and treatment for mast cell activation syndrome, specialist clinics or multidisciplinary teams and financial support for private medical care where adequate treatment cannot be provided on the NHS.

In light of the responses that we have received, do colleagues have any clear idea about how we might proceed?

Fergus Ewing: We should write to the Scottish Government to ask how it can be confident that specialist diagnostic testing and treatment, as set out by the petitioner, are available when required and, secondly, that healthcare providers are aware of the possible side effects of Covid-19 vaccines and apply that knowledge when considering treatment for symptoms that might have arisen as a result of the vaccination.

By way of comment, I add that I recently read in one of the more serious newspapers of doubts about one of the Covid vaccines being raised by a reputable organisation. I will not go into the details, because that would not be appropriate; I just wanted to mention it, as it is the subject of some current controversy. We need to drill down a little more and write to the Scottish Government to raise those concerns.

The Convener: I hesitated slightly during my earlier comments, because I was struck by the fact that the Government's submission states—I will repeat this—that recipients of the vaccines are given

“as much information on the potential side effects as possible”

and

“must give informed consent before receiving a vaccination.”

I recall that exactly those phrases were used in relation to the use of mesh in surgical procedures. I vividly remember being told that recipients were given as much information as possible and had given informed consent, but the evidence of many of the women in that circumstance was that that was simply not the case.

I would therefore like to ask the Government how it can assert with confidence that such practice is in place—it might be that it can do so, but I would like to understand how. The committee knows of previous examples in which a similar assurance was initially made but then was not seen to be properly validated by subsequent evidence.

The petition is important, given everything that we are now looking at. Admittedly, it is with the benefit of hindsight, but these issues are on-going in some instances. We will therefore keep the petition open and proceed with inquiries based on the suggestions that members have made. Are we content?

Members *indicated agreement.*

The Convener: I am not sure whether people connected with the petition are in the public gallery, but I hope that they are content with our keeping the petition open and proceeding on that basis.

Annexe C: Written submissions

Scottish Government written submission of 5 July 2024

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The requirement to inform recipients about the side effects and obtain informed consent before administering a vaccination is being followed in practice.

Through the pandemic, we gave, and continue to give, recipients of the COVID-19 vaccines as much information on the potential side effects as possible. Information on the potential side effects is provided with each appointment letter via the accompanying leaflet. These have clear links to further detailed information via NHS Inform and the Medicine's and Healthcare products Regulatory Agency (MHRA).

Patients are given further side effect materials at their appointments, including our NHS side effect leaflet and the individuals manufacturer's 'Patient Information Leaflets'. These provide patients with clear information detailing the possible risks and side effects in order for them to make an informed decision about whether they wish to receive a vaccination or not. Patient information leaflets can also be found on NHS Inform.

Should a patient have any further queries, staff at clinics are trained to answer any questions about side effects and each patient must give informed consent before receiving a vaccination.

Specialist diagnostic testing and specialist treatment, as set out by the petitioner in [his submission](#), is available when required

Every patient should be assessed individually for their symptoms and offered the most appropriate treatment. There is currently no specialist diagnostic testing for COVID-19 vaccine related harm, but there are other ways in which a patient may be diagnosed. As noted in our response to the original petition, it may often be the case that a clinician simply cannot determine the cause of a person's symptoms or illness.

An example of diagnosis would be if a patient presents with a particular condition. They could be tested to confirm that they have that condition and it may be a condition that is a known side effect of the COVID-19 vaccines. Further tests or clinical assessment could be done to rule in or out other likely causes, such as COVID-19 infection or other infections, but ultimately there may be nothing definitive that can fully confirm whether the condition is due to receiving the vaccine. Regardless of how the individual contracted the condition, they would be offered the same treatment as any other patient.

Healthcare providers are aware of the possible side effects of Covid-19 vaccines and apply this knowledge when considering treatment for symptoms which may have arisen as a result of vaccination

Clinicians are aware of sources they can refer to, should they believe that a patient's symptoms are directly related to a COVID-19 vaccine. They would typically refer to clinical guidance from the normal sources such as the [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](#) or the MHRA website.

An extremely rare, recognised side effect of the COVID-19 vaccines has been myocarditis and pericarditis. These conditions can be caused by a number of different factors; not just COVID-19 vaccines. The treatment of these conditions would be exactly the same for those who contracted it via the vaccines, as those who have it for another reason.

If however, as with all illnesses, new research suggested that the presentation of COVID-19 vaccine-related illnesses, such as myocarditis / pericarditis, was somehow different in presentation to the "regular" condition, and therefore required different treatment, then clinical advice and guidance would change.

Population Health Directorate

Petitioner written submission, 23 January 2025

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Informed consent requires patient autonomy to be given (one of the four pillars of medical ethics), which means being given all the facts and not feeling coerced. Public messaging from the Scottish Government was that vaccines were the only route out of lockdown. Every day, we were told how many people had died from Covid. Nicola Sturgeon announced in Parliament that 'antivaxers' are irresponsible and selfish. The Government's own documents show that vaccine passports were implemented to 'encourage' unvaccinated people to take their vaccines, particularly young people, to whom the risk from Covid was small. Scottish Labour Leader, Anas Sarwar, stated on BBC Question Time "We know who's not vaccinated. We know where they live. We should be looking at door-to-door vaccinations. We should be looking at pop-up vaccination centres."

Every single respondent to a survey on our group said they were not given any information leaflets until afterward vaccination. We recognise that the Scottish Government can only follow advice from the Medicines Healthcare products Regulatory Agency, but we now know that the 'vaccines' were not traditional protein-based or dead virus vaccines with a history of long-term safety, but instead, biologics (genetic based products) with no history of long-term safety – both the viral vector and mRNA vaccines. An application had to be made to the Office of the Gene Technology Regulator in Australia for a licence to distribute Astra Zeneca, yet no genotoxicity studies were conducted in any of the vaccines. The Green Book has not been updated to show the uptick in lymphadenopathy to 5.2% in the booster trials for Pfizer – a condition that can lead to cancers. The MHRA admitted in a FOI that they had not seen trial data for the participants in the C4591001 trial who received the ACTUAL version of the Pfizer vaccine that was administered into the arms of UK

citizens, made using a totally different process from the one used in the clinical trial. With Biologics the manufacturing process IS the product.

Final mixing of mRNA products was done at vaccination sites under extreme pressure without all the quality controls normally seen in manufacturing facilities and what is more, the final stage of the process occurs in our own cells – that are programmed to create spike protein, yet no long term studies were conducted to measure how much or for how long. We discovered it was known that the substances do NOT remain in the arm but spread throughout the body within hours. We also know that dangerous endotoxins have been found in both the viral vector and mRNA vaccines; universities published their findings very early on. Had we been told any of that then we would perhaps consider we had been given informed consent. Pfizer's post-marketing report published Feb 2021 already showed high levels of neurological disorders – much higher than cardiological issues.

These and the countless conditions our group members suffer are not listed anywhere in the Scottish Government's literature. Do the Scottish Government inform pregnant women that, according to the Cochrane Library, pregnant or breastfeeding participants were not included in any randomised control trials, and results from recent trials are still not published when, in fact, a recent study found evidence of mRNA material and expression of spike protein in the placenta?

The landmark Scottish Montgomery ruling states "The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments."

Potential alternatives treatments should have been listed somewhere. One of our group members had questions to ask at the vaccination centre and the only person available to answer was a dentist. How is that informed consent?

We were also told the 'relative risk' as opposed to the 'absolute risk' – 95.03% efficacy for Pfizer instead of 0.84% which goes against The Association of British Pharmaceutical Industries Code of Practice. Again, how is that informed consent?

Although the Scottish Government claims that vaccine mandates were not implemented, this was not the impression that several of our members were under. We have a paramedic whose office circulated emails naming and shaming staff who still hadn't taken their vaccines. Medical personnel were pressured to take them and those who needed to travel for work had to choose – lose their job or take the vaccine.

Regarding treatment of symptoms. We repeat what we have said earlier because we are not being heard.

As far as we know there are NO diagnostic or treatment codes in place for mast cell activation syndrome. If the symptoms were simply to be treated, we would need to

wait to see multiple specialities and be given numerous medications and tests, undoubtedly triggering further mast cell reactions when the underlying cause is easily treated. We have chronically ill group members with nowhere in the NHS to turn to who are told the specialists have no idea where their symptoms are coming from and many of their tests come back normal. One was told by the anaphylaxis clinic that they had mast cell activation, that they needed to 'calm down' their mast cells then were discharged without treatment, because they 'didn't treat that'. There was literally nowhere to turn but a private doctor.

Group members who have postural orthostatic tachycardia syndrome are being left with no diagnosis or treatment because of a lack of recognition of that condition in the NHS when, again, there are medications and lifestyle changes that can help.

Vaccine induced myocarditis can be difficult to spot, presenting at times with raised myoglobin markers without raised troponin markers and not all "cities and communities have access to this testing, and many cases will remain undetected". We have group members who are continually turned away, told they are being over-anxious, leading to dangerous hesitancy about seeking help while others, who have paid for private consultations and scans costing thousands have received a diagnosis of heart injury. The question should be asked, when a young person presents with chest pain "Did you receive a covid vaccine?" According to an article in the European Journal of Heart Failure symptoms can go undetected for long periods of time. They found underlying non-symptomatic myocardial injury in 1/35 people following vaccination – women as well as men.