REPORTING THE UNLAWFUL "UK CORONAVIRUS ACT 2020"

Having contemplated the irrefutable fact that since the outbreak of the so-called "Coronavirus Pandemic", there has been NO SIGNIFICANT INCREASE IN THE OVERALL DEATH RATE IN ANY COUNTRY, WITH OR WITHOUT LOCKDOWNS, SOCIAL DISTANCING, MASK-WEARING OR VACCINATIONS:

(a) I, …… therefore honestly hold the reasonable belief that Members of the UK Parliament, having KNOWINGLY enacted the UNREASONABLE and DISPROPORTIONATE hence UNLAWFUL "Coronavirus Act 2020" with all its DRACONIAN CONSEQUENCES, are SINGLY AND/OR COLLECTIVELY guilty of ONE OR MORE of the following ARRESTABLE CRIMINAL OFFENCES:

1. MISCONDUCT AND/OR MISFEACANCE IN PUBLIC OFFICE
2. TREASON AGAINST THE BRITISH PEOPLE
3. SUBVERSION OF THE UK CONSTITUTION AND BILL OF RIGHTS
4. CRIMINAL FRAUD
5. FALSE IMPRISONMENT
6. TERRORISM AGAINST THE BRITISH PEOPLE
7. INTERNATIONAL CRIMINAL COURT ACT 2001, SCHEDULE 8: ARTICLE 6 - GENOCIDE AND ARTICLE 7 – CRIMES AGAINST HUMANITY

(b) It being the case that EVERY HOLDER OF THE OFFICE OF CONSTABLE IS REQUIRED BY LAW TO RECORD AND INVESTIGATE EVERY REASONABLE ALLEGATION OF CRIME, I the above named, hereby require you:

Rank: …… Name: …….. Number: …… being the nearest available Police Officer to

(1) Record this Crime Report.
(2) Supply me with an official Crime Reference Number.
(3) As a matter of URGENT NECESSITY to investigate the alleged crimes, starting by verifying the assertion in the first paragraph of this report AS EVIDENCED IN OUTLINE BY NOTES 1 – 3 OVERLEAF

Signed and Witness By:

1) ……. Date: ……

2) ……. Date: ……..

NOTICE TO ALL UK CONSTABLES:

The People of Britain Require Your Support...

UNLAWFUL ACTS

ARE BEING COMMITTED BY THE UK GOVERNMENT

UPHOLD THE LAW!

https://reclaimthelaw.org

UK Coronavirus Act 2020

~ THE FACTS YOU NEED TO KNOW:

1. AS OF 19 MARCH 2020, COVID-19 IS NO LONGER CONSIDERED TO BE A HIGH CONSEQUENCE INFECTIOUS DISEASE (HCID) IN THE UK. https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

~ SIX DAYS LATER on 25 March 2020, the DRACONIAN 330 page "Coronavirus Act 2020" was passed through the House of Commons, AND the House of Lords,

WITHOUT SERIOUS DEBATE OR DISCUSSION.

2. OVERALL DEATHS IN THE UK FROM 2019 - 2020

INCREASED BY 11 in 10,000*

~ IS THIS TINY FRACTION A "LAWFUL EXCUSE" FOR THE LOCKDOWNS AND EXPERIMENTAL VACCINATIONS?

THE BLACK DEATH TOOK ONE IN THREE FROM EUROPE !

*https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12735annualdeathsandmortalityrates1938to2020provisional

3. Our planet's population growth rate actually INCREASED from 2020-2021 . . .

Year	Population	Growth Rate
2018	7,591,515,998	1.11 %
2019	7,674,314,922	1.09 %
2020	7,756,041,003	1.06 %
2021	7,851,163,856	1.23 %

World population history: https://countrymeters.info/en/World

Source : United Nations Department of Economic and Social Affairs: Population Division

The Coronavirus Act 2020

is an

UNNECESSARY, UNREASONABLE DISPROPORTIONATE USE OF FORCE.

~

THE 2020 ACT IS THEREFORE AN

UNLAWFUL SUBVERSION OF THE UK CONSTITUTION

AND

BILL OF RIGHTS

by the

British Government.

In the UK EVERY HOLDER OF THE OFFICE OF CONSTABLE IS REQUIRED BY LAW TO RECORD AND INVESTIGATE EVERY REASONABLE ALLEGATION OF CRIME.

(Failure to record and investigate this reasonable allegation of **grievous** crime is a serious neglect of Duty under the Police Discipline Codes).

NHS
Manchester University
NHS Foundation Trust

Ref: FOI 423-21

[redacted]

Informatics
3rd Floor, Cobbett House
Oxford Road
Manchester
M13 9WL

Direct Line: 0161 701 0375
Email: foi@mft.nhs.uk

25 June 2021

Dear Ms Collins,

With reference to your Freedom of Information request, please see below the information in response to your queries:

Under the FOI act can you please confirm:

a) **the cycle threshold you are currently using for the PCR tests**

The Trust uses 45 thermal cycles for in house SARS Cov-2 assay. Commercial CE IVD assays used include Roche Cobas, Cepheid, Mobidiag and Biofire. The parameters for these assays are available from these commercial suppliers.

b) **if the cycle threshold has been changed in the last 12 months - if so when & from what/to what?**

The number of thermal cycles run for in-house SARS Cov 2 PCR assay for the time period listed has not changed.

If you are unhappy with the way your request has been handled, you may ask for an internal review by writing to the FOI team at the above address. If you are not satisfied with the outcome of the review, you can then ask the Information Commissioner's Office (ICO) to make a decision. Generally, the ICO cannot make a decision unless you have completed the Trust's internal review process.

The ICO contact details are:

Information Commissioner's Office
Wycliffe House
Water Lane

VIDEO: This Week in Virology – Anthony Fauci explains RT-PCR test failings – 16/07/2020

Video URL: https://www.microbe.tv/twiv/twiv-641/

Segment: from timestamp 04:00

“What is now sort of evolving into a bit of a standard that if you get a cycle threshold of 35 or more, that the chances of it being replication competent are miniscule……Somebody comes in and they repeat their PCR and it is like 37 cycle threshold but it’s like you can almost never culture virus from a 37 threshold cycle. So I think if someone does come in with 37, 38 even 36, you’ve got to say it’s just dead nucleotides period.”

“When I get my test and you know it’s negative. When someone comes in and it’s positive, they don’t give them the threshold until you go back and ask for it”

Full support of the statements by Mark Sexton of ongoing misconduct & misfeasance in public office by members of the UK government.

My name is Dr Mike Yeadon. I am qualified in biochemistry, toxicology and pharmacology, with a BSc degree and research-based PhD. I have been a professional research scientist for over 30 years, working to executive level in both 'big pharma' as well as biotech. I left Pfizer UK a decade ago as vice president of worldwide respiratory R&D and have since been founder and CEO of Ziarco, a biotech subsequently acquired by Novartis. I have also consulted widely to over 30 start up biotech companies, mostly in the US. I claim to be at least as highly qualified as any of the advisors to UK government in their SAGE committee and specifically a scientific peer of Sir Patrick Vallance, Chief Scientific Advisor, alongside whom I worked 30 years ago.

I am writing to you within my expert and professional capacity to fully support the assertions and allegations Mark Sexton is making, relating to Misconduct and Misfeasance in public office against members of the governments of the United Kingdom.

Though I recognise this will be hard to accept, every single one of the central narrative points that SAGE repeatedly asserts about this virus is untrue. Further, because they and I were educated in the same UK university system over similar time periods and will have taken the same foundational courses, they know what I know. Knowingly telling untruths is lying. That is what senior advisors to government and then government ministers have been doing for at least 15 months, with obviously malign intent.

They know perfectly well that the lethality of this virus is, at most, slightly worse for the very old and frail than in seasonal influenza, but LESS dangerous than flu for the working age population.

In contrast to their claims that everyone is vulnerable, the clinical immunology clearly shows that around half the population already had protective immunity because they had previously been exposed to related viruses. SARS-CoV-2 is related to four, endemic coronaviruses which together cause around one fifth of what we call common colds.

They also are well aware that the PCR test is being misused by running excessive numbers of amplification cycles and not defining and subtracting the false positive rate. As a result, they are dialling up meaningless 'cases' to order & lying to the public about the true prevalence of the virus.

They pretended that masks have any protective value yet there is extensive, published research showing no impact whatsoever on transmission of respiratory viruses.

Further, the magical thinking that permits those with no symptoms whatsoever to infect others is absurd and also a lie, as previously confirmed on video by Dr Fauci of the USA and Dr Kerkouve of the WHO. Asymptomatic transmission if it ever occurs is 100-fold lower than from those with symptoms.

Pretending that those who have recovered from infection might not be immune is another absurd lie. If we didn't develop immunity, we would not recover. Immunity have been repeatedly shown to be very good and long-lived (probably lasting for years to decades).

Numerous people have conspired to pretend that there are no safe and effective treatments, whereas there are several such medicines (hydroxychloroquine, azithromycin, zinc, ivermectin, fluvoxamine, budesonide, etc).

Among the worst deceptions is the lie that 'lockdowns' prevent transmission of the virus, whereas all it has done is to destroy the economy and civil society as well as INCREASE deaths by denial of healthcare as well as worsen depression. Dozens of peer reviewed journal articles clearly show NO effect of lockdown. We've known this, for certain, since June 2020. Note the lockdowns since, which are a fraud. Lockdown could never have worked because infections occur only when a symptomatic person comes into contact with a susceptible person. Symptomatic people are UNWELL and are not generally walking around to be encountered. Instead, transmission mostly occurred in institutions like hospitals and care homes.

An additional, persistent lie is that variants are dangerous and will escape immunity. It is certain that the most-different variant is no more than 0.3% different from the Wuhan virus. Our immune systems easily detect related viruses which differ by at least 20% and this has been shown experimentally with variants of this virus.

You may find much more detail on these allegations in an article I wrote last year (Lock down sceptics, 20/09/20) and my understanding has advanced substantially since. I have given very many, long-form interviews on this field, for example here: https://thehighwire.com/videos/episode-219-in-harms-way/

So you can imagine my serious concern when I realised that novel, gene-based vaccines were being developed at speed. On December 1, 2020, with Dr Wolfgang Wodarg of Germany, I wrote to the European Medicines Agency, firmly demanding that they delayed their emergency approval.

You can find a copy of that petition at this link:https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf

Our concerns included inadequate safety testing of new technology agents and the criminal pretence that there was an emergency with no medicines thus warranting 'emergency use authorisation'. Of course, that's what they did, contrary to law. We also pointed out the risk of acute allergic reactions which might be life threatening (these were observed on the first day of public dosing) and potential impacts on fertility.

With others, I have subsequently written open letters to the EMA several times, first warning of the risk of blood clots (a life threatening risk built into all the covid-19 vaccines by design choice), having selected spike protein as the immunogen. Biologists have known for over a decade that coronavirus spike proteins are pro-coagulant. These letters can be found at this link: https://doctors4covidethics.org/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-vaccine-safety-concerns/

What is happening to those injected with these experimental vaccines is truly terrible. The premise of vaccines, of which I've been a lifelong supporter, being of the pharmaceutical industry, is that a healthy person becomes protected against a future hazard and experiences nothing more than mild side effects while the vaccine confers immunity upon the recipient. In this case, hundreds of thousands of people have experienced grave side

effects, mostly to do with interruptions to blood flow anywhere in their body and over 1,300 people have died shortly after vaccination, almost certainty caused directly by vaccination (through fatal thromboembolic events, such as brain blood clots, deep vein thrombosis and disseminated intravascular coagulation).

I repeat my well-evidenced demand for an immediate cessation of the vaccine program and in particular, on no account should these be administered to children. Children are simply not as risk from this virus. Furthermore, they are poor at transmitting it to others. There is literally no medical case whatsoever for vaccinating children, yet it is certain that many will be injured, some seriously (issues surfacing in recent days include heart inflammation, myocarditis, which often leads to premature heart failure and death in later life).

I am also VERY concerned that the entire point of this fraud is to coerce people onto a vaccine passport database, a tool of extreme control.

I am aware and in touch with Dr Tess Lawrie who has recently expressed her serious concerns as have many doctors and scientists around the world but they are being silenced and blocked by media and social media outlets.

I offer my full support to assist the police with their criminal investigation and I have included my contact details.

I really hope you take action is response to Mr Sexton's allegations, to which I am adding mine. Your children and mine are the reason I am putting myself in harms way. This crime will cease when enough good people take their courage in their hands and join me and Mr Sexton.

Sincere best wishes,

- Mike -

Dr Michael Yeadon

My name is Dr. Tess Lawrie and I am a medical doctor and research consultant based in Bath, UK. My professional qualifications are MBBCh, PhD. As the Director of the Evidence-based Medicine Consultancy (EBMC) Limited and EbMCsquared, a Community interest research Company, I am committed to improving the quality of health and health care through rigorous independent research. The World Health Organization has been one of EBMC Limited's clients since 2012. Because we have no conflicts of interest, our work is highly valued. In addition, my personal ResearchGate score is among the top 5% of ResearchGate scientists and my work is highly cited.

I am making contact with you with regards to the criminal complaint of Misconduct and Misfeasance in public office made against Members of Parliament by Mr. Mark Sexton. I would like to make you aware of the following as I believe this supports Mr. Sexton's assertions and validates a number of the allegations he is making.

On January 4th, 2021, I sent an urgent communication to the UK government (Mr Matt Hancock, and others) regarding an old generic medicine called Ivermectin. After reviewing the evidence on ivermectin for covid-19, I concluded in the report that deploying ivermectin against covid-19 would have a dramatic effect on the pandemic as the evidence showed that it was effective and safe in treating and preventing covid-19. Currently, there is no effective anti-viral treatment approved by the government for covid-19, and a special task force has been put together to find early treatments. This is ridiculous, as a safe early treatment already exists, and the government has been informed of this. As mentioned, Ivermectin is a generic medicine, it costs pennies to make and many pharmaceutical companies can make it. It's on the World Health Organization' list of essential medicines because it's been such a useful medicine over the decades and its developers won a Nobel Prize for it in 2015. There is therefore little profit to be made from this medicine unlike the novel therapies in which the government has invested. Remdesivir, made by Gilead, costs around £3,000, and is approved for use in the UK with very little evidence that is works and serious safety concerns. Ivermectin costs around 50 p.

The evidence that I have supplied to the government and their Agencies over the past 6 months has been consistently ignored. This has been surprising to me as I expected that they would have been very interested in this safe and effective low cost medicine. I have since become aware that key figures in government had already been informed about ivermectin's promise last year. In addition, Prof. Chris Whitty has extensively studied ivermectin in his career and even wrote a paper in 2010 highlighting how safe this low-cost medicine is for widespread use in malaria areas. When thousands of people were dying every day, they couldn't give this safe cheap old medicine a go in the interest of saving lives. As it is most widely used as a de-worming medicine, the worst that would have happened would have been that the population would be worm-free.

Not only has the MHRA failed to approve ivermectin, despite the rapid approval of several experimental therapies, the MHRA has also been stating in communications that using ivermectin could be dangerous. This is a table from the WHO's vigiaccess.org pharmacovigilance database as of today:

Clearly, the new treatments approved under EUAs appear far more dangerous.

Which brings me to my next point: I have independently analysed the Yellow Card Data on the government's website and submitted an urgent preliminary report to Dr June Raine, head of the MHRA. In the report I conclude that an urgent cessation of vaccine programme is need. *"The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects. As the mechanism for harms from the vaccines appears to be similar to COVID-19 itself, this includes engaging with numerous international doctors and scientists with expertise in successfully treating COVID-19."*

My work on the Yellow Card data is continuing and an updated report should be ready by the end of next week. I have not received a reply from Dr. Raine.

As a professional in the medical field I feel it is incumbent upon me to support Mark Sexton's assertions that the government of the United Kingdom must now be aware of the damage the vaccines are causing. These vaccines are still being evaluated in clinical trials that are due to be completed in 2023. As they are being rolled out ahead of the completion of these trials, extra-special vigilance needs to be paid to adverse drug reactions – and this pharmacovigilance needs to occur independently of the manufacturers and those with vested interests in the success of the vaccine programme.

Had ivermectin had been employed against covid-19 last year or, at the latest, upon receipt of my report on the 4th of January, many deaths and much suffering could have been avoided. In addition, a re-evaluation of the Emergency Use Authorisations of the vaccines and other novel therapies rushed through the approval process would have been required, as EUAs are only appropriate if there is no effective treatment for covid-19.

I include in this email copies of the reports that I have sent to the relevant UK authorities, and other information that may be of interest. You will find further information on ivermectin at www.bird-group.org, a crowdfunded initiative that is supporting our efforts to get ivermectin into use in the UK.

I am willing to provide all of the evidence, correspondence with government, and my professional expertise and knowledge to form part of your criminal investigation into the Misconduct and Misfeasance in public office by members of Parliament.

I am available via email as above should you wish to discuss the content of this email.

Kind regards,

Dr Tess Lawrie
Director
C: EBMC Ltd /EbMCsquared CiC and BiRD Group

My name is Clare Wills Harrison. I am a practising lawyer. My professional qualification is Chartered Fellow of the Institute of Legal Executives (FCILEx). My registration number is 81310.

I have worked as a lawyer since October 2000, and from January 2014 I have owned and operated my own regulated legal practice, firstly known as Wills Jacobsen LLP, which was authorised and regulated by the SRA, (of which I was a partner), and latterly since August 2015 with the practice being known as Wills Jacobsen Legal Ltd, (of which I am the sole director), and which is authorised and regulated by CILEx under authorisation number 2164535.

I am authorised by CILEx to carry out reserved legal activities in Probate. As my legal specialisms are in Succession Law, Succession Practice, Land Law, and Equity and Trusts, I deal with a large range of matters in the following mentioned areas which include but are not limited to, the administration of estates, the drafting of Wills, the drafting of Lasting Powers of Attorney, dealing with Court of Protection matters, the drafting of Trusts and carrying out the administration of Trusts. My work regularly takes me into care homes, and into the homes of the elderly, and I have continued to work in this way since lockdown began on 23rd March 2020.

I am aware of the criminal complaint currently being made by Mark Sexton against some members of the government of the UK for Misfeasance and Misconduct in public office. I fully support what Mark is doing.

I am prepared to give evidence that I have gathered to Mark, to show, support and prove, that I believe that the most serious offences have been committed, and continue to be committed by the UK government against its people.

Since April 2020 I have been particularly concerned about the treatment of the elderly in care homes and hospitals. I have spoken to numerous care home and NHS whistle-blowers and taken my own testimony from them about: -

1. the inappropriate use of opioids and benzodiazepines for patients in care homes and hospitals,
2. the inappropriate withdrawal of food and water for the same cohort at the same time,
3. the inappropriate lodging of DNR's on the same cohort at the same time

The above practices have led to the deaths of many in care and hospital and amount to, in my opinion, attempted murder, (where the person has survived), and at the least, manslaughter, (where the person has died).

One case that I was informed of via a whistle-blower was reported to Kent police in or around July 2020. They subsequently opened an investigation and the CQC became involved. As I was not the whistle-blower, merely the person reporting her statement, I have not been informed of the progress or outcome of either the police investigation, or the investigation by the CQC. However, the police investigation should be a matter of record that you can check yourself for validity.

I have spent the last 12 months gathering evidence of the level of prescribing of opioids and benzodiazepines into care homes and the general community, during lockdown. I believe what I have gathered shows and support my assertions about their inappropriate use, which in turn has led to deaths, fraudulently marked as Covid.

I should say at this point that I believe the inappropriate use of benzodiazepines has resulted from policy directions from Public Health England, which may well have come from the Department for Health and Social Care. I am currently seeking further proof of this, but in the meantime,it is publicly documented that Matt Hancock ordered 2 years' worth of the benzodiazepine Midazolam in March 2020, and then within 2 months ordered a further 22,000 packs of this drug.

It is also public knowledge that out of hospital prescribing for the benzodiazepine Midazolam, doubled in April 2020, with no rationale for this, aside from it being the same period that the elderly were forcibly discharged from hospital into care homes, and the same period that care homes deaths rose by 159% when compared to the start of the pandemic.

Midazolam prescribing remained above average levels in both April and May 2020. During a similar period (2 March to 12 June 2020), 18,562 residents of care homes in England died, supposedly "with COVID-19", including 18,168 people aged 65 and over. This represented almost 40% of all deaths involving COVID-19 in England during this period . I believe these deaths were in fact not from Covid but were because ofthe three practices adopted and described above.

In addition to the most serious of crimes alleged above, where the practices described above at 1 - 3 have led to deaths, as the deaths have been marked as Covid on the death certificates of the people concerned, in my opinion this amounts to fraud. On this latter point, I am prepared to lodge with Mark a copy of a witness statement for the same, referring to my own personal experience, and the experience of my clients. In any event it is public knowledge that doctors are allowed to mark death certificates as Covid, based on merely suspicion alone, a practice never heard of before, and which leaves the door open to abuse.

I have carried out and continue to carry out extensive research into several significant issues surrounding the coronavirus pandemic. These issues correlate to what Mark is concerned about, and I believe the concerns he has about what has happened and is continuing to happen,are profoundly serious and require urgent police intervention.

The police have a duty to prevent more deaths, and further harm being committed against the people of the UK. For this reason, the police must at the very least, take Marks's complaint seriously, and investigate all the allegations made therein. I believe what I have set out above supports Mark's allegations and indeed adds to them.

The crimes I have alleged above have, in my opinion, led to improper emergency authorisations of Covid 19 vaccines. Some of these vaccines, (all of which are still in trials that do not end until 2023), are an MRNA poison,deadly to some, with deaths in the UK, EU and USA alone, being almost 30,000 to date. Please see here for UK deaths only.

Aside from my concerns set out above, I now feel that thesingle most important issue facing this country is the halting of the dangerous Covid 19 vaccination programme. Dr Tess Lawrie wrote to Dr June Raine of the MHRA asking for the cessation of Covid 19 vaccines, on 9th June 2021, and I quote from her letter below: -

"The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects. As the mechanism for harms from the vaccines appears to be similar to COVID-19 itself, this includes engaging with numerous international doctors and scientists with expertise in successfully treating COVID-19"

To date, Tess Lawrie has not received a reply to her letter,which I find both astonishing and alarming.

Under no circumstances must children be injected with any of the Covid vaccines given the deaths from the same to date. There is absolutely no necessity for children to receive any form of vaccine for the disease Covid 19 it, as they are at minimal risk from it. In addition, as has now been documented by Tess Lawrie herself, there is a safe alternative treatment in Ivermectin, shown to be extremely effective. Vaccinations are not needed for children, or indeed anyone.

The issuing of Ivermectin as a suitable Covid drug treatment continues to be suppressed by Public Health England and the UK government. Social media supresses the discussion of the drug as a treatment, and doctors are repeatedly shut down from talking about the successful treatment of their patients with this drug. What is concerning about this is that as an alternative treatment is available for Covid 19, the emergency authorisation of the Covid vaccines must be removed. Hence the suppression of Ivermectin as a treatment, and refusal to end the vaccination programme, is in and of itself a further crime that must be investigated by the police urgently as any delay in doing so will no doubt see further deaths from the vaccines themselves.

As a lawyer talking to a Superintendent within the police service, and as this email will be addressing the Chief Constable, I call for the immediate investigation into the issues raised, along with the immediate cessation of the vaccine program to protect the public, and especially children, from further harm and death. This is a now national emergency. The enormity of what we are facing is beyond the cognitive comprehension of some, but unfortunately is a reality.

I have provided in this letter a small part of evidence I have to hand as regards the issues mentioned. As and when required I will gladly support a full criminal investigation into what the UK government have done and continue to do to the people of the UK, which now appears to be continued by some member of government knowingly and willingly. This is an exceedingly difficult and bitter pill to swallow, but one we must all face.

Links to documents and articles supporting my position are provided within the content of this letter and shown in the corresponding footnotes.

I await hearing from you.

Yours sincerely,

CLARE WILLS - HARRISON
FCILEx (Chartered Legal Executive), SFE
CILEx Probate Practitioner

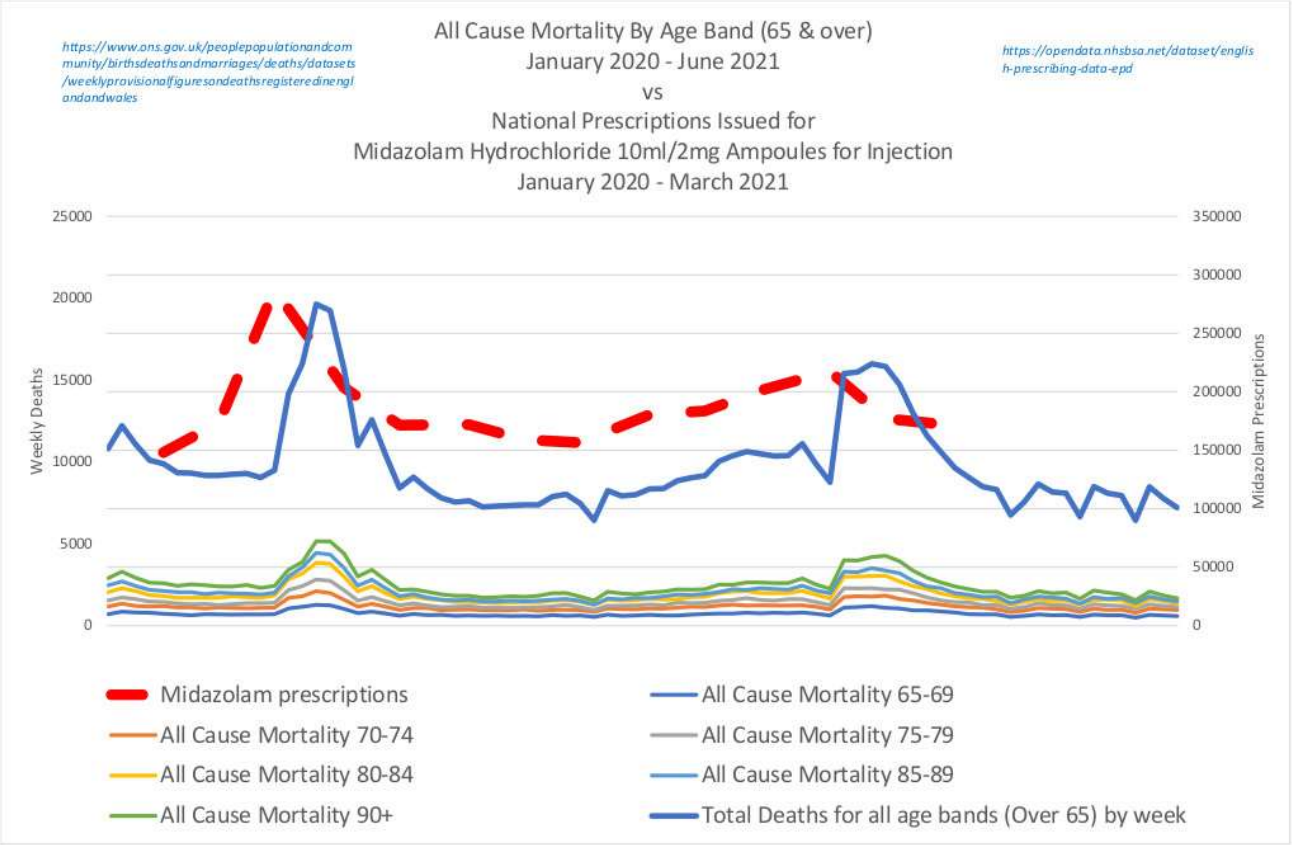
#WeNeedToTalkAboutMidazolam

Below is a graph produced from our interrogation of data for out of hospital prescribing of Midazolam, for the period January 2020 to March 2021.

It is critically important to look at All Cause Mortality, in line with the Midazolam prescribed in this 15 month period.

This graph looks at all cause mortality for over 65s, broken down into age brackets. The total All Cause Mortality for the relevant period is shown by the thick blue line. The Midazolam prescribing has been overlaid onto this, shown in red.

What can you see?



Does the shape of the all cause mortality in the graph, and the shape of out of hospital Midazalom prescribing, look odd to you?

Is it not an unequivocal mind-blowing fact the prescribing of that drug seems to follow the same peaks and troughs as the deaths?

What is the mathematical possibility of this happening by accident? Remember, this is All Cause Mortality, so not just alleged Covid deaths.

Does this therefore emphatically suggest that there has been a pre-planned, heavily inappropriate use of Midazolam in care homes, hospices and hospitals, among people who did not test [false] positive for Covid?

Which is tantamount to putting everybody over the age of 65 on the end of life pathway, bringing about the premature deaths of thousands of people?

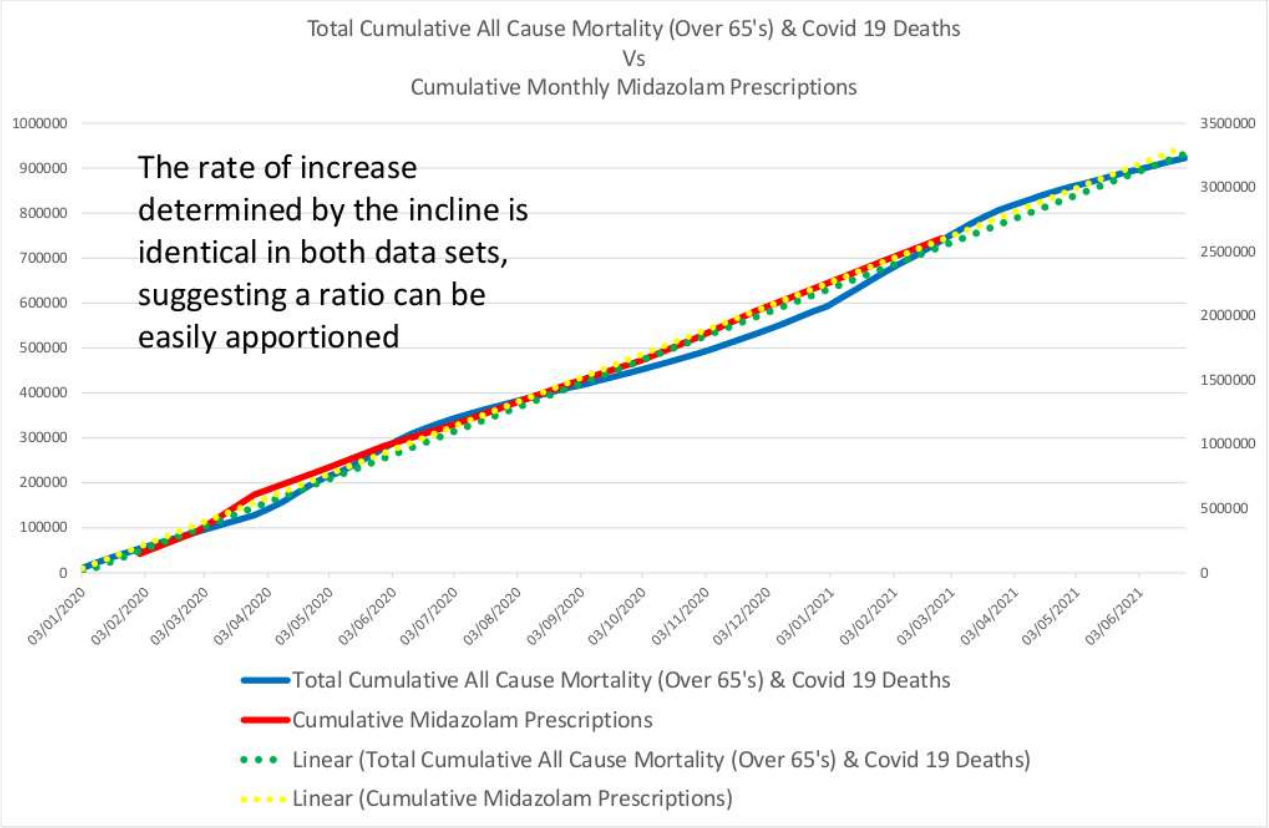
We leave you to ponder these pressing questions, whilst we get back to our data, in preparation for a case which Mark Oakford, PUB and myself are pleased to say, we intend to file ASAP. More news on that to follow.

In the meantime, we think you will agree there are serious questions which need to be answered about the use of #Midazolam over the last 15 months.

Further Midazolam evidence

Below is a graph showing cumulative and linear all cause mortality for over 65s vs cumulative and linear midazolam prescribing, both for period Jan 2020 to June 2021.

Deaths scale is left hand side, midazolam scale right hand side.



Like the previous graph produced, we have clear correlation between midazolam prescribing and deaths.

Remember, the prescribing we are looking at is out of hospital prescribing only, so nothing to do with hospital ventilation or operations.

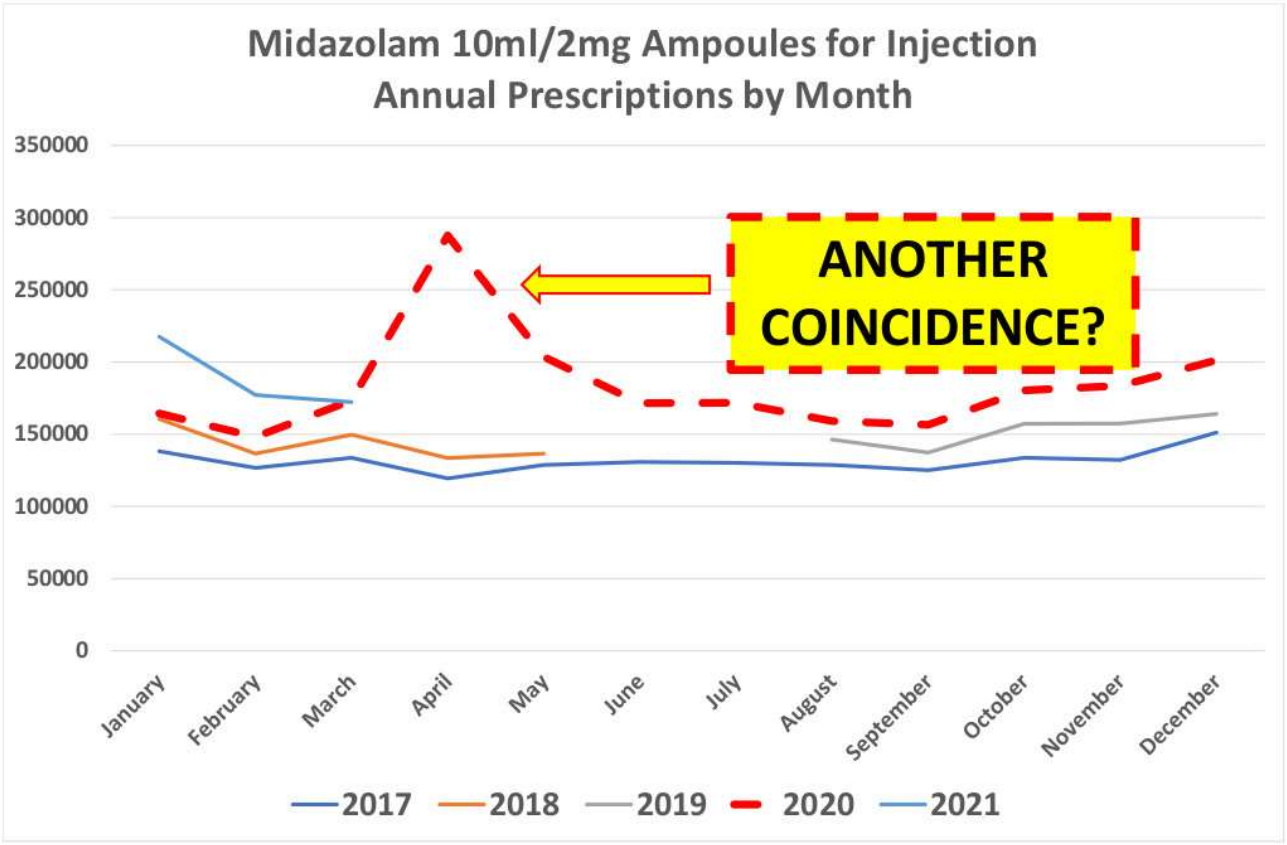
Also remember, this is all cause mortality for over 65s, not just deaths with Covid.

Given the all cause mortality and prescribing data have the same rate of incline, what does this suggest?

Is it not the case, that it cannot be argued, that the midazolam prescribed was for those suffering or in agony from a respiratory disease?

Could it therefore be the case that Midazolam was used for those not suffering from a respiratory disease? And if so, surely all those not suffering from a respiratory disease were not all end of life, requiring Midazolam for "palliative" care.

So what was the Midazolam used for?



These are serious questions that need answering by those in charge of Midazolam ordering and distribution in the UK in last 15 months.

Dr Robert Malone- inventor of the MRNA Vaccine.

'The Single Most Qualified' mRNA Expert Censored After Discussing Concerns Over Vaccines

Dr. Robert Malone, the "inventor of mRNA vaccines," told Fox News's Tucker Carlson on Wednesday that a broadcast of a podcast he did discussing his concerns with the COVID-19 vaccines was removed from YouTube.

Carlson argued Malone "has a right to speak," even if it's contrary to what NIAID Director Dr. Anthony Fauci is saying.

"[O]ne of my concerns are that the government is not being transparent with us about what those risks are. And so, I am of the opinion that people have the right to decide whether to accept vaccines or not," Malone said of the vaccines, noting that they are operating under an emergency use authorization.

As Katie reported, Malone is not alone in his concerns, particularly for younger Americans. Top doctors wrote in the Wall Street Journal on Tuesday about the risks associated with the vaccines and how the politics surrounding the shots are preventing an open discussion about vaccine safety--not to mention Big Tech's influence.

> "This is a fundamental right having to do with clinical research ethics," [Malone] said. "And so, my concern is that I know that there are risks. But we don't have access to the data and the data haven't been captured rigorously enough so that we can accurately assess those risks – And therefore … we don't really have the information that we need to make a reasonable decision."
>
> Malone said that in the case of younger Americans, he "has a bias that the benefits probably don't outweigh the risks in that cohort."
>
> But, he noted there is no substantive risk-benefit analysis being applied to the vaccines.
>
> "That is one of my other objections, that we talk about these words risk-benefit analysis casually as if it is very deep science. It's not. Normally at this stage, the CDC would have performed those risk-benefit analyses and they would be database and science-based. They are not right now," said Malone.
>
> "I can say that the risk-benefit ratio for those 18 and below doesn't justify vaccines and there's a pretty good chance that it doesn't justify vaccination in these very young adults." (Fox News)

https://townhall.com/tipsheet/leahbarkoukis/2021/06/24/the-single-most-qualified-mrna-expert-censored-after-discussing-concerns-over-vaccines-n2591500

Our ref: 21162985
10 February 2021

Nick Milner
???

Account reference:request-722850-a3014a8b@whatdotheyknow.com

Freedom of Information Act 2000

Dear Nick Milner

We can confirm that the information requested is held by Birmingham City Council and have detailed below the information that is being released to you.

Request

Dear Birmingham City Council,

Under the Freedom of Information Act i formally request that you provide me with the following information.

The total number of burials and cremations in the Birmingham City Council jurisdiction from Jan 2015 to Dec 2020 listed separately and annually.
If it is not possible to list burials and cremations separately it will be acceptable to list them together.

Response

Burials and Cremation figures from 2015- 2020

	2015	2016	2017	2018	2019	2020
Burials	2,695	2,635	2,542	2,628	2,471	2,559
Cremations	5,295	5,027	5,785	5,056	4,409	4,293

Please quote the reference number 21162985 in any future communications.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within 40 working days from the date this authority issued its initial response to your original letter and should be addressed to:

Corporate Information Governance Team

Regulation and Enforcement
Neighbourhoods Directorate
Birmingham City Council
PO Box 12971
Birmingham
B33 3BD

PO Box 16366
Birmingham
B2 2YY
Email: infogovernance@birmingham.gov.uk

If you are still dissatisfied with the Council's response after the internal review you have a right of appeal to the Information Commissioner at:

The Information Commissioner's Office

Website: www.ico.org.uk

We will now close your request as of this date.

Yours faithfully

Regulation and Enforcement FOI Team

Table added for ease of reference - not part of original FOI response

YEARS ORDERED BY DEATHS

	BURIALS	CREMATIONS	TOTAL
2017	2542	5785	8327
2015	2695	5295	7990
2018	2628	5056	7685
2016	2635	5027	7662
2019	2471	4409	6880
2020	2559	4293	6852

Regulation and Enforcement
Neighbourhoods Directorate
Birmingham City Council
PO Box 12971
Birmingham
B33 3BD

Status of COVID-19

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK. There are many diseases which can cause serious illness which are not classified as HCIDs.

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID.

The World Health Organization (WHO) continues to consider COVID-19 as a Public Health Emergency of International Concern (PHEIC), therefore the need to have a national, coordinated response remains and this is being met by the government's COVID-19 response.

> Cases of COVID-19 are no longer managed by HCID treatment centres only. All healthcare workers managing possible and confirmed cases should follow the updated national infection and prevention (IPC) guidance for COVID-19, which supersedes all previous IPC guidance for COVID-19. This guidance includes instructions about different personal protective equipment (PPE) ensembles that are appropriate for different clinical scenarios.

Exclusively Employment Law Solicitors

pjhlaw

Sir Simon Stevens
Chief Executive Officer
NHS England

2 July 2021

Dear Mr Stevens

Re: My Client: Dr Sam White

I am instructed by Dr Sam White, a GP.

Dr Sam White has had his licence to practise within the NHS suspended by letter from the NHS dated 26 June 2021.

Please treat this letter as a public interest disclosure or whistle blow in that it raises allegations of alleged criminal conduct and breach of legal obligations by those leading the covid response.

The reasons given for my client's suspension have been inconsistent. My client has been told one thing verbally and another in writing.

What my client has been told in writing is he has been suspended on the basis of his social media output.

My client's social media output does not differ in any material extent to other clinicians also with an online presence who have not been suspended.

My client raised concerns during his NHS five year revalidation appraisal process with the NHS in November 2020.

All of these concerns were raised during the revalidation appraisal process and overlap with what is in my client's social media content.

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Samantha Crombie
Joe Hyland

The NHS took no action on either the substance of the concerns raised in my client's appraisal nor did the NHS take any action against my client for raising those concerns during his appraisal. My client's appraisal was signed off by the NHS Responsible Person. The same Responsible Person who later suspended my client.

It would appear that the reason the NHS took the action they did of suspending my client from practice in the NHS was the fact that the contents of Dr White's video went viral clocking up over a million views in June 2021.

The NHS appears to have taken umbrage at my client letting the cat out of the bag. The NHS appear to have acted in the way they did because my client pointed out that there are a number of elephants in the room. My client is entitled to point out alleged wrongdoing and is also entitled not to be victimised for so doing.

My client's social media output sets out two main propositions which are further developed here:

1. The vaccine programme has been rolled out in breach of the legal requirements for clinicians to obtain the free and informed consent of those being vaccinated.
2. That the requirement to wear face coverings in an NHS setting is in breach of common law obligations not to cause harm and breaches statutory obligations in relation to provision of PPE.

My client has instructed me to write to you setting out the complaint that he has been victimised and harassed for telling the truth by the organisation you head.

Clinicians should feel able to voice genuine concerns relating to alleged malpractice without fear for their ability to practice within the NHS being suspended.

The truth that Dr White is telling may be uncomfortable for you to hear. But hear it you must.

I am instructed to copy this letter to the relevant regulators as well as law enforcement.

I am also instructed by my client to publish this letter on social media as the public has the right to know what is happening and how truth is being suppressed.

The allegations are that the following groups of people have committed unlawful and potentially criminal acts in breach of their common law obligations to act in the best interests of the public as well as in breach of their common law obligation of doing no harm to the public.

The Nolan Principles of Standards in Public Life are alleged to have been breached.

The groups of people who my client alleges have breached common law obligations are:

1. HM Government.
2. The Executive Board of the NHS.
3. SAGE.
4. Senior public office holders within the civil service.
5. The Executive Board of the MHRA.

In relation to the MHRA they have failed to ensure that the vaccine advertising programme meets their common law obligations as well as their statutory obligations.

The MHRA in granting emergency use authorisation for the vaccines has failed in their obligation to consider whether there are safe and effective medicines available as an alternative to vaccination.

The MHRA is failing in its obligations in failing either to instruct a bio-distribution study is conducted on those who have been vaccinated or in failing to publish the findings of such a bio-distribution study. A bio-distribution study is a study of what happens to the vaccine after it is injected into the body.

I am instructed to set out the factual allegations in a comprehensible way, free of jargon, so the general public can follow what is being said.

To assist my client has provided source material to back up every single one of his principal facts and that source material will be referenced via footnotes or endnotes.

The Vaccination Roll Out:

Clinicians practising within the NHS are obliged to do two things when administering a vaccine:

1. To do no harm.
2. To obtain the free and informed consent of those being vaccinated.

The law on free and informed consent is set out in the case of Montgomery.

Montgomery's case which went to the Supreme Court laid down the principles for what amounts to free and informed consent.

1. That the patient is given **sufficient information – to allow individuals to make choices that will affect their health and well being on proper information.**[1]
2. Sufficient information means informing the patient of the **availability of other treatments**.[2]
3. That the patient is informed **of the material risks** of taking the vaccine and the **material risks** of declining the vaccine.

The Montgomery principles are in line with Article 6 of the Unesco Declaration of Bio-Ethics and Human Rights, the right to decline any medical treatment without being penalised is enshrined in International Law.[3]

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[1] Per Lord Justice Simon in Webster v Burton Hospitals NHS Foundation Trust [2017] EWCA Civ 62

[2] Montgomery v Lanarkshire Health Board [2015] UKSC 11

[3] http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Breach of these principles on free and informed consent is professional gross misconduct at an individual level.

At an organisational level if the NHS does not have clear evidence that every person being vaccinated has given free and informed consent it will render those holding executive office within the NHS as legally liable for those institutional failings.

The Government has set the vaccination strategy. The NHS has led the roll out. The strategy and roll out has included the provision of information to the public.

Much of the information has been inadequate or misleading.

1. **Montgomery Guideline 1: Sufficiency of Information**:

The provision of information has been inadequate. The principal source of information to the public has been the following:

1. The Daily Press Conferences.
2. The NHS badged advertisements.
3. The Patient Information Leaflet.

The information presented has not informed the public of the following material risks:

1. The material risk of being infected with the coronavirus.
2. The material risk if infected of being hospitalised by the coronavirus.
3. The material risk if infected of not being hospitalised by the coronavirus.
4. The material risk of dying from the coronavirus infection.
5. The material chance of recovering from the coronavirus infection.
6. The material chance of having an asymptomatic infection.
7. The numbers of people with existing antibody immunity or memorised T cell response.

Before we come to what information has been presented to the public it should be noted that those presenting the information have not publicly declared at the press conferences their financial links to the vaccine industry. Public Office Holders should

act with integrity and transparency when presenting information to the public, particularly information relating to public health.

Those financial links include direct investment in the vaccine industry as well as financial assistance with grants from charitable foundations set up by those with investments in the vaccine industry.[4]

It should be noted that Moderna's share price has risen from $10 to over $200 [5] in the space of eighteen months. Bill Gates and his charitable foundation are significant investors in Moderna[6], one of the companies supplying a vaccine. It should also be noted that Bill Gates has a known association with Geoffrey Epstein.[7]

Many of those presenting the information to the public are associated with or employed directly or indirectly by organisations who have been financially funded by the Gates Foundation.

The MHRA, the UK regulatory body approving the vaccines, has itself been funded by the Gates Foundation.[8]

Finally the former secretary of state did not declare to the public that he had a girlfriend and he did not declare that that girlfriend had financial links through her business with PPE and other contracts[9] over which Matt Hancock had responsibility.

When presenting information on a public health matter the Nolan Principles require transparency.

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[4] https://www.conservativewoman.co.uk/sages-covert-coup

[5] https://tinyurl.com/c89nke49

[6] https://www.modernatx.com/ecosystem/strategic-collaborators/foundations-advancing-mRNA-science-and-research

[7] https://www.nytimes.com/2019/10/12/business/jeffrey-epstein-bill-gates.html

[8] https://www.gov.uk/government/news/mhra-awarded-over-980000-for-collaboration-with-the-bill-and-melinda-gates-foundation-and-the-world-health-organisation

[9] https://www.prweek.com/article/1700784/hancock-faces-questions-luther-pendragon-shareholder-hired-advisory-role

The Nolan Principles requires those presenting the information to declare any interests publicly so that those receiving the information can determine whether the information has been presented in an objective way or in a way that lacks balance and may favour any undeclared interests.

How many people know for example that our Chief Medical Officer has been or is involved in Vaccine organisations which have been substantially funded by the Gates Foundation as well as other vaccine businesses?[10]

How many people know that our Chief Scientific Officer has substantial investments in Astra Zeneca?

Dominic Cummings talked about Mr Gates' influence in government during his session in select committee.

If a Public Office Holder is presenting information about public health to the public, those people should be upfront and transparent about their interests and who has funded those interests as they might have a bias towards vaccination when other more optimal routes may be available. Vaccination should not be presented as the only route out of the declared pandemic when there are other routes that can be run in tandem. The Officials should level with the public.

It seems from day one the Public have been informed via press conferences that there was only one medical route out of the pandemic and that was via vaccination. That route is not the only available route. Quicker, cheaper and less risky routes are also available as an alternative to those who have no need or desire to be vaccinated and these routes have been known about for many months.

Taking each risk in turn:

The material risk of being infected:

[10] https://www.gavi.org/investing-gavi/funding/donor-profiles

1. The Government and the NHS has supplied information to the public information on the number of infections.
2. That information does not differentiate between:
    a. Those individuals testing positive without a Doctor or nurse diagnosing that individual and confirming that they are infected and or are ill with covid.
    b. Those individuals testing positive where a Doctor or nurse has diagnosed infection in that individual and has diagnosed that they are ill with covid.
3. The principal diagnosis tools have been:
    a. The lateral flow test.
    b. The PCR test.
4. Primary Care in the form of General Practice Doctors have by and large been kept out of the diagnostic loop.
5. The NHS's internal leaflet says that a positive test should not be relied on alone but a clinician, a Doctor or nurse, should confirm the fact of infection by clinical diagnosis.
6. The tests have been subject to major criticism for being unreliable and producing false positives. [11] The writer of this letter has a letter from his MP stating that the tests used can test for any Winter virus. It is probable therefore that the data presented by the government as infections with coronavirus also includes individuals who have tested positive but the test has failed to distinguish what sort of virus is present and whether that virus is old or recent.
7. Dr Fauci admitted that PCR tests do not test for infectiousness.[12]
8. Reports of schoolchildren testing positive using lemon juice show how unreliable these tests are. [13]
9. The inventor of the PCR test has also stated that the PCR test should not be used as a diagnosis tool.

[11] https://cormandrostenreview.com/report/
[12] https://www.youtube.com/watch?v=a_Vy6fgaBPE
[13] https://inews.co.uk/news/technology/tiktok-fake-covid-positive-test-schools-1079693

10. The Portuguese Court of Appeal said it is contrary to international law for a positive test result alone to be used without a Doctor or nurse also seeing the person with that test result and diagnosing an infection.[14]
11. The public do not know how many people have been classed as an infection on test alone or on test and clinical diagnosis. That is a major failing in gathering data and presenting data.
12. The cycle threshold at which the PCR test has been set is too high to give reliable data on infection.
13. The WHO suggested re-setting the cycle rate on the PCR test in January 2021 it is unknown whether the NHS has adopted that advice.[15]
14. The press conferences have heightened the public's sense of the material risk as the information presented has in my client's view exaggerated the numbers in a material way.
15. There has been no publicity at all at the press conferences that covid is not a High Consequence Infectious Disease.[16]

The material risk of being hospitalised with covid:

1. The numbers of hospitalisations of people with covid has been presented to the public at the press conference and then disseminated via news broadcasts.
2. That information has not differentiated between:
    a. Those presenting in hospital with covid illness.
    b. Those presenting in hospital with another condition who have subsequently been tested positive for coronavirus.
    c. Whether those hospitalised with coronavirus have caught the infection in hospital.
3. The information presented to the public has also not set out the numbers of people who have recovered from covid.
4. In assessing material risk the public need to have adequate information.

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[14] https://translate.google.com/translate?hl=&sl=pt&tl=en&u=http%3A%2F%2Fwww.dgsi.pt%2Fjtrl.nsf%2F33182fc732316039802565fa00497eec%2F79d6ba338dcbe5e28025861f003e7b30

[15] https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05

[16] https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

5. **The allegation is that the information has been presented in such a way to make the public think that the material risks are greater than they are**. This has either been intentional or grossly negligent.
6. Presenting information in a distorted way affects the public's ability to weigh up the material risk that coronavirus presents.
7. The public are unable to give proper informed consent to vaccination if the material risks have been exaggerated or distorted.

The material risks of dying from covid:

1. The information presented to the public does not differentiate between:
    a. Those dying from covid.
    b. Those dying from another condition but who have tested positive within 28 days of death.
    c. Those dying from another condition but who have tested positive after death.
    d. The death certificates are allowed to be signed by Doctors who may not have seen the individual who has died before death.
    e. Anyone who has died within 28 days of a positive test is recorded as a covid death.
2. The public is unable to determine what their material risk is of dying from covid as the numbers of deaths from covid have been exaggerated and are unreliable. The CDC in the USA has recently presented its information in a different way to enable any individual to find out how many people have died from covid alone without having any other medical condition or co-morbidity.[17]
3. A Portuguese Court has recently found that the numbers of people said to have died from covid has been exaggerated.[18]

[17] https://www.the-scientist.com/news-opinion/no-the-cdc-has-not-quietly-updated-covid-19-death-estimates-67902
[18] https://www.expatica.com/pt/news/lisbon-court-rules-only-0-9-of-verified-cases-actually-died-of-covid-100196/

4. The data about risk of dying has also been confused by the fact that Do Not Resuscitate Notices have been used unilaterally without consent and the widespread use of Midazolam during the pandemic in care home settings.[19] [20]
5. The information that has been presented shows that the distribution of risk is uneven.
6. Those under 75 who are healthy are unlikely to die from covid.
7. The risk is asymmetrical.
8. The vaccination roll out has been symmetrical.
9. The government's communication on vaccination has been inconsistent.
10. The Prime Minister of the country in January 2021 described the vaccination roll out as an immunisation programme. That communication gave the public the impression that vaccines would provide immunity.
11. The vaccine trials have been set up have as their trial design and trial protocol to reduce symptoms[21]. The Prime Minister was at best sloppy with his language as the vaccine trial protocols was to test for efficacy of symptom reduction.
12. It should also be noted that the vaccine protocols also refer to the use of PCR tests in the clinical trials, despite those tests' known unreliability.[22]
13. None of the vaccines provide immunity. None of the vaccines stop transmission.
14. Initially the government said that only those identified as vulnerable should be vaccinated. That then changed. Mr Gates met with the PM before the change in policy, this meeting with Mr Gates was to discuss a global vaccine strategy.[23]
15. Initially the government said that children would not be vaccinated. That then changed.
16. Initially government said restrictions would be released when 15 million people had been vaccinated, that then changed.
17. Initially government said it had no plans for vaccination passports, that then changed.

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[19] https://www.dailymail.co.uk/news/article-9374291/Scandal-500-care-home-patients-given-DNR-orders-without-consent.html

[20] https://www.dailymail.co.uk/news/article-8514081/Number-prescriptions-drug-midazolam-doubled-height-pandemic.html

[21] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

[22] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

[23] https://www.gov.uk/government/news/pm-hails-herculean-effort-of-life-science-companies-to-defeat-coronavirus

18. Providing inconsistent and changing information does not enable the public to have adequate information to give informed consent.

The Patient Information Leaflet:

The NHS has provided the Patient Information Leaflet to some patients who are being vaccinated.

That Patient Information Leaflet does not present the material risks and the material benefits of the vaccination in an adequate way:

1. The Patient Information Leaflet does not make clear that the vaccines are still in clinical trial.
2. The Patient Information Leaflet does not make any reference to alternatives to vaccination.
3. The Patient Information Leaflet does not make clear that the mRNA vaccines are experimental in that these vaccines have never been used before and there is no data on medium term to long term safety. mRNA vaccines are described by the FDA as gene therapy.[24]
4. The Patient Information Leaflet does not make clear that the clinical trials being run to show the safety and efficacy of the vaccine did not include particular cohorts of people including pregnant women and the very elderly. There is therefore no evidence available to show that they are safe and efficacious for those cohorts.
5. The Patient Information Leaflet does not make clear that the clinical trials are only using people who have not been infected with covid. There is therefore no data on safety and efficacy for vaccination of those who have been infected. Many people who have been infected with coronavirus are also being vaccinated.
6. The Patient Information Leaflet does not set out the difference between the absolute risk and the relative risk from coronavirus infection.

[24] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm

7. By being vaccinated each individual is reducing their absolute risk of being infected and dying from covid by 1%. [25]

Advertising of the vaccine:

The NHS allowed its logo on a series of adverts using celebrities to promote vaccination.

It is also alleged that a number of celebrities have been paid to promote the vaccine via their social media.

1. None of the vaccines have received marketing authorisation from the MHRA[26]. So there is a question mark as to whether an emergency use authorised vaccination should be advertised at all as there is very limited number of vaccines to choose from.

2. Advertising of licensed medicines is strictly regulated. The Human Medicines Regulations 2012[27] make it a criminal offence for licensed medicines to be advertised by celebrities and any advert should notify the viewer what the active ingredient is in the vaccine if there is only one active ingredient. These adverts breach the law in my client's view.

3. The NHS has taken no steps to distance itself from HM Government's attempt to fetter every UK citizen's right to decline any medical intervention.

4. The advertising campaign has placed pressure on people to have a vaccination. In the advertisement it is suggested that vaccination protects other members of a family including the elderly. However free and informed consent

[25] https://pubmed.ncbi.nlm.nih.gov/33652582/

[26] https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/conditions-of-authorisation-for-pfizerbiontech-covid-19-vaccine

[27] https://www.legislation.gov.uk/uksi/2012/1916/part/11/crossheading/enforcement/made

means that no one should be under any pressure from any family member to have a vaccination or indeed any medical treatment. The NHS website even states that in its section on informed consent.[28]

5. The vaccination adverts give the impression that the vaccines have been licensed rather than the true position which is that they have been emergency use authorised which is a lower regulatory threshold than licensing.

6. The advertisements infer that the vaccines are safe. Safety is about risks. The adverts make no reference to the risk, however small, of serious adverse events.

Information on Vaccine Passports:

7. HM Government has linked vaccination with the ability to travel using a vaccination passport. [29]

8. Many UK citizens know at least one person whose only reason for being vaccinated is to go on holiday.

9. HM Government has been coercive in linking release of restrictions to vaccination.

10. A publicly funded National Health Service is breaching its obligations to its patients in not distancing itself and calling out such unlawful government coercion. NHS clinicians should be not be used as conduits for government policy. That politicises health.

11. The NHS should make it clear that it does not endorse coercion or any fettering of an individual's right to consent or decline any medical intervention.

[28] https://www.nhs.uk/conditions/consent-to-treatment/
[29] https://www.dailymail.co.uk/news/article-9744557/Double-jabbed-Brits-able-travel-quarantine-free-July-26.html

2. Montgomery Guideline 2: Availability of other treatments:

1. The NHS has published no information in its Patient Information Leaflet on the efficacy of other available treatments available to combat coronavirus infection or the disease of covid.
2. The body has an incredible way of treating itself if it is infected.
3. It's called the immune system.
4. The NHS should not be proposing a medical intervention when most people have a readily available treatment system to combat the infection and disease namely their immune system.

5. The immune system for most people will fight off the infection by the production of antibodies.

6. Further that immune response will be memorised by the T cells and B cells and will provide long lasting protection.

7. It is proven from SARS Coronavirus 1 in 2002 that T cells and B cells memorise the antibody response for many years.[3031]

8. There has been very little information to the public on the efficacy of the immune system to fight off any covid infection. The immune system is the first line of defence yet has been ignored by our NHS and by the government and SAGE.

9. It is accepted that the thymus gland which produces T cells and B cells gets less efficient over the age of 70 or if a person is immune compromised.

10. Taking vitamin D will enhance the immune system. These have only been provided as supplements.

11. At no time during any of the press conferences has the government and its advisers stressed the importance of the immune system and how to take care of

[30] https://www.nature.com/articles/s41467-021-23333-3
[31] https://www.nature.com/articles/s41467-021-24377-1

it as a first line of defence against coronavirus. It's only ever been about the vaccine. The failure to provide adequate information of the role of the immune system is an egregious breach of Montgomery.

12. Immunity gained via infection is better than any immunity enhancement from vaccination.[32]

13. Professor Whitty, to be fair, did say that for most people covid will be a mild illness. He therefore implied, without expressly stating it, that most people's immune system will fight off the illness arising from a coronavirus infection.

14. There is now ample data that there are a number of therapeutics that will work to prevent infection, and prevent hospitalisation and death.

15. Those therapeutics are:

    1. Ivermectin. There are numerous studies showing the efficacy of Ivermectin, it is also proven safe.[33] [34]Courts have ordered the use of Ivermectin in some jurisdictions.[35]
    2. HCQ and Zinc.[36]
    3. Budoneside or anti-inflammatory respiratory inhalers[37].[38]

16. The evidence has been available for some time that all these work to prevent infection, to prevent, hospitalisation and to prevent death.

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[32] https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1.full.pdf

[33] https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx

[34] Published Ahead-of-Print : American Journal of Therapeutics (lww.com)

[35] https://www.webmd.com/lung/news/20210506/covid-patient-in-coma-gets-ivermectin-after-court-order

[36] https://vladimirzelenkomd.com/zelenko-prophylaxis-protocol/

[37] https://www.bmj.com/content/373/bmj.n957

[38] https://www.ox.ac.uk/news/2021-04-12-asthma-drug-budesonide-shortens-recovery-time-non-hospitalised-patients-covid-19

17. There is limited or no information in the Patient Information Leaflet on available treatments other than vaccination.

18. Why haven't these medicines been made available? These medicines have been successful in a number of other countries and have prevented death and hospitalisation.

19. Why hasn't the MHRA investigated these other available and cheaper alternatives before granting emergency use authorisation to vaccines with no proven long term safety record?

20. My client cannot understand why the NHS does not make available safe and effective medicines. This is grossly negligent.

21. These safe and effective medicines and the immune system are the elephant in the room. The NHS does not want to look at them. The regulator does not want to look at them. SAGE does not want to look at them. The government does not want to look at them. Who's pulling the strings?

22. The question is why isn't the public being given a choice? Do commercial considerations and political agendas take precedence over public health? If so that's an extremely serious matter.

23. The NHS and the government appear to be very quick to vaccinate the population but very slow to consider and make available cheaper, safer and effective alternatives, to give the people an option. Why is that?

3.**Montgomery Guidelines: Risks of Vaccination**:

1. At none of the press conferences have the risks of vaccination been presented.
2. The advertising campaigns infer that the vaccines are safe.

3. The mRNA method of vaccination is considered a gene therapy product according to the US FDA.[39]
4. Serious adverse event data is being collected by the MHRA. But is not being disseminated to news outlets or via the press conferences[40]
5. That serious adverse event data is not being presented by Government or the NHS in its Patient Information Leaflet.
6. Data from deaths falling within 28 days of vaccination is not being collected, let alone communicated.
7. The Salk Institute has found that the spike protein, a constituent component in the vaccine or the vaccine's mode of action, is a toxin.[41]
8. The Japanese medicine regulator has found that those who have been vaccinated have a concentration of spike proteins in every organ of their body, in particular the ovaries[42]. This study is a called a bio-distribution study.
9. The NHS does not appear to have done any bio-distribution study of those who have been vaccinated.
10. The MHRA has not required a bio-distribution study to be conducted to check the safety of vaccination and if there has been a bio-distribution study conducted it has not been communicated to the public.
11. A number of regulators around the world have required health authorities to stop using the vaccine on health grounds.
12. The last UK emergency vaccine after swine flu was also suspended on safety grounds after 50 deaths.
13. The material risks from vaccination known to date are:
    a. Death in extreme cases. Over 1300 deaths reported on the yellow card system.[43]
    b. Bells Palsy.
    c. Thrombo-embolic events with low platelets.
    d. Capillary Leak Syndrome.

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[39] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm

[40] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

[41] https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/

[42] https://regenerativemc.com/biodistribution-of-pfizer-covid-19-vaccine/

[43] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

e. Menstrual disorder and extreme bleeding.
f. Myocarditis and Pericarditis.
g. Antibody dependant enhancement.

14. The public is not able to give informed consent to vaccination as the data on the material risks on vaccination is being inadequately collated and the data that is collected is then not communicated to the public at any Press Conference.
15. The public is being informed that the vaccination is a public health benefit, the risks of vaccination are not being communicated in as systematic way as coronavirus infections and deaths are communicated.
16. It is up to individuals to decide whether they want to take material risks, however low the likelihood of the risk materialising, yet no or inadequate information is being presented on those risks.
17. Adults may shortly be asked to give consent to vaccination for their children when the risks of coronavirus to children is exceptionally low. This is one of the reasons my client did not want any involvement in the vaccination programme.
18. Every clinician vaccinating any individual must tell the individual of **the risk of a serious adverse event**, however small that risk is. This requirement does not appear to be built into the vaccine roll out in any systematic way.

My client is raising these concerns in this letter and these concerns are consistent with his obligation as a professional to act in accordance with the law and with professional ethics. The public who paid his wages up until recently deserve nothing less.

The second issue is the requirement for the public to wear masks in the NHS setting.

1. The requirement to wear a mask in an NHS setting is unlawful for the following reasons:
    a. The requirement is for the public and clinicians to wear masks on NHS facilities.
    b. The mask is not defined.
    c. If the mask is a piece of PPE, the 1992 PPE Regulations are engaged.[44]

[44] https://www.legislation.gov.uk/uksi/1992/2966/contents/made

d. The employer is obliged under regulation 6 to evaluate both the risks and the suitability of the PPE.[45]
e. Any evaluation of the risks would have to pose three questions:
    i. What are the risks of asymptomatic infection?
    ii. What are the risks of symptomatic infection?
    iii. How are those risks best mitigated?
f. To answer the first question the risk of asymptomatic infection is low.[46] Dr Fauci said that asymptomatic infection has never been the driver of any respiratory virus.
g. The risks of symptomatic transmission are higher.
h. What is the best way to mitigate the risks?
i. To provide category 3 PPE masks is the answer as they show efficacy in reducing transmission. These have not been provided or indeed mandated by the Health Secretary.

j. PPE Regulations require all masks to meet EC standards and to be category three in the case of the risk posed by biological agents.[47]
k. The masks provided to NHS clinicians are not category three. It is against the law to provide unsuitable PPE. It is also mandatory to follow the PPE regulations. [48]
l. The NHS has issued guidance that any person on NHS facilities must wear a mask. There is however no requirement for the public to wear a category three mask.
m. The requirement for the public to wear any mask in any NHS facility does not provide any benefit to the public.[49] [50]

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[45] https://www.lawgazette.co.uk/law/suitability-of-personal-protective-equipment/58160.article
[46] https://www.bmj.com/content/371/bmj.m4851.full
[47] https://www.legislation.gov.uk/eur/2016/425/annex/I/division/3
[48] https://www.legislation.gov.uk/eur/2016/425/annex/II/division/n1
[49] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/full
[50] https://www.acpjournals.org/doi/10.7326/m20-6817

n. The requirement for the public to wear a mask in any NHS facility poses a material risk. The risks of mask wearing is of bacterial infection plus a risk of hypoxia for prolonged use. [51]
o. There is also the risk posed by CO2 and a RCT reported in JEMA found 6 times the safe level of CO2 in children wearing masks. [52]
p. Anything other than a Category 3 mask is inadequate as PPE for the risk of infection posed by a biological agent.
q. The NHS has a policy that any patient or relative must wear a mask as must any clinician.
r. However there is no requirement that the masks have to be PPE. The masks therefore pose more risk than benefit.
s. The masks that are being worn by the public are unregulated.
t. Some of the masks have been manufactured in China and contain toxins.[53]
u. The NHS has failed the public in its guidance as unregulated masks pose more risks than benefits.
v. The NHS has failed its staff by requiring all staff to wear masks which pose more risks than benefits.

The issues raised by my client and other clinicians who have not been suspended raise issues about the integrity of those leading the Covid response. They raise issues about whether the information that has been provided to the public has been collected and presented fairly. They raise issues of breaches of the law and accepted standards in public life. They raise issues of whether private individuals with charitable foundations have too much influence on policy direction and whether the financial support offered by those individuals and foundations is healthy in a transparent democracy.

How can the National **Health** Service be endorsing the government policy of vaccine passports when that policy:

[51] https://www.sciencedirect.com/science/article/pii/S2214031X18300809
[52] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743
[53] https://www.politico.eu/article/free-masks-distributed-by-belgian-government-contain-toxic-articles/

1. Makes those who wish to rely on their own immune system second class citizens.
2. That policy gives privileges to citizens who take a medical intervention, vaccination.

By endorsing the vaccine passport policy the National Health Service is not only endorsing a breach of international law which makes sacrosanct an individual's right to decline any medical intervention without any repercussion but also breaches the UK law on informed consent. Since when did the National Health Service morph into the National Pharmaceutical Distribution Service?

The writer of this letter has a backlog of whistle blowers to advise with examples of pressure being placed on employees within care and NHS settings during the covid pandemic, including exaggeration of covid bed occupancy and hospitalisation, such pressure is unethical and contrary to the standards the public expect in public health settings.

Please feel free to contact me directly for any further clarification, in the meantime we have copied in the relevant regulators who no doubt will conduct a full and independent and robust enquiry into the issues raised in this letter.

I look forward to hearing from you with a full response to the points raised.

Yours sincerely

Philip Hyland
Principal
PJH Law
Solicitors

Cc Cressida Dick, Metropolitan Police

Cc Charlie Massey Chief Executive GMC

Cc Kathryn Stone OBE, Commissioner for Parliamentary Standards

Cc Lindsay Hoyle, Speaker of The House of Commons